CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/17/2026

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 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	CONTACT NAME: Monika Bedyk	
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: Monika.Bedyk@bbrown.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Vue at Brickell Condominium Association, Inc c/o KW Property Management 1250 South Miami Ave Miami FL 33130	INSURER A : Mt. Hawley Insurance Company	37974
	INSURER B : Kinsale Insurance Company	38920
	INSURER C : Transportation Insurance Company	20494
	INSURER D : Travelers Casualty and Surety Company of America	31194
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 4.15.26 Cert **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			MGL0203803	04/15/2026	04/15/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG BI/DP Ded	$ 1,000,000 $ 50,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $ 5,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			MGL0203803	04/15/2026	04/15/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[ ] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UMVIEW	04/15/2026	04/15/2027	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC740074186	04/15/2026	04/15/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
D	Crime/$12k Ded			108034033	04/15/2026	04/15/2027	Fidelity	$2,500,000

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

Residential Condominium with 323 units and 19 commercial units located at 1250 South Miami Ave Miami, FL 33130.

CERTIFICATE HOLDER

Vue at Brickell Condominium Association, Inc
c/o KW Property Management and
1250 SOuth Miami Avenue
Miami FL 33130

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

AGENCY CUSTOMER ID: 00260771

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Vue at Brickell 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

PROPERTY WITH WIND
Policy Term: 04/15/26-27
Cause of Loss: Special Form, Valuation: Replacement Cost; Coinsurance: N/A
Ordinance or Law: Coverage A Included; Coverage B&C Combined Sublimit - $2,500,000
Carrier Policy #:
QBE Specialty Ins. Co. AHAR2049400
The Princeton Excess and Surplus Lines Ins. Co. 3DA3CM000640400
General Security Indemnity Co. of Arizona TR00202261612142
Steadfast Ins. Co. CPP8392656
MS Transverse Specialty Ins. Co. TSAHPR000904501
Certain Underwriters at Lloyd's, London B1180D2619346224
Certain Underwriters at Lloyd's, London B1180D2620044045
Certain Underwriters at Lloyd's, London B1180D2619711095
Aviva Ins. Limited B1180D2507872308
Certain Underwriters at Lloyd's, London B1180D2507872308
MS Transverse Specialty Ins. Co. TSARPR000370501
Convex Ins. UK Limited B1180D2621852866
Certain Underwriters at Lloyd's, London B1180D2621752871
Lexington Ins. Co. 012069933
Certain Underwriters at Lloyd's, London B1180D2624060724
Certain Underwriters at Lloyd's, London B1180D2615900717
Aviva Ins. Limited B1180D2615900717
Certain Underwriters at Lloyd's, London B1180D2624210445
Certain Underwriters at Lloyd's, London TBD
Deductibles:
$10,000 All Other Perils Per Occurrence
$25,000 Water Damage Per Occurrence
3% Hurricane Per Calendar Year
$100,000 All Other Wind Per Occurrence
Limits:
Building $98,176,700
Contents $300,000
Access Gate $33,000

EQUIPMENT BREAKDOWN
Carrier: Liberty Mutual Insurance Company
Policy Term: 04/15/26-27
Policy #: YB2L9L477887015
Total Limit per Breakdown: $98,509,700/ $25k Deductible