CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 03/20/2026

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER		CONTACT NAME: Stacey Carmody	
Allied Insurance Consultants Incorporated 4400 N Federal Hwy Ste210 Boca Raton FL 33431		PHONE (A/C, No, Ext): 561-453-3807	FAX (A/C, No): 561-453-3770
		E-MAIL ADDRESS: scarmody@aicforme.com	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A : Axis Surplus	
Admiral Towers Condominium, Inc. 12350 SW 132nd Ct Suite 114 Miami FL 33186		INSURER B : Palms Insurance Company, LTD.	
		INSURER C : Kinsale Insurance Company	38920
		INSURER D : Landmark American Insurance Company	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Insured Location:
1020 Meridian Ave, Miami Beach, FL, 33139-8333

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] PROPERTY CAUSES OF LOSS / DEDUCTIBLES [ ] BASIC — BUILDING 10,000 [ ] BROAD — CONTENTS 10,000 [X] SPECIAL [ ] EARTHQUAKE [ ] WIND [ ] FLOOD	P-001-001586785-01	05/15/2025	05/15/2026	[X] BUILDING [ ] PERSONAL PROPERTY [ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP [X] BUSINESS PERS(	$ 2,500,000 $ $ $ $ $ $ $ $ $80,000 $
B	[ ] INLAND MARINE CAUSES OF LOSS [ ] NAMED PERILS [X] Property	TYPE OF POLICY: Property 50% layer 1 POLICY NUMBER: PLM-01137-25	05/15/2025	05/15/2026	[X] Limit	$ 2,500,000 $ $ $
C	[ ] CRIME TYPE OF POLICY Property (Layer 2 of 3)	0100371353-0	05/15/2025	05/15/2026	[X] $5M xs of $5M	$ 5,000,000 $ $
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
D	Excess Property Policy (Layer 3 of 3)	PLM-01137-25	05/15/2025	05/15/2026	[X] Limit	$ 2,500,000 $

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Total Insured Values: $19,741,792
Coinsurance - is Waived
Hurricane Deductible 3%
See Page Two for additional detailsThis Policy 'LHD951675' has Other Coverage 'Excess Property Policy (Layer 3 of 4)' With Limit '9,741,792'. Carrier:

CERTIFICATE HOLDER

EOI Direct

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

Daniel N. Kennedy

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Allied Insurance Consultants Incorporated	Admiral Towers Condominium, Inc.
POLICY NUMBER	
P-001-001586785-01	
CARRIER / **NAIC CODE**	
Axis Surplus	**EFFECTIVE DATE:** 05/15/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Wind Buy Down Policy - Policy Number B1306P568602500 Carrier: Lloyds of London (15792) Effective Date: 15 May 2025 to 15 May 2026 - Hurricane Deductible buy down from 5% to 3% Wind and Hail

100% Insured to Value per appraisal on file - 05 Jan 2024

Covered Property:
Building - $18,568,582
Garage - $998,210
Pool - $95,000
Business Personal Property - $80,000

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PRODUCER		CONTACT NAME: David Treusch	
All American Insurance Consultants		PHONE (A/C, No, Ext): 754-263-2160	FAX (A/C, No): 754-484-3832
1250 E Hallandale Beach Blvd		E-MAIL ADDRESS: david@allamericaninsure.com	
Ste 406		PRODUCER CUSTOMER ID: 162341028	
Hallandale Beach FL 33009		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A : AMERICAN BANKERS INS CO OF FLORIDA	
ADMIRAL TOWERS CONDOMINIUM, INC		INSURER B : Philadelphia Indemnity Insurance company	
1020 Meridian Ave		INSURER C : The Hartford Steam Boiler Inspection and Insur	
		INSURER D : AMERICAN BANKERS INS CO OF FLORIDA	
Miami Beach FL 33139		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] **PROPERTY**	8705094102	10/14/2025	10/14/2026	[X] BUILDING	$ 18,570,000
	CAUSES OF LOSS / DEDUCTIBLES				[X] PERSONAL PROPERTY	$ 88,000
	[ ] BASIC — BUILDING $2,000				[ ] BUSINESS INCOME	$
	[ ] BROAD — CONTENTS $2,000				[ ] EXTRA EXPENSE	$
	[ ] SPECIAL				[ ] RENTAL VALUE	$
	[ ] EARTHQUAKE				[ ] BLANKET BUILDING	$
	[ ] WIND				[ ] BLANKET PERS PROP	$
	[X] FLOOD				[ ] BLANKET BLDG & PP	$
						$
						$
	[ ] **INLAND MARINE**	TYPE OF POLICY				$
	CAUSES OF LOSS					$
	[ ] NAMED PERILS	POLICY NUMBER				$
						$
B	[X] **CRIME**	PCAC019998-0323	11/28/2025	11/28/2026		$ 250,000
	TYPE OF POLICY: CRIME					$
						$
C	[X] **BOILER & MACHINERY / EQUIPMENT BREAKDOWN**	FBP2252286	11/30/2025	11/30/2026		$ 17,749,000
						$
D	FLOOD GARAGE	9905025554	09/05/2025	09/05/2026	[X] BUILDING	$ 500,000
					[ ] DED	$ $2,000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ADMIRAL TOWERS CONDOMINIUM, INC
1020 Meridian Ave
Miami Beach FL 33139

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
David Treusch

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/20/2026

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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 All American Insurance Consultants 1250 E Hallandale Beach Blvd Ste 406 Hallandale Beach FL 33009	**CONTACT NAME:** David Treusch **PHONE (A/C, No, Ext):** 754-263-2160 **FAX (A/C, No):** 754-484-3832 **E-MAIL ADDRESS:** david@allamericaninsure.com
INSURED ADMIRAL TOWERS CONDOMINIUM, INC 1020 Meridian Ave Miami Beach FL 33139	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Westchester Surplus Lines Insurance Company **INSURER B :** Travelers Casualty and Surety Company of Ameri **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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:			GLWF17227919 003	11/09/2025	11/09/2026	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 $ 100,000 $ $5,000 $ 1,000,000 $ $2,000,000 $ INCLUDED
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/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	 $ $ $
B	Directors Errors&Omissions			107958085	11/30/2025	11/30/2026	Each Claim Limit Aggregate Limit	1,000,000 $1,000,000

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

CERTIFICATE HOLDER

Direct EOI

CANCELLATION

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AUTHORIZED REPRESENTATIVE

David Treusch