EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 6/25/2026

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	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC NO:
Assure-Us Nicole Gonzalez 1880 NE 163rd St North Miami Beach FL 33162	(305) 956-7818	Multiple Carriers	
FAX (A/C, No): (305) 770-9224	E-MAIL ADDRESS: nicole@assureus.us	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE: Commercial Property	
AGENCY CUSTOMER ID #:			
NAMED INSURED AND ADDRESS: Eastside at Aventura Condo Association, Inc. 3000 NE 188TH ST AVENTURA FL 33180-2985		LOAN NUMBER	POLICY NUMBER: WKFCC-11541-00
		EFFECTIVE DATE: 02/21/2026	EXPIRATION DATE: 02/21/2027 — CONTINUED UNTIL TERMINATED IF CHECKED: ☐
ADDITIONAL NAMED INSURED(S): Unit Owners		THIS REPLACES PRIOR EVIDENCE DATED:	

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

LOCATION / DESCRIPTION: 3000 NE 188th Street, Aventura FL 33180

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: $ $13,800,000 DED: $5,000

	YES	NO	N/A				
☐ BUSINESS INCOME ☐ RENTAL VALUE		☒		If YES, LIMIT:		Actual Loss Sustained; # of months:	
BLANKET COVERAGE		☒		If YES, indicate value(s) reported on property identified above: $			
TERRORISM COVERAGE		☒		Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		☒					
IS DOMESTIC TERRORISM EXCLUDED?		☒					
LIMITED FUNGUS COVERAGE		☒		If YES, LIMIT:		DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		☒					
REPLACEMENT COST	☒						
AGREED VALUE		☒					
COINSURANCE		☒		If YES, NIL %			
EQUIPMENT BREAKDOWN (If Applicable)	☒			If YES, LIMIT:	$14,051,000	DED:	$5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	☒			If YES, LIMIT:		DED:	
- Demolition Costs	☒			If YES, LIMIT:		DED:	
- Incr. Cost of Construction	☒			If YES, LIMIT:		DED:	
EARTH MOVEMENT (If Applicable)	☒			If YES, LIMIT:		DED:	
FLOOD (If Applicable)		☒		If YES, LIMIT:		DED:	
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:				If YES, LIMIT:		DED:	5%
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:				If YES, LIMIT:		DED:	5%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS							

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 ☒ Unit Owners

NAME AND ADDRESS: Evidence of Insurance for Unit Owners

LENDER SERVICING AGENT NAME AND ADDRESS:

AUTHORIZED REPRESENTATIVE: Patricia Fernandez

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Assure-Us	Eastside at Aventura Condo Association, Inc.
POLICY NUMBER	
WKFCC-11541-00	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 101 **FORM TITLE:** _____

Property Policy Carrier's

Arch Specialty Insurance Company RPPRP5777200
AXIS Surplus Insurance Company WKES006982-01
Certain Underwriters At Lloyds B135CP95WKFC01559
Lexington Insurance Company 016518386-00
MS Transverse Specialty Insurance Company TSWKPR0005410-00
Old Republic Union Insurance Company ORAWPR010480-00
Scottsdale Insurance Company RYS0057344