



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2025

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 Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): (877) 456-3643 FAX (A/C, No): (208) 694-3848 E-MAIL ADDRESS: Help@eoidirect.com
INSURED Venezia Las Olas Condominium Association, Inc. 111 SE 8th Avenue Fort Lauderdale FL 33301	INSURER(S) AFFORDING COVERAGE INSURER A: Richmond National Insurance Company INSURER B: Midvale Indemnity Company INSURER C: Zenith Insurance Company INSURER D: The Hanover Insurance Company INSURER E: INSURER F:
	NAIC # 17103 27138 13269 22292

COVERAGES**CERTIFICATE NUMBER:** 25-26 COI**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:			RN70503117	12/15/2025	12/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded 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			RN70503117	12/15/2025	12/15/2026	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 \$ 0			PRP2298240000022047468	12/15/2025	12/15/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	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	Z126902412	12/15/2025	12/15/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Crime / Fidelity			BDJH13027006	12/15/2025	12/15/2026	EMP Theft \$500,000 Retention \$2,500

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

Residential Condominium Association with Commercial units located at: 111 SE 8th Avenue Fort Lauderdale, FL 33301
49 Units Residential / 2 Commercial Units
See Attached for Property and Flood Information
Property Manager included with Crime/Fidelity Policy

CERTIFICATE HOLDER**CANCELLATION**

Venezia Las Olas Condominium Association, Inc. 111 SE 8th Avenue Fort Lauderdale FL 33301	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 Brown & Brown Insurance Services, Inc.		NAMED INSURED Venezia Las Olas Condominium Association, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes**PROPERTY**

Carriers & Policy #'s:

The Princeton Excess and Surplus Lines Insurance Company - 3D3CM000570500

Transverse Specialty Insurance Company - TSARPR000285701

Steadfast Insurance Company - CPP6565515

Certain Underwriters at Lloyd's, London - B1180D2407871473

QBE Specialty Insurance Company - AHAR1973300

Effective 12/15/2025 - 12/15/2026

Cause of Loss: Special Form

Valuation: Replacement Cost, Except ACV on Roofs 12 Years or older

Co-Insurance: Agreed Value

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

Total Insurable Value: \$22,244,800

Deductibles:

5% Named Storm Per Location, subject to minimum of \$50,000 per occurrence

All Other Wind/Hail - \$50,000 per occurrence

All Other Perils - \$10,000 per occurrence

Water Damage - \$50,000 per occurrence

EQUIPMENT BREAKDOWN

Carrier: Federal Insurance Company

Policy # 76445390

Effective 12/15/2025 - 12/15/2026

Limit: \$19,992,100

Property Damage Deductible: \$10,000

DIRECTORS & OFFICERS

Carrier: Greenwich Insurance Company

Policy #: PDO7500370

Effective 12/15/2025-12/15/2026

Limit: \$1,000,000/ Retention \$5,000

FLOOD

Carrier: Wright National Flood Insurance Company

Policy # 091151196316

Effective: 12/15/2025 - 12/15/2026

Building - \$12,750,000 with \$1,250 Ded

Contents - \$100,000 with \$1,250 Ded