PINEG-1 OP ID: EB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/25/2025

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 Combined Underwriters of Miami Risk Strategies 9350 S. Dixie Highway Ste 1400 Miami, FL 33156 RONALD M. LASTER 305-477-0444	CONTACT NAME: RONALD M. LASTER PHONE (A/C, No, Ext): 305-477-0444 FAX (A/C, No): 305-599-2343 E-MAIL ADDRESS:
INSURED PINE GROVE CONDOMINIUM ASC c/o FLORIDA PROPERTY MGMT SOLU 12964 SW 133 CT MIAMI, FL 33186	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : WESTCHESTER FIRE INSURANCE CO — 10030 INSURER B : MIDVALE INDEMNITY COMPANY INSURER C : AMERICAN COASTAL INSURANCE CO — 12968 INSURER D : SCOTTSDALE INSURANCE CO. — 41297 INSURER E : PHILADELPHIA INDEMNITY INS CO. — 003616 INSURER F : BOLD LEGAL DEFENSE INSURANCE,

COVERAGES **CERTIFICATE NUMBER: C207** **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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			HABP2310000312-02	05/25/2025	05/25/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	GL DEDUCT: $5,000						MED EXP (Any one person)	$ EXCLUDED
E	X DIRECTORS & OFFIC			PCAP028981-0121	05/25/2025	05/25/2026	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						D&O/ LMT	$ 1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HABP2310000312-02	05/25/2025	05/25/2026	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			10251567C	08/19/2025	08/19/2026	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			AWC1211714	12/01/2024	12/01/2025	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	PROPERTY			AMC-29583-09	05/25/2025	05/25/2026	SEE NOTES	

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

RESIDENTIAL CONDOMINIUM BUILDING - TOTAL OF 374

REF. SANDRA ZARZA. 11219 SW 88 STREET. UNIT#C207.

CERTIFICATE HOLDER

PROOF OF INSURANCE

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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A:Property - REPLACEMENT COSTS/COI 100%/Special Form/$5,000 Ded AOP/
5% Wind/Hail Deductible/Equipment Breakdown Limit- $10,000,000
INCLUDES $1,000,000 BUILDING ORDINANCE OR LAW A,B & C COMBINED
11201-11207 N. Kendall Dr - 32 Units - Building: $2,715,253
11209-11215 N. Kendall Dr - 32 Units - Building: $2,715,253
11217-11223 N. Kendall Dr - 32 Units - Building: $2,715,253
11225-11231 N. Kendall Dr - 32 Units - Building: $2,715,253
11233-11239 N. Kendall Dr - 30 Units - Building: $2,589,240
11241-11247 N. Kendall Dr - 30 Units - Building: $2,589,240
11249-11257 N. Kendall Dr - 30 Units - Building: $2,589,240
11259-11265 N. Kendall Dr - 30 Units - Building: $2,589,240
11267-11273 N. Kendall Dr - 32 Units - Building: $2,589,240
11275-11281 N. Kendall Dr - 30 Units - Building: $2,589,240
11283-11289 N. Kendall Dr - 32 Units - Building: $2,715,253
11291-11297 N. Kendall Dr - 32 Units - Building: $2,715,253
11251 N. Kendall Dr - Clubhouse - Building: $263,462 Contents: $40,000
11251 N. Kendall Dr - Pool House - Building: $31,825
11251 N. Kendall Dr - Pool#1: $51,425 Pool#2: $51,425
11251 N. Kendall Dr - Kiddie Pool: $8,700

Cont...
11251 N. Kendall Dr - Spa: $23,800
Shed $1,760, Playground Equipment $4,640, Lighting $50,000, Signage
$11,440, Equipmnet $10,600, Pavillions $4,480
****** N. Kendall Dr is the same as SW 88th Street ******

F: CRIME POLICY - Eff-01/03/2025 - 01/03/2026 Pol# PCAC008470-0520
Limits: $1,500,000 Ded: $10,000

A)GENERAL LIABILITY POLICY INCLUDES SEVERABILITY OF INTEREST/SEPARATION OF
INSURED.

The Building is located in a Flood Zone X

***WALLS-IN ***are NOT covered under Master policy. HO-6 unit owners
policy will provide the coverage for WALLS-IN

E: D&O -Policy# PCAP028981-0421 - Eff-6/25/2025 - 2026
Limits: $1,000,000
Ded(Per Claim): $5,000

30 DAYS NOTICE OF CANCELLATION

F: Bold Legal Defense Liability included
Policy # 20230525A
Effective 05/25/2025 - 05/25/2026

Environmental Impairment Liability Eff 5/25/2025-26
Policy #STC7205673-0008

Limits- $500,000(Each Pollution Condition)
$500,000 Aggregate All Pollution Conditions
Self Insured retention- $5,000
Source to determine replacement Cost -Appraisal