EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 6/4/2026

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS
Acentria Insurance - Miami
8400 NW 36th St Ste 410
Doral, FL 33166-6676

PHONE (A/C, No, Ext): 305-446-5474

License#: L100460

FAX (A/C, No): 305-444-8796

E-MAIL ADDRESS:

CODE:

SUB CODE:

AGENCY CUSTOMER ID #: HORICON-03

NAMED INSURED AND ADDRESS
The Horizons Condo #3 Assoc
c/o Miami Management, Inc.
8055 SW 107 Avenue
Miami FL 33173

ADDITIONAL NAMED INSURED(S)

COMPANY NAME AND ADDRESS
American Coastal Insurance Company
570 Carillon Parkway Suite 100
Saint Petersburg, FL 33716

NAIC NO: 12968

IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH

POLICY TYPE

LOAN NUMBER

POLICY NUMBER: AMC-32051-11

EFFECTIVE DATE: 04/03/2026

EXPIRATION DATE: 04/03/2027

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Location: 8045 SW 107 Avenue, Miami, FL. 33173- 72 Units
-WALLS OUT COVERAGE ONLY-

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 ☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 10,432,259 DED: 10,000

	YES	NO	N/A	
☐ BUSINESS INCOME ☐ RENTAL VALUE		X		If YES, LIMIT: ☐ Actual Loss Sustained; # of months:
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: $
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X			
IS DOMESTIC TERRORISM EXCLUDED?			X	
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			
REPLACEMENT COST	X			10,432,259
AGREED VALUE	X			
COINSURANCE		X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 10,000,000 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: 10,432,259 DED: 10,000
- Demolition Costs	X			If YES, LIMIT: 260,806 DED: 10,000
- Incr. Cost of Construction	X			If YES, LIMIT: 260,806 DED:
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:	X			If YES, LIMIT: 10,432,259 DED: 10,000
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:	X			If YES, LIMIT: 10,432,259 DED: 521,613
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X	

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

☐ CONTRACT OF SALE ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE

NAME AND ADDRESS

Proof of Insurance Purpose Only
Proof of Insurance Purpose Only
Proof of Insurance Purpose Only
Proof of Insurance Purpose Only
United States

LENDER SERVICING AGENT NAME AND ADDRESS

AUTHORIZED REPRESENTATIVE

Chad H Fyfe

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AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - Miami	NAMED INSURED The Horizons Condo #3 Assoc c/o Miami Management, Inc. 8055 SW 107 Avenue Miami FL 33173
POLICY NUMBER AMC-32051-11	
CARRIER American Coastal Insurance Company — NAIC CODE 12968	EFFECTIVE DATE: 04/03/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Ordinance or Law Full coverage A - B&C Combined 2.5% ($260,806)
5% Hurricane Calendar Year Deductible

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NATIONAL GENERAL
an Allstate company

ACENTRIA INSURANCE
3750 NW 87TH AVENUE, SUITE 700
MIAMI, FL 33178

Agency Phone: (305) 442-9507

NFIP Policy Number: 0002315943
Company Policy Number: 0002315943
Agent: ACENTRIA INSURANCE

Payor: INSURED
Policy Term: 04/21/2026 12:01 AM - 04/21/2027 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: https://Nationalgeneral.manageflood.com (888) 598-0296

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THE HORIZONS CONDOMINIUM #3 ASSOCIATION INC
8055 SW 107TH AVE
C/O MIAMI MANAGEMENT INC
MIAMI, FL 33173-4802

INSURED NAME(S) AND MAILING ADDRESS

THE HORIZONS CONDOMINIUM #3 ASSOCIATION INC
8055 SW 107TH AVE
C/O MIAMI MANAGEMENT INC
MIAMI, FL 33173-4802

COMPANY MAILING ADDRESS

IMPERIAL FIRE & CASUALTY INSURANCE COMPANY
PO BOX 209559
DALLAS, TX 75320-9559

INSURED PROPERTY LOCATION

8045 SW 107TH AVE BLDG 3
MIAMI, FL 33173-4846

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 72 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)

PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: $10,432,259.00
DATE OF CONSTRUCTION: 01/01/1980

CURRENT FLOOD ZONE: AH
FIRST FLOOR HEIGHT (FFH): 0.7 FEET
MOST FAVORABLE FFH METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	$10,433,000	$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS AND A COINSURANCE PENALTY MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. TO PREVENT DELAYS IN CLAIM HANDLING, IT IS IMPORTANT TO MAKE SURE THAT YOUR POLICY INFORMATION IS UP TO DATE AND ACCURATE. CONTACT YOUR INSURANCE AGENT OR COMPANY FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT FLOODSMART.GOV/FLOOD TO LEARN MORE ABOUT FLOOD INSURANCE.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	$6,921.00
CONTENTS PREMIUM:	$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	$75.00
MITIGATION DISCOUNT:	($0.00)
COMMUNITY RATING SYSTEM REDUCTION:	($2,381.00)
FULL RISK PREMIUM:	**$4,615.00**
ANNUAL INCREASE CAP DISCOUNT:	($0.00)
STATUTORY DISCOUNTS:	($0.00)
DISCOUNTED PREMIUM:	**$4,615.00**
RESERVE FUND ASSESSMENT:	$831.00
HFIAA SURCHARGE:	$250.00
FEDERAL POLICY FEE:	$1,660.00
PROBATION SURCHARGE:	$0.00
TOTAL ANNUAL PREMIUM:	**$7,356.00**

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Kathryn Irey / President

Julie Cho / Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

Insurer NAIC Number: 44369

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