TOSCACON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2026

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	CONTACT NAME: Certificate Department	
Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: Miagcerts@usi.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Kinsale Insurance Company	38920
INSURED Toscano Condo Association/ Dadeland Mixed-Use Maintenance Association 7350 SW 89 Street Miami FL 33156	INSURER B : Houston Specialty	
	INSURER C : Zenith Ins	
	INSURER D : Libert Mutual	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 769223 **REVISION NUMBER:** See below

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 [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	x	x	0100412890-0	11/21/2025	11/21/2026	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 $ 1,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X]			0100412890-0	11/21/2025	11/21/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 0			ESB-HS-UCX-0002445-00	11/21/2025	11/21/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	Z126873712	11/21/2025	11/21/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
D	Boiler & Machinery			YB2L9L473266016	05/31/2026	5/31/2027	Limit Deductible	100,000,000 10,000

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

396 Units

CERTIFICATE HOLDER

Toscano Condo Association, Inc
7350 SW 89 Street
Miami, FL 33156

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

Workers' Compensation Liability

Remark(s):
Dadeland Mixed- Use Maintenance Association, inc- Workers Comp
Insurance Carrier: Zenith
Policy Number: Z141546403
Effective Date: 11/21/2025-11/21/2026
Limits: $500,000; $500,000; $500,000

Other Liability

Remark(s):
Dadeland Mixed- Use Association Inc
Cyber Policy
Insurance Carrier: Coalition
Policy Number: C-4LQV-210482-CYBER-2025
Limit: $1,000,000
Effective& Expiration Date: 11/21/2025-11/21/2026

Dadeland Mixed- Use Association Inc- Legal Expense
Insurance Carrier: Atlantic Mutual Legal Defense Insurance CO
Policy Number: AM0001296-02
Effective &Expiration Date: 11/21/2025-11/21/2026

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BDJ105842308
POLICY PERIOD: Effective Date: 11/21/2025 Expiration Date: 11/21/2026
Limit: $ 2,000,000
Remark(s):
Property Manager covered
Dadeland Mixed- Use Maintenance Association
Insurance Carrier: Hanover Insurance Company
Policy Number: BDJ-D655258-07
Effective & Expiration Date: 11/21/2025-11/21/2026
Limits: $200,000
Retention: $1,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: RSUI Indemnity Company
POLICY NUMBER: 712692
POLICY PERIOD: Effective Date: 11/21/2025 Expiration Date: 11/21/2026
Limit: $ 1,000,000
Remark(s):
Dadeland Mixed- Use Maintenance Association Directors & Officers
Insurance Carrier: Primary: Accredited Surety &Casualty Co
Excess Carrier: MSIG Specialty Insurance
Policy Number: 1-SKN-FL-01537622-01
Excess Policy Number: AMW1000069-01
Effective & Expiration Date: 11/21/2025-11/21/2026
Limit: $1,000,000 Retention: $5,000
Excess Limit: $1,000,000

TOSCACON

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/1/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C, No, Ext):
Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134	
FAX (A/C, No):	E-MAIL ADDRESS:
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY

Endurance Assurance Corp

INSURED

Toscano Condo Association/ Dadeland Mixed-Use Maintenance Association

7350 SW 89 Street

Miami FL 33156

LOAN NUMBER	POLICY NUMBER
	BINDER

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
5/31/2026	5/31/2027	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

see attached for location information.

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: Toscano Condo Association, Inc
Address: 7350 SW 89 Street
Miami, FL 33156

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.

ADDITIONAL INTEREST

NAME AND ADDRESS

Toscano Condo Association, Inc

7350 SW 89 Street

Miami, FL 33156

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE

769223

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Endurance Assurance Corporation
POLICY NUMBER: BINDER
POLICY PERIOD: Effective Date: 5/31/2026 Expiration Date: 5/31/2027
Business Income: Extra Expense: $100,000
[ ] Blanket Limit Applies
[X] Replacement Cost [X] Special [ ] Basic

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	7350 SW 89 Street (South Tower) Contents	$ 85,489,183 $750,000	286 + 3 Commercial Units	3%	$ 10,000	Waived
2	7355 SW 89th St (North Tower) Contents	$ 28,061,259 $250,000	110	3%	$ 10,000	Waived

Water Damage Ded: $25,000 per Occurence
Ordinance or LAw: Full A, B&C: $2,000,000 Combined
Agreed Amount

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, [X] Replacement Cost, Flood Zone: X

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	7350 SW 89 Street Miami, Florida. 33156 (South Tower) Plus 3 commercial units	$ 99,000,000	286	0002084646	$ 5,000	12/15/2025-12/15/2026

EXCESS FLOOD

Not Covered
