



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2025

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 The Liberty Company Insurance Brokers Lic #L045347 900 S Pine Island Rd, Ste 205 Plantation FL 33324	CONTACT NAME: www.eoidirect.com PHONE (A/C, No, Ext): (877) 456-3643 E-MAIL ADDRESS: Help@eoidirect.com FAX (A/C, No): (202) 246-6007																					
INSURED Stonebrook Homeowners Association, Inc. 381 N Krome Ave, Suite 205 Alton Madison Property Management, Inc Homestead FL 33030	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Universal Fire & Casualty Insurance Company</td><td>32867</td></tr><tr><td>INSURER B:</td><td>Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER C:</td><td>United States Liability Ins Co</td><td>25895</td></tr><tr><td>INSURER D:</td><td>Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER E:</td><td>Lloyds of London</td><td>15792</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Universal Fire & Casualty Insurance Company	32867	INSURER B:	Midvale Indemnity Company	27138	INSURER C:	United States Liability Ins Co	25895	INSURER D:	Philadelphia Indemnity Ins Co	18058	INSURER E:	Lloyds of London	15792	INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** CL254162505**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:			01CGL11315601	03/14/2025	03/14/2026	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
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			01CGL11315601	03/14/2025	03/14/2026	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 \$			PRP229824000013284429	03/14/2025	03/14/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors and Officers			CAP1571339	03/14/2025	03/14/2026	Aggregate: \$3,000,000 Per Claim Limit: \$3,000,000 Deductible: \$2,500

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

CERTIFICATE HOLDER**CANCELLATION**

Stonebrook Homeowners Association, Inc 381 N Krome Ave Suite 205 Homestead FL 33030	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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Liberty Company Insurance Brokers		NAMED INSURED Stonebrook Homeowners 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

Homeowners Association located in Miami, FL 33033

146 residential units in total

D) Crime/Fidelity - Philadelphia Indemnity Insurance Company - Policy#PCAC0233000125 - Effective 03/14/2025-03/14/2026

Limit: \$25,000 Deductible: \$250

Property Management Included

E) Outdoor Property - Lloyds of London -Policy#LOL032584 - Effective 03/14/2025-03/14/2026

Replacement Cost; Special Form Excluding Wind/Hail; 80% Coinsurance

Deductible: \$1,000 AOP

****Outdoor Property Only****

Severability of Interest/Separation of Insured included

10 day notice of cancellation will be sent for nonpayment of premium