



# CERTIFICATE OF PROPERTY INSURANCE

3032903

DATE (MM/DD/YYYY)  
06/10/2024

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

| <b>PRODUCER</b><br>HUB International Florida, SWP<br>10368 West State Road, Suite 201<br>Davie, FL 33324<br>(954) 925-2590 | <b>CONTACT NAME:</b> EOI Direct (www.EOIDIRECT.com)<br><b>PHONE (A/C, No, Ext):</b> 877-456-3643<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> HELP@EOIDIRECT.COM<br><b>PRODUCER CUSTOMER ID:</b>                                                                                                                                                                                                                                                                                     |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------------------|-------|----------------------------------|-------|------------------------------------------------|-------|---------------------------------------------------|-------|----------------------------------------------|-------|------------|--|
| <b>INSURED</b><br>Ten Museum Park<br>c/o FirstService Residential<br>1040 Biscayne Blvd<br>Miami, FL 33132                 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: QBE Insurance Corp</td><td>39217</td></tr><tr><td>INSURER B: Nova Casualty Company</td><td>42552</td></tr><tr><td>INSURER C: Berkley Specialty Insurance Company</td><td>31295</td></tr><tr><td>INSURER D: Selective Insurance Company of America</td><td>12572</td></tr><tr><td>INSURER E: Liberty Mutual Fire Insurance Co.</td><td>23043</td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: QBE Insurance Corp | 39217 | INSURER B: Nova Casualty Company | 42552 | INSURER C: Berkley Specialty Insurance Company | 31295 | INSURER D: Selective Insurance Company of America | 12572 | INSURER E: Liberty Mutual Fire Insurance Co. | 23043 | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                              | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER A: QBE Insurance Corp                                                                                              | 39217                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER B: Nova Casualty Company                                                                                           | 42552                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER C: Berkley Specialty Insurance Company                                                                             | 31295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER D: Selective Insurance Company of America                                                                          | 12572                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER E: Liberty Mutual Fire Insurance Co.                                                                               | 23043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |
| INSURER F:                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |        |                               |       |                                  |       |                                                |       |                                                   |       |                                              |       |            |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
EOI DIRECT (www.EOIDIRECT.COM), Unit Number: N/A

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                   |                                          | POLICY NUMBER                                                                                                                                                                             | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY                                   | LIMITS         |
|----------|-------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|----------------------------------------------------|----------------|
| A        | <input checked="" type="checkbox"/> | PROPERTY                                 | QFW-5092-16<br>REPLACEMENT COST<br>Values Insured at 100%<br>Per the most recent appraisal<br>Inflation Guard Not Avail<br>Calendar Year<br><br>Per Occurrence<br>B&C \$1M Combined Limit | 05/30/2024                         | 05/30/2025                          | <input checked="" type="checkbox"/> BUILDING       | \$ 101,142,700 |
|          |                                     | CAUSES OF LOSS                           |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> PERSONAL PROPERTY         | \$             |
|          |                                     | BASIC                                    |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> BUSINESS INCOME           | \$             |
|          |                                     | BROAD                                    |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> EXTRA EXPENSE             | \$             |
|          | <input checked="" type="checkbox"/> | SPECIAL                                  |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> RENTAL VALUE              | \$             |
|          |                                     | EARTHQUAKE                               |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> BLANKET BUILDING          | \$             |
|          | <input checked="" type="checkbox"/> | WIND                                     |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> BLANKET PERS PROP         | \$             |
|          |                                     | FLOOD                                    |                                                                                                                                                                                           |                                    |                                     | <input type="checkbox"/> BLANKET BLDG & PP         | \$             |
|          | <input checked="" type="checkbox"/> | Water Damage                             |                                                                                                                                                                                           |                                    |                                     |                                                    | \$             |
|          | <input checked="" type="checkbox"/> | Ord or Law                               |                                                                                                                                                                                           |                                    |                                     |                                                    | \$             |
|          | <input type="checkbox"/>            | INLAND MARINE                            | TYPE OF POLICY                                                                                                                                                                            |                                    |                                     |                                                    | \$             |
|          |                                     | CAUSES OF LOSS                           | POLICY NUMBER                                                                                                                                                                             |                                    |                                     |                                                    | \$             |
|          |                                     | NAMED PERILS                             |                                                                                                                                                                                           |                                    |                                     |                                                    | \$             |
|          |                                     |                                          |                                                                                                                                                                                           |                                    |                                     |                                                    | \$             |
| B        | <input checked="" type="checkbox"/> | CRIME                                    | WIB-CI-10001423-07                                                                                                                                                                        | 05/30/2024                         | 05/30/2025                          | <input checked="" type="checkbox"/> Employee Theft | \$ 1,500,000   |
|          |                                     | TYPE OF POLICY                           | WIB-CI-10001424-07                                                                                                                                                                        | 05/30/2024                         | 05/30/2025                          | <input type="checkbox"/> Property Mgr.             | \$ Included    |
|          |                                     | Fidelity Bond                            |                                                                                                                                                                                           |                                    |                                     |                                                    | \$             |
| E        | <input checked="" type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | YB2-L9L-478134-014                                                                                                                                                                        | 05/30/2024                         | 05/30/2025                          | <input checked="" type="checkbox"/> Limit          | \$ 101,142,700 |
|          |                                     |                                          |                                                                                                                                                                                           |                                    |                                     | <input checked="" type="checkbox"/> Deductible     | \$ 10,000      |
| C        |                                     | General Liability                        | CGL0141623                                                                                                                                                                                | 05/30/2024                         | 05/30/2025                          | <input checked="" type="checkbox"/> Each Occ       | \$ 1,000,000   |
|          |                                     |                                          |                                                                                                                                                                                           |                                    |                                     | <input checked="" type="checkbox"/> Aggregate      | \$ 2,000,000   |

