GABLEWAT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/4/2025

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	CONTACT NAME: Certificate Department	
Commercial Lines - 305-443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	PHONE (A/C, No, Ext): 305-443-4886	FAX (A/C, No):
	E-MAIL ADDRESS: Miagcerts@usi.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Richmond National Insurance Company	17103
INSURED	INSURER B : See attached	
Gables Waterway Towers Association, Inc. 90 Edgewater Drive Coral Gables, FL 33133	INSURER C : Greenwich Insurance Company	22322
	INSURER D : Technology Insurance Company	42376
	INSURER E : Federal Insurance Company	20281
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 758462 **REVISION NUMBER:** See below

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: POLICY PRO-JECT LOC OTHER:			RN7032603602	4/4/2025	4/4/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			RN7032603602	4/4/2025	4/4/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PPP7485416L24A03	4/4/2025	4/4/2026	EACH OCCURRENCE AGGREGATE	$ 25,000,000 $ 25,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4583392	4/4/2025	4/4/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
E	See Property coverage Equipment breakdown			See Attached 76444881	5/31/2025 4/04/2025	5/31/2026 4/04/2026	SEE LAST PAGE 58,059,754	

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

Unit Owner Name: .
Address: .

CERTIFICATE HOLDER

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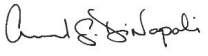
CANCELLATION

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



This certificate replaces certificate# 758459 issued on 6/4/2025

Auto Liability
Remark(s):
Hired and non-owned auto liability

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BDJM00688800
POLICY PERIOD: Effective Date: 4/4/2025 Expiration Date: 4/4/2026
Limit: $ 5,500,000
Remark(s):
Property Management company included. Coverage for employee dishonesty

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DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc
POLICY NUMBER: DC255331900
POLICY PERIOD: Effective Date: 4/4/2025 Expiration Date: 4/4/2026
Limit: $ 1,000,000
Remark(s):
Property Management co included

GABLEWAT

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 6/4/2025

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

AGENCY	PHONE (A/C, No, Ext):
Commercial Lines - 305-443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	
FAX (A/C, No):	E-MAIL ADDRESS:
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY

QBE Specialty Insurance Company

INSURED	LOAN NUMBER	POLICY NUMBER
Gables Waterway Towers Association, Inc. 90 Edgewater Drive Coral Gables, FL 33133		AHAR9202-00

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
5/31/2025	5/31/2026	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Bldg: 1
Location: 90 Edgewater Drive, Coral Gables, FL 33133
Total # Units: 331

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: .
Address: .

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.

ADDITIONAL INTEREST

NAME AND ADDRESS		
.	☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE	
.	☐ MORTGAGEE ☐	
.	LOAN #	
	AUTHORIZED REPRESENTATIVE	

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Specialty Insurance Company
POLICY NUMBER: AHAR9202-00
POLICY PERIOD: Effective Date: 5/31/2025 Expiration Date: 5/31/2026
Business Income: Extra Expense:
[ ] Blanket Limit Applies
[X] Replacement Cost [X] Special [ ] Basic
Remark(s):
Ordinance or Law Full Limit
Coverage B & C Combined: $250,000. All other wind deductible $100,000. Named storm and hurricane deductible 5%. 45 days notice of non renewal 10 days notice of cancellation.
Other carriers: the Princeton E&S Lines ; General Security ; Steadfast Ins; Ms Tranverse Specialty; Lloyds; Aviva: Hamilton Ins.; Convex and Lexington.

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	90 Edgewater Drive, Coral Gables, FL 33133	$ 71,132,243	331	5%	$ 10,000	Agreed Value

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WINDSTORM

INSURANCE CARRIER: QBE Specialty Insurance Company
POLICY NUMBER: See Property
[X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost
Remark(s):
See property coverage

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, [X] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	90 Edgewater Drive, Coral Gables, FL 33133	$ 69,967,000	331	0002084573	$ 1,250	11/16/2024-11/16/2025

EXCESS FLOOD

Not Covered
