MET1CON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/7/2026

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	CONTACT NAME:	
Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: MIAGCerts@usi.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Met 1 Condominium Association, Inc 300 South Biscayne Blvd Miami, FL 33131 5312	INSURER A : James River Insurance Company	12203
	INSURER B : See attached	
	INSURER C : Midvale Indemnity Company	27138
	INSURER D : Liberty Mutual Fire Insurance Co	23035
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 770537 **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	X COMMERCIAL GENERAL LIABILITY			P0000007303	04/25/2025	04/25/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X $2,500 DED						MED EXP (Any one person)	$ 2,500
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
							HNOA	$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR			PRP229824000011512519	4/25/2025	4/25/2026	EACH OCCURRENCE	$ 25,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 25,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
D	Equipment Breakdown			YB2L9L465671015	04/25/2025	04/25/2026	150,132,368 $2,500 Ded.	

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

CERTIFICATE HOLDER

PROOF OF COVERAGE
Met 1 Condominium Association
300 s. Biscayne Blvd.
Miami, Fl 33131

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

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: NOVA Casualty Company
POLICY NUMBER: WIBCI1000288905
POLICY PERIOD: Effective Date: 4/25/2025 Expiration Date: 4/25/2026
Limit: $ 6,600,000
Remark(s):
Deductible Amount Per Occurrence $10,000. Property management company is included.

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: AIX Specialty Insurance Company
POLICY NUMBER: WBZGL000042705
POLICY PERIOD: Effective Date: 4/25/2025 Expiration Date: 4/25/2026
Limit: $ 1,000,000
Remark(s):
Retention: $10,000

MET1CON

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/7/2026

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	PHONE (A/C, No, Ext):
Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134	
FAX (A/C, No):	E-MAIL ADDRESS:
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY

Steadfast Insurance Company

INSURED	LOAN NUMBER	POLICY NUMBER
Met 1 Condominium Association, Inc 300 South Biscayne Blvd Miami, FL 33131 5312		CPP120888601/TSSUPR63366

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
12/20/2025	4/25/2027	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Bldg: 1
Location: 300 South Biscayne Blvd
Total # Units: 452

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)

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

PROOF OF COVERAGE
Met 1 Condominium Association
300 s. Biscayne Blvd.
Miami, Fl 33131

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Steadfast Insurance Company
POLICY NUMBER: CPP120888601/TSSUPR6336634300
POLICY PERIOD: Effective Date: 12/20/2025 Expiration Date: 4/25/2027
Business Income: Extra Expense:
[ ] Blanket Limit Applies
[X] Replacement Cost [X] Special [ ] Basic
Remark(s):
Ordinance or Law Coverage -Full A, 10% B/C
3% Named Storm Deductible, $25,000 minimum deductible per occurrence
$25,000 All Other Wind Deductible

Excess Property layer: Effective date 12/20/25 to 04/25/2027
Carriers: Homeland Insurance
Limit of Liability $40,418,048 under Excess Policies

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	300 South Biscayne Blvd	$ 110,000,000	452	3% NS	$ 25,000	N/A

WINDSTORM

INSURANCE CARRIER: ---
POLICY NUMBER:
[X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost

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FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, [X] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	300 South Biscayne Blvd	$ 113,000,000	452	0002087424	$ 1,250	4/25/2025-4/25/2026

EXCESS FLOOD

Not Covered
