CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/08/2026

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:** EOI DIRECT
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	**PHONE (A/C, No, Ext):** (877) 456-3643 **FAX (A/C, No):** (954) 776-4446 **E-MAIL ADDRESS:** barbara.gilbert@bbrown.com
INSURED The Grandview Palace Condominium Association, Inc. 7601 East Treasure Dr., Ste 25 North Bay Village FL 33141	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Lancashire Insurance Company (UK) Limited — 78390 **INSURER B :** Midvale Indemnity Company — 27138 **INSURER C :** Accredited Surety and Casualty Company, Inc. — 26379 **INSURER D :** The Hanover Insurance Company — 22292 **INSURER E :** Wright National Flood Insurance Company — 11523 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2026-2027 MASTER COI **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:			PGC10013520900126	05/06/2026	05/06/2027	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 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PGC10013520900126	05/06/2026	05/06/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PRP22982400002725170	05/06/2026	05/06/2027	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	Directors & Officers			1SKNFL170152328802	05/06/2026	05/06/2027	Limit Retention	$1,000,000 $10,000

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

Residential Condominium Association, with 532 units, located at 7601 E. Treasure Drive North Bay Village, FL 33141. See attached Notepad for Property, Flood, Equipment Breakdown and Crime/Fidelity coverage information.
Property Manager included on Crime/Fidelity (Employee Theft Only).

CERTIFICATE HOLDER

The Grandview Palace Condominium Association, Inc.
7601 East Treasure Dr.
North Bay Village FL 33141

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: 00257489

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	The Grandview Palace 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/WINDSTORM Coverage:
Effective: 05/06/2026 to 05/06/2027
LAYER $100,000 Primary Wind
Carrier: Mt. Hawley Insurance Company / Policy##MWC0602578

Deductibles:
Named Storm – 5% Per Occurrence
All Other Wind/Hail: $100,000 maximum per occurrence

Building $114,818,590
Business Personal Property $583,000
With a Total Declared Value of $115,401,590

LAYER $115,401,590
Carrier: QBE Specialty Insurance Company / Policy# AHAR2070600
Certain Underwriters at Lloyds / Policy# B1180D2624210686,
B1180D2607872546, B1180D2621753111, B1180D2619711226,
B1180D2620044286, B1180D2624060967, B1180D2619346453
General Security Indemnity Company of Arizona/ Policy# TR00202261612382
Lexington Insurance Company/ Policy# 012070153
Convex Insurance UK Limited/ Policy# B1180D2621853106
MS Transverse Specialty Insurance Company/ Policy# TSARPR0003942-01,
TSAHPR0009285-01
Princeton Excess & Surplus Lines Insurance Company/ Policy# 3DA3CM0002431-03
Steadfast Insurance Company/ Policy# CPP8392863

Valuation: Replacement Cost
Cause of Loss: Special Form / Coinsurance: NIL (Waived)

Deductibles:
All Other Perils - $10,000 Per Occurrence
Water Damage: $25,000 Per Occurrence
Ordinance of Law: Coverage A Included/
B&C Combined
TOTAL INSURABLE VALUE: $115,401,590
Building & Garage - $108,706,590
Contents - $583,000
Detached Garage - $5,610,000
Large Pool - $86,500
Round Pool - $48,400
Spa - $42,300
Fountains - $74,800
Landscaping - $250,000

FLOOD
Carrier: Wright Nafonal Flood Insurance Company
Effective 5/23/2026 to 5/23/2027
Policy #: 09115261594602
Valuafon: Replacement Cost, Units: 532
Limit: $122,057,000 Contents: $100,000
Deductible: $1,250