ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/1/2026

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
Alliant Insurance Services, Inc.
804 S Douglas Rd Ste 830
Coral Gables FL 33134-3131

License#: 0C36861

CONTACT NAME: residentialcerts@alliant.com
PHONE (A/C, No, Ext): 248-540-3131 **FAX (A/C, No):**
E-MAIL ADDRESS: residentialcerts@alliant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Richmond National Insurance Co	17103
INSURER B : Liberty County Mutual	
INSURER C : Technology Insurance Company I	42376
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Club at Brickell Bay Plaza Condominium
1200 Brickell Bay Dr. Apt 1400
Miami FL 33131

THECLUB-07

COVERAGES **CERTIFICATE NUMBER:** 100149694 **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	
D	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE ☐ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			0100452699-0	5/25/2026	5/25/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $
D	**AUTOMOBILE LIABILITY** ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐			0100452699-0	5/25/2026	5/25/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
A	☐ **UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** ☐ CLAIMS-MADE DED ☐ RETENTION $			RN70514149	5/25/2026	5/25/2027	EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC990001	5/17/2026	5/17/2027	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT 	$ 500,000 $ 500,000 $ 500,000
B	Boiler & Machinery Crime			YB2L9L481358015	5/25/2026	5/25/2027	Limit $100,000,000	Ded $10,000

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

See Attached...

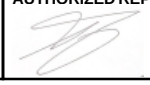
CERTIFICATE HOLDER

Master COI

CANCELLATION 10 NOC Non payment-30 NOC All other

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



AGENCY CUSTOMER ID: THECLUB-07

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.	NAMED INSURED The Club at Brickell Bay Plaza Condominium 1200 Brickell Bay Dr. Apt 1400 Miami FL 33131
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

**Property Including Windstorm
Insurance Carrier: Lloyds of London Insurance Company
Policy Number: TBD Binder # BIND236574965
Policy Period: Effective: 05/25/2026 - 05/25/2027

Replacement Cost up to Policy Limits | Special Form | Agreed Value

Location Address: 1200 Brickell Bay Drive – Total # Units 718

Limit: $144,483,810
Hurricane Deductible: 5% CY Hurr Deductible, $100,000 minimum deductible
All Other Windstorm Deductible: $50,000
All Other Perils: $10,000
Water Damage Deductible: $25,000
Ordinance or Law: Coverage A: Included | Coverage B&C Combined: $5,000,000

**Crime / Employee Theft
Insurance Carrier: The Hanover Insurance
Policy Number#: BDJD707910-08
Effective: 05/25/2026-05/25-2027
Employee Theft Limit: $4,000,000
Deductible: $20,000

**Directors & Officers
Insurance Carrier: Accredited Surety and Casualty Ins.
Policy Number: BIND5326589142
Effective: 05/25/2026-05/25/2027
Limit: $1,000,000
Deductible: 15,000

**Flood
Insurance Company: Selective Insurance Company
Effective: 1/06/2026-1/06/2027
Policy No. 0005732210 | Limit $179,500,000 | Deductible $1,250
Replacement Cost: $7,500,000
Flood Risk Zone: AE
Location Address: 1200 Brickell Bay Drive, Miami FL. 33131 – Total # Units 718

SELECTIVE
BE UNIQUELY INSURED®

ALLIANT INSURANCE SERVICES INC.
1520 ROYAL PALM SQUARE BLVD #160
FT MYERS, FL 33919

Agency Phone: (239) 308-5139

NFIP Policy Number: 0005732210
Company Policy Number: FLD5732210
Agent: ALLIANT INSURANCE SERVICES INC.

Payor: INSURED
Policy Term: 01/06/2026 12:01 AM - 01/06/2027 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: https://customer.myselectiveflood.com (877) 348-0552

REVISED FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

THE CLUB AT BRICKELL BAY PLAZA CONDO ASSN INC
1200 BRICKELL BAY DR
STE 1400
MIAMI, FL 33131-3280

INSURED NAME(S) AND MAILING ADDRESS

THE CLUB AT BRICKELL BAY PLAZA CONDO ASSN INC
1200 BRICKELL BAY DR
STE 1400
MIAMI, FL 33131-3280

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

1200 BRICKELL BAY DR
MIAMI, FL 33131-3251

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

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 718 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: ELEVATED WITH ENCLOSURE ON POSTS, PILES OR PIERS, 43 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: $205,565,773.00
DATE OF CONSTRUCTION: 01/01/2005
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FFH): 1.0 FEET
MOST FAVORABLE FFH METHOD: FEMA DETERMINED

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

	COVERAGE	DEDUCTIBLE
BUILDING:	**$179,500,000**	**$1,250**
CONTENTS:	**$42,000**	**$1,250**

SEE POLICY FORM FOR INFORMATION ON COVERAGE LIMITATIONS AND COINSURANCE PENALTIES.
PLEASE REVIEW THIS DECLARATION PAGE. INACCURATE INFORMATION MAY LEAD TO CLAIM PROCESSING DELAYS.
QUESTIONS OR CHANGES NEEDED, PLEASE CONTACT YOUR AGENCY.

*** PROPERTY NOT ELIGIBLE OR MAXIMUM DISCOUNT HAS BEEN REACHED.**

ENDORSEMENT EFFECTIVE DATE: 05/04/2026 12:01 AM
ENDORSEMENT PREMIUM: $0.00
CHANGES APPLIED TO:

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	$304,436.00
CONTENTS PREMIUM:	$697.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	$75.00
MITIGATION DISCOUNT:	($0.00)
*** COMMUNITY RATING SYSTEM REDUCTION:**	($0.00)
FULL RISK PREMIUM:	**$305,208.00**
ANNUAL INCREASE CAP DISCOUNT:	($244,046.00)
STATUTORY DISCOUNTS:	($0.00)
DISCOUNTED PREMIUM:	**$61,162.00**
RESERVE FUND ASSESSMENT:	$11,009.00
HFIAA SURCHARGE:	$250.00
FEDERAL POLICY FEE:	$3,176.00
PROBATION SURCHARGE:	$0.00
TOTAL ANNUAL PREMIUM:	**$75,597.00**
PRORATA PREMIUM ADJUSTMENT:	$0.00
ADJUSTED ANNUAL PREMIUM:	**$75,597.00**

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

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

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

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926

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