

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2026

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 Brown & Brown Insurance Services, Inc. 8825 NW 21st Terrace Doral FL 33172	CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): (877) 456-3643 E-MAIL ADDRESS: www.eoidirect.com FAX (A/C, No): (208) 694-3848
INSURED The Ponce Tower Condominium Association, Inc. 1805 Ponce de Leon Blvd Suite 210 Coral Gables FL 33134	INSURER(S) AFFORDING COVERAGE INSURER A: James River Insurance Company INSURER B: Midvale Indemnity Company INSURER C: Zenith Insurance Company INSURER D: Accredited Surety and Casualty Company, Inc. INSURER E: Endurance Assurance Corporation INSURER F: National Fire Insurance Company of Hartford
	NAIC # 12203 27138 13269 26379 11551 20478

COVERAGES

CERTIFICATE NUMBER: 26-27 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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

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:			P0000017977	08/01/2026	08/01/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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			P0000017977	08/01/2026	08/01/2027	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 \$ 0			PRP229824000022420750	08/01/2026	08/01/2027	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
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	Z141327004	08/01/2026	08/01/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors and Officers (Claims Made)			1SKNFL170158587300	08/01/2026	08/01/2027	Aggregate Limit \$1,000,000 Retention \$5,000

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

CERTIFICATE HOLDER

CANCELLATION

Master COI

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





ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED The Ponce Tower 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

Residential Condominium Association [110 Units]
Location: 1805 Ponce de Leon Blvd Coral Gables FL, 33134

E) Commercial Property (Including Wind)
Effective: 08/01/2026 – 08/01/2027
Carrier: Endurance Assurance Corporation
Policy#: EFW118600
Special Form, Replacement Cost, Coinsurance Agreed Value
Total Insured Value: \$57,265,354
Building Limit: \$55,823,029
Deductibles: \$5,000 All Other Perils, \$2,808,268 Hurricane Calendar Year, \$7,500 Water Damage
Ordinance or Law: Coverage A Included, Coverage B&C Combined \$1,000,000

F) Equipment Breakdown
Effective: 08/01/2026 – 08/01/2027
Carrier: National Fire Insurance Company of Hartford
Policy#: 8045529831
Limit: \$56,125,354
Deductible: \$10,000

G) Flood
Effective: 04/10/2026 – 04/10/2027
Carrier: Wright National Flood Insurance Company
Policy #: 09115230434203
Limit: \$33,500,000
Replacement Cost Value: \$69,811,474
Deductible: \$1,250
Flood Zone: AH ; 134 Units (110 Residential/24 Commercial)

H) Crime
Effective: 08/01/2026 – 08/01/2027
Carrier: Berkley Regional Insurance Company
Policy#: BMP110796701
Employee Theft: \$500,000
Deductible: \$2,500
*Property Manager is included as designated employee with respects to Employee Theft coverage.

Date of last appraisal: 6/27/2024

- If you need a copy of the appraisal, please contact the property management company.
- Insurance policies – please see Certificate of Insurance. If you need a copy of any of the policies, please contact the unit owner or the property management company.
- Budget Funding Schedules & Financial Reports – please contact property manager.
- Reserve Studies, Building Inspections & Special Assessments – please contact property manager.

Policy Terms & Conditions:

- Building Ordinance or Law Coverage A/B/C Included: YES
- Coinsurance: NO
- Agreed Value: YES
- Waiver of Right of Recovery Against Unit Owners: YES
- Equipment Breakdown Coverage: YES
- Inflation Guard Endorsement: NO
- 100% Replacement Cost Valuation on Property: YES
- Control of Property Clause: YES
- Coverage for Walls In & Interior Improvements: NO
- Severability of Interest/Separation of Interest: YES
- 10 Days' Notice of Cancellation: YES



A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1025
0083447
3/24/26
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
AMENDED EFFECTIVE: 4/10/26

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152304342 03	1152304342	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 4/10/26 To: 4/10/27 12:01 am Standard Time	03/24/2026	0083447	1150423639

Agent (305)714-4400
BROWN & BROWN INSURANCE
SERVICES INC
8825 NW 21ST TER
DORAL FL 33172-2421

THE PONCE TOWER CONDO ASSOCIATION INC
THE PONCE TOWER COMMCONDO ASSOC INC
1805 PONCE DE LEON BLVD
STE 210
CORAL GABLES FL 33134-4451

050.EDOC@BBROWN.COM

Property Location (if other than above)

1805 PONCE DE LEON BLVD, CORAL GABLES FL 33134

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Residential Condominium Building
Building Description: Entire Residential Condo Building

Flood Risk: AH

First Floor Height: .9 ft

Method Used to Determine First Floor Height: Elevation Certificate

Date of Construction: 01/01/2008

Prior NFIP Claims: 0

Number of Units: 134

Property Description: Basement, 15 floors

Replacement Cost Value: 69,811,474

Coverage	Deductible	Annual Premium
BUILDING \$33,500,000	\$1,250	\$27,121.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00
Community Rating Discount: \$6,751.00
FULL RISK PREMIUM: \$20,445.00
DISCOUNTED PREMIUM: \$20,445.00
Reserve Fund Assessment: \$3,680.00
Federal Policy Service Fee: \$2,008.00
HFIAA Surcharge: \$250.00

Coverage limitations may apply. See your Policy form for details.

Coinurance penalty may apply. See your Policy Form for Details

REVISED TOTAL ANNUAL PAYMENT \$26,383.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1117 1117 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

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Company

