



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 8825 NW 21st Terrace Doral FL 33172		CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): (877) 456-3643 FAX (A/C, No): (208) 694-3848 E-MAIL ADDRESS: www.eoidirect.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Fireman's Fund Insurance Company	
		INSURER B: Midvale Indemnity Company	
		INSURER C: Pennsylvania Manufacturers' Association Insurance	
		INSURER D: Homeland Insurance Company of New York	
		INSURER E: Philadelphia Indemnity Insurance Company	
		INSURER F: Subscription	
INSURED Brickell Key One Condominium Association, Inc 520 Brickell Key Dr Miami FL 33131		NAIC # 21873 27138 12262 34452 18058	

COVERAGES**CERTIFICATE NUMBER:** CL2592928103**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			USC031059250	05/31/2025	05/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			USC031059250	05/31/2025	05/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$			PRP229824000011479135	05/31/2025	05/31/2026	EACH OCCURRENCE \$ 100,000,000 AGGREGATE \$ 100,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	2025010735357Y	05/31/2025	05/31/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors and Officers (Claims Made)			MML0050940525	05/31/2025	05/31/2026	Limit \$1,000,000 Retention \$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Additional Named Insureds

Other Named Insureds

Brickell Key Section One Homeowners Association Inc

Association, Additional Named Insured

ADDITIONAL COVERAGES

Ref #	Description Business Auto	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description WC & Employer's liability	Coverage Code WCEL	Form No.	Edition Date
Limit 1 100,000	Limit 2 500,000	Limit 3 100,000	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Brickell Key One Condominium Association, Inc	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Residential Condominium Association - 291 Condo Units, 15 Commercial Units, 10 Townhome Units
Location: 520 Brickell Key Drive., Miami, FL 33131

(E) Directors & Officers - HOA
Effective: 5/31/2025 - 5/31/2026
Carrier: Philadelphia Indemnity Insurance Company
Policy #: PCAP0440620224
Claims Made
Limit: \$1,000,000
Deductible: \$1,000

F) Commercial Property (\$10M Part of \$20M Primary - Including Wind)
Effective: 05/31/2025 – 05/31/2026
Carrier - Policy #:
HDI Global Specialty SE - HDW002914,
HDW002913
GuideOne National Insurance Company - 553001916, 553001915
Summit Specialty Insurance Company - SMW003369, SCW000851, SMW003368, ARW001117, SCW000850
Lloyds - QBW01863, AXW000411, BAW01715, MRW000474, RRW01891, QBW01862, AXW000410, BAW01714, MRW000473, RRW01890
Canopus US Insurance, Inc. - CNA000475
TIV: \$118,428,873
Limit: \$10,000,000 part of \$20M Primary
Special Form excluding Earthquake and Flood; Replacement Cost; Coinsurance NIL
Deductibles Per Occurrence: 5% Named Windstorm subject to \$50,000 minimum; \$50,000 Windstorm; 5% Wind Driven Rain subject to \$50,000 minimum; \$50,000 Water Damage; \$10,000 All Other Perils
Ordinance Or Law: Coverage A Included, Coverage B&C \$1,000,000 combined

G) Commercial Property (\$10M Part of \$20M Primary - Including Wind)
Effective: 05/31/2025 – 05/31/2026
Carrier - Policy #:
General Security Indemnity Company of Arizona - TR00202251610575
Certain Underwriters at Lloyd's led by Hiscox Syndicate 33 - B1180D2507870786
Lexington Insurance Company - 012068583
Certain Underwriters at Lloyd's led by Chaucer Syndicate 1084 - B1180D2521751337
Convex Insurance UK Limited - B1180D2521851334Hamilton Insurance DAC and certain Underwriters at Lloyd's being IQUW 1856, Munich Re Syndicate 457, MS Amlin Syndicate 2001, Satinwood Syndicate4635 and Apollo Syndicate 1969 - B1180D2515901347
Certain Underwriters at Lloyd's led by Tokio Marine Kiln Syndicate 510 - B1180D2520042512
MS Transverse Specialty Insurance Company - TSARPR000213901, TSAHPR000772201
QBE Specialty Insurance Company - AHAR1916600
Certain Underwriters at Lloyd's led by RNR Syndicate 1458 - B1180D2519344821
Limit: \$10,000,000 part of \$20M Primary
Special Form excluding Earthquake, Earth Movement, Flood, and Storm Surge; Replacement Cost; Coinsurance NIL
Deductibles Per Occurrence: \$10,000 All Other Perils; \$50,000 Water Damage; 5% Named Windstorm and Wind/Hail subject to \$50,000 minimum; 5% WindDriven Rain subject to \$50,000 minimum; \$50,000 All Other Wind/Hail
Ordinance Or Law: Coverage A Included, Coverage B&C \$1,000,000 combined

