

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/18/2026

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 Commercial Lines - 305-443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	CONTACT NAME: Certificate Department PHONE (A/C, No. Ext): 305-443-4886 E-MAIL ADDRESS: miagcerts@usi.com FAX (A/C, No):																					
INSURED Commodore Plaza Condominium Assoc., Inc. c/o KW Property Management and Consulting 2780 NE Aventura, FL 33160	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER B:</td><td>See attached</td><td></td></tr><tr><td>INSURER C:</td><td>Endurance American Insurance Company</td><td>10641</td></tr><tr><td>INSURER D:</td><td>Pennsylvania Manufacturers Assn Ins Co</td><td>12262</td></tr><tr><td>INSURER E:</td><td>Liberty Ins Underwriters, Inc</td><td>19917</td></tr><tr><td>INSURER F:</td><td>Technology Insurance Company</td><td>42376</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Kinsale Insurance Company	38920	INSURER B:	See attached		INSURER C:	Endurance American Insurance Company	10641	INSURER D:	Pennsylvania Manufacturers Assn Ins Co	12262	INSURER E:	Liberty Ins Underwriters, Inc	19917	INSURER F:	Technology Insurance Company	42376
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Kinsale Insurance Company	38920																				
INSURER B:	See attached																					
INSURER C:	Endurance American Insurance Company	10641																				
INSURER D:	Pennsylvania Manufacturers Assn Ins Co	12262																				
INSURER E:	Liberty Ins Underwriters, Inc	19917																				
INSURER F:	Technology Insurance Company	42376																				

COVERAGES**CERTIFICATE NUMBER:** 773182**REVISION NUMBER:** See below

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:			01003785290	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 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			01003785290	6/20/2025	6/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☐ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$	☒	☐	ELD30090612100	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	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	2025011333558Y	6/20/2025	6/20/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Equipment Breakdown			YB2L9L473127025	6/20/2025	6/20/2026	\$127,808,601
F	Cyber Liability			TCL173372502	6/20/2025	6/20/2026	\$1,000,000
D	Excess Crime			4121011333558Y	6/20/2025	6/20/2026	\$3,000,000

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

Unit Owner Name: Commodore Plaza
Address: 2780 NE 183rd St, Aventura FL 33160

CERTIFICATE HOLDER

Commodore Plaza Condominium Ass
2780 NE 183rs St
Aventura, FL 33160

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

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Pennsylvania Manufacturers Assn Ins Co
POLICY NUMBER: 4124011333558Y
POLICY PERIOD: Effective Date: 6/20/2025 Expiration Date: 6/20/2026
Limit: \$ 1,000,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Swiss Reinsurance American Corp
POLICY NUMBER: PMP100030802
POLICY PERIOD: Effective Date: 6/20/2025 Expiration Date: 6/20/2026
Limit: \$ 2,000,000

Bldg	Location	Total # Units
1	2780 NE 183rd Street, Aventura, FL 33160	321
2	2750 NE 183rd Street, Aventura, FL 33160	311

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

2/18/2026

THIS EVIDENCE OF 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.

AGENCY Commercial Lines - 305-443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY Axis Specialty Insurance Company	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Commodore Plaza Condominium Assoc., Inc. c/o KW Property Management and Consulting 2780 NE Aventura, FL 33160				LOAN NUMBER	
				POLICY NUMBER P00100155211601	
EFFECTIVE DATE 2/28/2025		EXPIRATION DATE 2/28/2026		☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

see attached for location information.

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: Commodore Plaza
Address: 2780 NE 183rd St, Aventura FL 33160

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

NAME AND ADDRESS Commodore Plaza Condominium Ass 2780 NE 183rs St Aventura, FL 33160	☐	ADDITIONAL INSURED	☐	LENDER'S LOSS PAYABLE	☐	LOSS PAYEE
	☐	MORTGAGEE	☐			
	LOAN #					
AUTHORIZED REPRESENTATIVE 						

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Axis Specialty Insurance Company
POLICY NUMBER: P00100155211601
POLICY PERIOD: Effective Date: 2/28/2025 Expiration Date: 2/28/2026
Business Income: Extra Expense:
[X] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Building Ordinance or Law: Full A, \$1,000,000 B & C Combined Limit

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	2780 NE 183rd Street, Aventura, FL 33160	\$ 55,278,475	321	5%	\$ 10,000	NA
2	2750 NE 183rd Street, Aventura, FL 33160	\$ 55,985,311	311	5%	\$ 10,000	N/A
3	Garage/Townhouses: 2700-2730 NE 183rd Street., Aventura, FL 33160	\$ 13,772,994	22	5%	\$ 5,000	N/A

FLOOD

Remark(s):
Contents: \$100,000

INSURANCE CARRIER: Imperial Fire and Casualty Insurance Co, [X] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
4	2700-2780 NE 183rd ST, Aventura, FL 33160	\$ 156,851,000	654	926005	\$ 1,250	6/20/2025-6/20/2026

EXCESS FLOOD

Not Covered