



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2026

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 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 Acentria Insurance - ASI - Miami 3750 NW 87th Ave Ste 700 Doral FL 33178-2421	CONTACT NAME: Jorge Pena PHONE (A/C, No, Ext): 305-262-5244 FAX (A/C, No): 786-393-6414 E-MAIL ADDRESS:														
License#: L100460 ELPRADO-03	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Universal Fire & Casualty Insurance Company</td><td>32867</td></tr><tr><td>INSURER B : Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER C : Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Universal Fire & Casualty Insurance Company	32867	INSURER B : Philadelphia Indemnity Insurance Company	18058	INSURER C : Philadelphia Indemnity Insurance Company	18058	INSURER D :		INSURER E :		INSURER F :	
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INSURED El Prado XVI Condominium Association, Inc. c/o Trust Management 8051 West 24 Avenue, Suite 10 Hialeah FL 33016															

COVERAGES**CERTIFICATE NUMBER:** 1611873157**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 B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ D&O \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			01CGL11406801 PCAP0336080422	5/18/2025 5/18/2025	5/18/2026 5/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Directors & Officers \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED ☐ RETENTION \$ ☐						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	☐ A ☒ N				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Crime			PCAC0159730422	5/18/2025	5/18/2026	DED \$250 \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential condominium with a total of 184 units, separation of insured included, property manager included in crime policy.

E: FLOOD POLICY WITH SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST/ 2/11/2025 - 2/11/2026

FLOOD ZONE FOR ALL IN ASSOCIATION: AE

1 POL# FLD3674885

6801 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

2 POL# FLD3675047

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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 REMARKS SCHEDULE

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AGENCY Acentria Insurance - ASI - Miami		NAMED INSURED El Prado XVI Condominium Association, Inc. c/o Trust Management 8051 West 24 Avenue, Suite 10 Hialeah FL 33016	
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

6807 W 36th Ave., FL 33018/\$709,000/DED\$25,000/100% Replacement Cost/8 Units

3 POL# FLD3658862
6817 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

4 POL# FLD3676276
6823 W 36th Ave., FL 33018/\$800,000/DED\$25,000/100% Replacement Cost/10 Units

5 POL# FLD3676685
6827 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Units

6 POL# FLD3676347
6835 W 36th Ave., FL 33018/\$800,000/DED\$25,000/100% Replacement Cost/10 Units

7 POL# FLD3675462
6843 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

8 POL# FLD3676399
6851 W 36th Ave., FL 33018/\$800,000/DED\$25,000/100% Replacement Cost/10 Units

9 POL# FLD3675577
6857 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

10 POL# FLD3676559
6865 W 36th Ave., FL 33018/\$338,000/DED\$25,000/100% Replacement Cost/4 Units

11 POL# FLD3675714
6873 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

12 POL# FLD3676745
6881 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Units

13 POL# FLD3676665
6891 W 36th Ave., FL 33018/\$338,000/DED\$25,000/100% Replacement Cost/4 Units

14 POL# FLD3675770
6899 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

15 POL# FLD3675826
6911 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

16 POL# FLD3675874
6919 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

17 POL# FLD3676482
6925 W 36th Ave., FL 33018/\$800,000/DED\$25,000/100% Replacement Cost/10 Units

18 POL# FLD3676823
6933 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Units

19 POL# FLD3676847
6941 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Units

20 POL# FLD3676863
6953 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Units

21 POL# FLD3676516
6967 W 36th Ave., FL 33018/\$800,000/DED\$25,000/100% Replacement Cost/10 Units

22 POL# FLD3675926
6975 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

23 POL# FLD3676230
6989 W 36th Ave., FL 33018/\$650,000/DED\$25,000/100% Replacement Cost/8 Units

F: FLOOD POLICY WITH SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST 4/8/2025 - 4/8/2026
POL# FLD3676789
6903 W 36th Ave., FL 33018/\$496,000/DED\$25,000/100% Replacement Cost/6 Unit



ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - ASI - Miami		NAMED INSURED El Prado XVI Condominium Association, Inc. c/o Trust Management 8051 West 24 Avenue, Suite 10 Hialeah FL 33016
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

Property address: 6801 W 36 Ave, Apt 102, Hialeah, FL 33018



ACENTRIA INSURANCE
4634 GULFSTARR DRIVE
DESTIN, FL 32541

Agency Phone: (305) 262-5244

NFIP Policy Number: 0003674885
Company Policy Number: FLD3674885
Agent: JORGE PENA

Payor: INSURED
Policy Term: 02/11/2025 12:01 AM - 02/11/2026 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://customer.myselectiveflood.com>
(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

EL PRADO XVI CONDOMINIUM ASSOCIATION
C/O TRUST MGMT SERVICES GROUP
8051 W 24TH AVE STE 10
HIALEAH, FL 33016-5596

INSURED NAME(S) AND MAILING ADDRESS

EL PRADO XVI CONDOMINIUM ASSOCIATION
C/O TRUST MGMT SERVICES GROUP
8051 W 24TH AVE STE 10
HIALEAH, FL 33016-5596

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

6801 W 36TH AVE
HIALEAH, FL 33018-2975

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 8 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$709,000.00
DATE OF CONSTRUCTION: 01/01/1997

CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 0.8
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$650,000	\$25,000
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$682.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$13.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$75.00)
FULL RISK PREMIUM:	\$620.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$620.00
RESERVE FUND ASSESSMENT:	\$112.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$376.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$1,358.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926



File: 31517412

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DocID: 249890663