H) Commercial Property (\$98M Excess of \$20M Excluding Wind)
Effective: 05/31/2025 – 05/31/2026
Carrier - Policy #:
General Security Indemnity Company of Arizona - TR00202251610591
Certain Underwriters at Lloyd's led by Hiscox Syndicate 33 - B1180D2507870801
Lexington Insurance Company - 012068597
Certain Underwriters at Lloyd's led by Chaucer Syndicate 1084 - B1180D2521751353
Convex Insurance UK Limited - B1180D2521851350Hamilton Insurance DAC and certain Underwriters at Lloyd's being IQUW 1856, Munich Re Syndicate 457, MS Amlin Syndicate 2001, Satinwood Syndicate4635 and Apollo Syndicate 1969 - B1180D2515901363
Certain Underwriters at Lloyd's led by Tokio Marine Kiln Syndicate 510 - B1180D2520042528
MS Transverse Specialty Insurance Company - TSARPR000215401, TSAHPR000773801
Princeton Excess & Surplus Lines Insurance Company - 3DA3CM000527300
QBE Specialty Insurance Company - AHAR1917800
Certain Underwriters at Lloyd's led by RNR Syndicate 1458 - B1180D2519344837
Steadfast Insurance Company - XPP9454646
Limit: \$98,428,873 excess of \$20M
Special Form excluding All Wind/Hail, Flood, and Earthquake; Replacement Cost; Coinsurance NILDeductibles Per Occurrence: \$10,000 All Other Perils,

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Brickell Key One Condominium Association, Inc
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

\$50,000 Water Damage;
Ordinance or Law - Coverage A Included

I) Commercial Property - Wind Buy Down to 3%
Effective: 05/31/2025 – 05/31/2026
Carrier: Lloyd's of London
Policy #: 25N31928AA0P675
Limit: \$2,368,577.46
Named Wind Only
Retention: 3% Per Occurrence

(J) Equipment Breakdown
Effective: 5/31/2025 - 5/31/2026
Carrier: Liberty Mutual Insurance Company
Policy #: YB2L9L476294015
Limit: \$118,428,873
Deductible: \$10,000

(K) Crime & Cyber Liability – COA
Effective: 5/31/2025 - 5/31/2026
Carrier: Berkley Regional Insurance Company
Policy #: BMP104514801
Employee Theft: \$5,000,000 ; Retention: \$10,000
Cyber Limit: \$1,000,000 ; Deductible: \$10,000

(L) Crime - HOA
Effective: 5/31/2025 – 5/31/2026
Carrier: Berkley Regional Insurance Company
Policy #: BMP105636201
Employee Theft: \$3,000,000
Retention: \$5,000

(M) Plate Glass - Unit Owners Included
Effective: 5/31/2025 - 5/31/2026
Carrier: US Plate Glass Insurance Company
Policy #: USPFL7030216
Scheduled 301 Units

(M) Plate Glass Common Area - 3rd Floor
Effective: 5/31/2025 – 5/31/2026
Carrier: USPlate Glass Insurance Company
Policy #: FL10007815
206 Scheduled Plates

(M) Plate Glass Common Area - 5th Floor
Effective: 5/31/2025 – 5/31/2026
Carrier: USPlate Glass Insurance Company
Policy #: USPFL7030116
661 Scheduled Plates

(N) Workers Compensation (HOA Exposure)
Named Insured: Brickell Key One Section Homeowners Association Inc
Effective: 5/31/2025 – 5/31/2026
Carrier: Pennsylvania Manufacturers' Association Insurance Company
Policy #: 2025010742981Y
Limits: 500,000 / 500,000 / 500,000

O) Flood - 10 Townhome Units
Effective: 5/7/2025 to 5/7/2026
Carrier: Wright National Flood Insurance
Policy #: 09115258792201
Limit: \$2,500,000
Deductible: \$1,250
Replacement Cost: \$5,347,048
Flood Zone: AE ; 10 Townhome Units



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Brickell Key One Condominium Association, Inc	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes**O) Flood**

Effective: 1/1/2026 – 1/1/2027

Carrier: Wright National Flood Insurance

Policy #: 09115267934801

Building Limit: \$76,500,000

Contents: \$100,000

Deductible: \$1,250

Replacement Cost: \$118,335,208

Flood Zone: AE ; 291 Condo Units, 15 Commercial Units

P) Excess Flood (HOA)

Effective: 05/31/2025 – 05/31/2026

Carrier: Underwriters at Lloyd's, London (Illinois)

Policy #: GMXF0064

Building Limit: \$2,847,048

Deductible: \$2,500,000 (Primary Flood Limits)

Date of last appraisal: 03/29/2025

- If you need a copy of the appraisal, please contact the property management company.
- Insurance policies – please see Certificate of Insurance. If you need a copy of any of the policies, please contact the unit owner or the property management company.
- Budget Funding Schedules & Financial Reports – please contact property manager.
- Reserve Studies, Building Inspections & Special Assessments – please contact property manager.

Policy Terms & Conditions:

- Building Ordinance or Law Coverage A/B/C Included: YES
- Coinsurance: NO
- Agreed Value: YES
- Waiver of Right of Recovery Against Unit Owners: YES
- Equipment Breakdown Coverage: YES
- Inflation Guard Endorsement: NO
- 100% Replacement Cost Valuation on Property: YES
- Control of Property Clause: YES
- Coverage for Walls In & Interior Improvements: NO
- Severability of Interest/Separation of Interest: YES
- 10 Days' Notice of Cancellation: YES