



3260800

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
01/22/2026

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 Lockton Companies LLC 3280 Peachtree Road NE, Suite #1000 Atlanta, GA 30305 (404) 460-3600	CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): 877.456.3643 E-MAIL ADDRESS: help@eoidirect.com FAX (A/C, No):																					
INSURED Arlen House Condominium Association, Inc. c/o Neighborhood Property Management Inc 300 Bayview Drive Sunny Isles Beach, 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>Westchester Surplus Lines Ins Co</td><td>10172</td></tr><tr><td>INSURER B:</td><td>Hamilton Select Insurance Inc.</td><td>17178</td></tr><tr><td>INSURER C:</td><td>The Cincinnati Insurance Co</td><td>10677</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Westchester Surplus Lines Ins Co	10172	INSURER B:	Hamilton Select Insurance Inc.	17178	INSURER C:	The Cincinnati Insurance Co	10677	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:****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:			G49689020001	1/17/2026	1/17/2027	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 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			ECHS0008563801	1/17/2026	1/17/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers			EM00764849	12/14/2025	1/17/2027	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)

Arlen House Condominium Association, Inc. Evidence of Coverage, 300 Bayview Drive, Sunny Isles Beach, FL 33160
A 30-day notice of cancellation and a 10 day notice of nonpayment are included if required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

Arlen House Condominium Association, Inc Evidence of Coverage 300 Bayview Drive Sunny Isles Beach, FL 33160 Loan Number: NA	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 REMARKS SCHEDULE

AGENCY Lockton Companies LLC		NAMED INSURED Arlen House Condominium Association, Inc 300 Bayview Drive Sunny Isles Beach FL 33160	
POLICY NUMBER see below		EFFECTIVE DATE: 01/17/2026	
CARRIER see below	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

312 Residential Units

Property

Carriers & Policy Numbers: HDI Global Specialty SE, Policy # CTW009017
 Lexington Insurance Co, NAIC 19437, Policy # 01976103401
 AXIS Surplus Insurance Co, NAIC 26620, Policy # P00100153968201
 Endurance American Specialty Ins Co, NAIC 41718, Policy #ESP30107260900
 Arch Specialty Insurance Co, NAIC 21199, Policy #VETPF11075260
 Swiss Re Corporate Solutions Capacity Ins Corp, NAIC 34916, Policy #ESP200617801
 HDI Global Specialty SE, Policy # 25946166B

Effective: 01/17/2026 - 01/17/2027

Limit: \$75,639,714

Deductibles: 2% Named Storm per occurrence | \$250,000 All Other Wind | \$10,000 All Other Perils

Valuation: Replacement Cost/Agreed Value

Policy Form: Special

Ordinance or Law: Full A, \$1,000,000 B&C Combined

Terrorism Excluded

Property policy does NOT include 'walls in' coverage.

Equipment Breakdown

Carrier: Liberty Mutual Fire Insurance Co NAIC 23035

Effective: 01/17/2026 - 01/17/2027

Policy #: YB2L9L477205015

Limit: \$81,507,222

Deductible: \$10,000

Crime/Fidelity/Employee Theft

Carrier: Philadelphia Indemnity Insurance Co NAIC 18058

Effective: 12/14/2025 - 01/17/2027

Policy #: PCAP0151180521

Limit: \$2,000,000

Retention: \$20,000

Fidelity/Crime/Employee Theft: The Property Management Company listed on this policy is considered a covered "employee" under this policy for Employee Theft coverage while acting as an agent of the Named Insured or while in possession of covered property.

Flood: See attached declarations page

General Liability: Separation of Insureds is included with respect to general liability.

LOCKTON COMPANIES, LLC
1111 BRICKELL AVE, SUITE 2700
MIAMI, FL 33131

Agency Phone: (305) 421-9500

NFIP Policy Number: 0001121175
Company Policy Number: 0001121175
Agent: LOCKTON COMPANIES, LLC

Payor: INSURED
Policy Term: 11/27/2025 12:01 AM - 11/27/2026 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://Nationalgeneral.manageflood.com>
(877) 254-6819

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

ARLEN HOUSE CONDO ASSOCIATION, INC.
300 BAYVIEW DR
SUNNY ISLES BEACH, FL 33160-4780

INSURED NAME(S) AND MAILING ADDRESS

ARLEN HOUSE CONDO ASSOCIATION, INC.
300 BAYVIEW DR
SUNNY ISLES BEACH, FL 33160-4780

COMPANY MAILING ADDRESS

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

INSURED PROPERTY LOCATION

300 BAYVIEW DR
SUNNY ISLES BEACH, FL 33160-4773

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 312 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 21 FLOOR(S), MASONRY CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: \$69,306,425.00
DATE OF CONSTRUCTION: 12/31/1974

CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FFH): 6.4 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

BUILDING: COVERAGE DEDUCTIBLE
\$69,307,000 \$1,250
CONTENTS: \$100,000 \$1,250

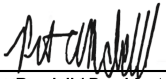
COVERAGE LIMITATIONS AND A COINSURANCE PENALTY MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

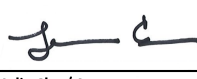
YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. TO PREVENT DELAYS IN CLAIM HANDLING, IT IS IMPORTANT TO MAKE SURE THAT YOUR POLICY INFORMATION IS UP TO DATE AND ACCURATE. CONTACT YOUR INSURANCE AGENT OR COMPANY FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT [FLOODSMART.GOV/FLOOD](https://floodsmart.gov/flood) TO LEARN MORE ABOUT FLOOD INSURANCE.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$142,675.00
CONTENTS PREMIUM:	\$1,646.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$7,161.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$13,704.00)
FULL RISK PREMIUM:	\$123,531.00
ANNUAL INCREASE CAP DISCOUNT:	(\$53,745.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$69,786.00
RESERVE FUND ASSESSMENT:	\$12,561.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$2,364.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$84,961.00

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


Peter Rendall / President


Julie Cho / Secretary

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

Policy issued by: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

Insurer NAIC Number: 44369

Zero Balance Due - This Is Not A Bill



File: 32716212

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DocID: 263432446