CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/20/2026

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: EOIDirect.com	
Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954) 776-4446
	E-MAIL ADDRESS: help@eoidirect.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Uptown Lofts Condominium Association, Inc. 2275 Biscayne Blvd Management Office Miami FL 33137	INSURER A : CUMIS Specialty Insurance Company, Inc.	12758
	INSURER B : Midvale Indemnity Company	27138
	INSURER C : Zenith Insurance Company	13269
	INSURER D : Liberty Mutual Insurance Company	23043
	INSURER E : Accredited Surety and Casualty Company	26379
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26-27 Master 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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CIUCAP10107504	03/16/2026	03/16/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			CIUCAP10107504	03/16/2026	03/16/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PRP229824000022122575	03/16/2026	03/16/2027	EACH OCCURRENCE AGGREGATE [ ]	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z127115113	03/16/2026	03/16/2027	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	Crime/Fidelity			CIUCAP10107504	03/16/2026	03/16/2027	Employee Theft	$800,000

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

Residential Condominium located at 2275 Biscayne Blvd, Miami, FL 33137 - 66 Units & 11 Commercial Units
Property Manager included on Crime/Fidelity

CERTIFICATE HOLDER

Uptown Lofts Condominium Association Inc.
2275 Biscayne Blvd
Miami FL 33137

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Uptown Lofts Condominium 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

PROPERTY COVERAGE:
Effective Date: 3/16/2026 to 3/16/2027
Carriers/Policy #:
Arch Specialty Insurance Company / VETGF01386260
Underwriters at Lloyd's / VETGF01386260
Cause of Loss: Special Form
Valuation: Replacement Cost
Coinsurance: Agreed Value
Ordinance & Law: Coverage A Included, Coverage B&C Combined 10%, Subject to maximum $250,000 per building within limit
Deductibles:
Named Storm - 3% of Insurable Value Per Occurrence
All Other Perils: $10,000 Per Occurrence
All Other Wind/Hail - $100,000 Per Occurrence
Water Damage - $50,000 Per Occurrence
TOTAL INSURABLE VALUE: $17,270,900
Building -$17,056,700
Contents - $156,000
Swimming Pool - $25,000
Pool Deck - $33,200

Boiler & Machinery
Liberty Mutual Insurance Company
Effective 3/16/2026 to 3/16/2027
Policy #YB2L9L463608026
Limit: $17,270,900
Deductible: $10,000

Directors & Officers
Accredited Surety & Casualty Company Inc
Effective 3/16/2026 to 3/16/2027
Policy #: 1SKNFL170158478000
Limit: $1,000,000
Deductible: $25,000

FLOOD
Carrier: Wright National Flood Insurance Company
Effective 9/19/2025 to 9/19/2026
Valuation: Replacement Cost
Policy # 091152204655
Building Limit: $18,763,000 / Deductible - $1,250
Contents Limit: $100,000 / Deductible - $1,250
Zone: AE
Units:77