



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2025

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 Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): (877) 456-3643 E-MAIL ADDRESS: help@eoidirect.com FAX (A/C, No): (954) 776-4446																					
INSURED Kings Lake Condominium Association, Inc, DBA: Lago Del Rey 8630 sw 149th ave Miami FL 33193	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Old Republic Union Insurance Company</td><td>31143</td></tr><tr><td>INSURER B:</td><td>Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER C:</td><td>Zenith Insurance Company</td><td>13269</td></tr><tr><td>INSURER D:</td><td>Great Divide Insurance Company</td><td>25224</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Old Republic Union Insurance Company	31143	INSURER B:	Midvale Indemnity Company	27138	INSURER C:	Zenith Insurance Company	13269	INSURER D:	Great Divide Insurance Company	25224	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 25-26 Master 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			ORBGL25A3481900	03/30/2025	03/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			ORBGL25A3481900	03/30/2025	03/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$			PRP229824000012230151	03/30/2025	03/30/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
C	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 ☐	N / A	Z142599001	03/30/2025	03/30/2026	☒ PER STATUTE E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors and Officers			CM00000356104	03/30/2025	03/30/2026	General Aggregate \$2,000,000 Each Occurrence \$1,000,000

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

Residential Condominium Located
Kings Lake Condominium Association, Inc.
DBA Lago Del Rey Condominium
8630 SW 149TH AVE
Miami, FL 33193

CERTIFICATE HOLDER**CANCELLATION**

Kings Lake Condominium Association, Inc, DBA: Lago Del Rey
8630 SW 149TH AVE

Miami

FL 33193

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 Named Insureds

Other Named Insureds

Lago Del Rey Condominium

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description Expense constant				Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$160.00		

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		

Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Kings Lake Condominium Association, Inc, DBA: Lago Del Rey Condominium
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
Carrier: Certain Underwriters at Lloyds
Policy #: AA1122000
Policy Term: 03/30/2025 - 03/30/2026
Cause of Loss: AOP, Exlcuding: Named Wind Storm, Earth Quake, & Flood
Coinsurance: NIL
Valuation: Replacement Cost
Ordinance or Law: Cov A: Included, Cov B & C: \$1,000,000 Combined
TIV: \$33,072,463
Deductible: \$5,000 AOP per occurrence, \$100,000 All other Wind/Hail per occurece, 5% TIV per occurrence Name Storm & Wind Driven Precipitation subject to \$250,000 Min.

Equipment Breakdown
Carrier: Liberty Mutual Fire Insurance Company
Policy #: YB2L9L479763015
Policy Term: 03/30/2025 - 03/30/2026
Total Limit Per Breakdown: \$33,072,463 / \$2,500
Extra Expense Limit: \$100,000 / 0 Hours

Crime
Carrier: The Hanover Insurance Company
Policy #: BDJM00802100
Policy Term: 03/30/2025 - 03/30/2026
Employee Theft Limit: \$750,000 / \$3,500 Retention Property Manager Included

Locations

Address Number	Street	Description	Limit of Insurance
8500	SW 149TH Ave	Bldg 1	\$2,156,659
8510	SW 149TH Ave	Bldg 2	\$3,132,979
8520	SW 149TH Ave	Bldg 3	\$2,156,659
8530	SW 149TH Ave	Bldg 4	\$2,659,603
8540	SW 149TH Ave	Bldg 5	\$3,151,589
8550	SW 149TH Ave	Bldg 6	\$2,662,903
8600	SW 149TH Ave	Bldg 7	\$3,221,953
8610	SW 149TH Ave	Bldg 8	\$2,156,659
8620	SW 149TH Ave	Bldg 9	\$3,132,979
8650	SW 149TH Ave	Bldg 10	\$2,659,603
8660	SW 149TH Ave	Bldg 11	\$3,151,589
8670	SW 149TH Ave	Bldg 12	\$2,156,659
8630	SW 149TH Ave	Clubhouse	\$283,429
8630	SW 149TH Ave	CCTV System	\$8,200
8630	SW 149TH Ave	Mailboxes, Wall Mount	\$31,200
8630	SW 149TH Ave	Metal W/Gate (Keyed)	\$2,000
8630	SW 149TH Ave	Metal Wall	\$800
8630	SW 149TH Ave	Metal Wall	\$21,000
8630	SW 149TH Ave	Metal Lighting Pole	\$68,500
8630	SW 149TH Ave	Mail Kiosks	\$9,600
8630	SW 149TH Ave	Signage	\$1,100
8630	SW 149TH Ave	Monument Wall	\$43,000
8630	SW 149TH Ave	Miscellaneous Signage	\$13,500
8630	SW 149TH Ave	Community Stop Sign	\$2,100
8630	SW 149TH Ave	Masonry W/gates	\$9,900
8630	SW 149TH Ave	Drinking Fountain Wall Mount	\$500
8630	SW 149TH Ave	Painted Concrete Deck	\$16,300
8630	SW 149TH Ave	Outdoor Shower Station	\$300
8630	SW 149TH Ave	Fiberglass	\$4,300
8630	SW 149TH Ave	Metal Fence W/Gates	\$9,100
8630	SW 149TH Ave	In-Ground Pool	\$73,900
8630	SW 149TH Ave	Chain Link Tennis Court Fence	\$13,200
8630	SW 149TH Ave	Metal Pole Lighting Tennis Court	\$40,000
8630	SW 149TH Ave	Tennis Courts (2)	\$20,700
Total Insurable Value: \$33,072,463			