

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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	CONTACT NAME: residentialcerts@alliant.com PHONE (A/C, No, Ext): 248-540-3131 FAX (A/C, No): E-MAIL ADDRESS: residentialcerts@alliant.com														
INSURED Buckley Towers Condominium, Inc. 1351 Northeast Miami Gardens Drive North Miami Beach FL 33179	INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Hamilton Select Insurance Comp</td><td>17178</td></tr><tr><td>INSURER B : Zenith Insurance Company</td><td>13269</td></tr><tr><td>INSURER C : AXIS Surplus Insurance Company</td><td>26620</td></tr><tr><td>INSURER D : Liberty Mutual Fire Insurance</td><td>23035</td></tr><tr><td>INSURER E : Accredited Surety and Casualty</td><td>26379</td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A : Hamilton Select Insurance Comp	17178	INSURER B : Zenith Insurance Company	13269	INSURER C : AXIS Surplus Insurance Company	26620	INSURER D : Liberty Mutual Fire Insurance	23035	INSURER E : Accredited Surety and Casualty	26379	INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 358367272

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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GCS00154670-01	7/30/2026	7/30/2027	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 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			GCS00154670-01	7/30/2026	7/30/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$ ☐						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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			Z138601905	7/30/2026	7/30/2027	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C D E	Property Boiler & Machinery Directors & Officers			P-001-002083047-01 YB2-L9L-480663-016 1-SKN-FL-17-015855813-00	7/30/2026 7/30/2026 7/30/2026	7/30/2027 7/30/2027 7/30/2027	See Remarks See Remarks See Remarks

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

See Attached...

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Buckley Towers Condominium, Inc. 1351 Northeast Miami Gardens Drive North Miami Beach FL 33179	
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: Axis Surplus Lines Insurance Company
 Policy Number: P-001-002083047-01
 Policy Period: Effective: 07/30/2026 to 07/30/2027

Location Address(es):

Loc. 1: 1301 NE Miami Gardens Drive, NMB, FL 33179 – Total Units: 282
 Loc. 2: 1351 NE Miami Gardens, Drive, NMB, FL 33179 – Total Units: 282

Total Insurable Value (Limit): \$128,688,616
 Windstorm/Hail (Limit): \$10,000,000

Causes of Loss: Special Form with Windstorm
 Coinsurance: N/A Agreement Amount
 Valuation: Replacement Cost

Deductibles:

All Other Perils: \$10,000 Per Occurrence
 Named Storm: 5% Per Occurrence

**Boiler & Machinery

Insurance Carrier: Liberty Mutual Fire Insurance Company
 Effective: 07/30/2026 to 07/30/2027
 Policy Number: YB2-L9L-480663-016
 Limit: \$126,688,616 | Deductible: \$10,000

**Directors & Officers

Insurance Carrier: Accredited Surety and Casualty Company, Inc.
 Effective: 07/30/2026 to 07/30/2027
 Policy Number: 1-SKN-FL-17-015855813-00
 Limit: \$1,000,000 | Retention: \$25,000

**Crime / Employee Theft

Insurance Carrier: Philadelphia Indemnity Insurance Company
 Effective: 07/30/2026 to 07/30/2027
 Policy Number: PCAC-027043-0126
 Employee Theft Limit: \$500,000 | Retention: \$2,500

Property Manager is included as designated employee with respects to Employee Theft coverage

**Cyber Liability

Insurance Company: Coalition Insurance Company
 Effective: 07/30/2026 to 07/30/2027
 Policy Number: C-4LQG-095185-CYBER-2026
 Limit: \$1,000,000 | Retention: \$1,000