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Total # of Units in Assoc: 206

COVERAGE IS PROVIDED ONLY FOR THE ATTACHED SCHEDULE OF COMMON ELEMENT PROPERTIES, As their interest may appear.

D. FLOOD See Flood Schedule Attached with Policy Declaration Page - For Common Elements Only

General Liability form CG 00 01 04 13 includes "Separation of Insureds"

**CERTIFICATE HOLDER****CANCELLATION**

Log onto www.eoidirect.com  
1st Mortgagee  
N/A  
Certificate Contact  
N/A, FL 00000-0000  
Loan Number: NA

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

*Elizabeth Fiegehen*

© 1995-2009 ACORD CORPORATION. All rights reserved.

ACORD 24 (2009/09)

The ACORD name and logo are registered marks of ACORD

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                                                                                 |                             |                                                                                                      |  |
|---------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------|--|
| AGENCY HUB International<br>10368 W State Road 84, Suite 201<br>Davie, FL 33324 |                             | NAMED INSURED<br>c/o FirstService Residential<br>1040 Biscayne Blvd<br>Miami, FL 33132<br>Miami-Dade |  |
| POLICY NUMBER<br>SEE ABOVE PAGE                                                 |                             |                                                                                                      |  |
| CARRIER<br>SEE ABOVE PAGE                                                       | NAIC CODE<br>SEE ABOVE PAGE | EFFECTIVE DATE: SEE ABOVE PAGE                                                                       |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD24 FORM TITLE: Certificate of Property Insurance

## SCHEDULE OF PROPERTY LOCATION:

1040 Biscayne Blvd Miami, FL 33132

## FLOOD SCHEDULE

Policy # FLD2328454 TERM 05/30/2024 to 05/30/2025

Location: 1040 Biscayne Blvd Miami, FL 33132

Building Limit: \$51,500,000; \$1,250 Ded

Flood Zone: AE

SEE FLOOD DECLARATIONS PAGE BELOW

HUB INTERNATIONAL MIDWEST LIMITED CORP  
10368 WEST STATE ROAD 84 SUITE 201  
DAVIE, FL 33324

Agency Phone: (954) 925-2590

NFIP Policy Number: 0002328454  
Company Policy Number: FLD2328454  
Agent: HUB INTERNATIONAL MIDWEST LIMITED CORPORATION

Payor: INSURED  
Policy Term: 05/30/2024 12:01 AM - 05/30/2025 12:01 AM  
Policy Form: RCBAP

To report a claim  
visit or call us at: <https://customer.myselectiveflood.com>  
(877) 348-0552

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

TEN MUSEUM PARK MASTER ASSOCIATION TEN MUSEUM PARK RESIDENTIAL CONDO ASSN

C/O FS RESIDENTIAL SERVICES  
1040 BISCAYNE BLVD SUITE #101  
MIAMI, FL 33131

### INSURED NAME(S) AND MAILING ADDRESS

TEN MUSEUM PARK MASTER ASSOCIATION TEN MUSEUM PARK RESIDENTIAL CONDO ASSN

C/O FS RESIDENTIAL SERVICES  
1040 BISCAYNE BLVD SUITE #101  
MIAMI, FL 33131

### COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

### INSURED PROPERTY LOCATION

1040 BISCAYNE BLVD  
MIAMI, FL 33132-1706

### RATING INFORMATION

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING  
**NUMBER OF UNITS:** 206 UNITS  
**PRIMARY RESIDENCE:** NO  
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 50 FLOOR(S), MASONRY CONSTRUCTION  
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**BUILDING DESCRIPTION:** ENTIRE RESIDENTIAL CONDOMINIUM BUILDING  
**BUILDING DESCRIPTION DETAIL:** N/A

**REPLACEMENT COST VALUE:** \$118,057,100.00  
**DATE OF CONSTRUCTION:** 01/01/2000

**CURRENT FLOOD ZONE:** AE  
**FIRST FLOOR HEIGHT (FEET):** 5.6  
**FIRST FLOOR HEIGHT METHOD:** ELEVATION CERTIFICATE

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

**FIRST MORTGAGEE:** **LOAN NO:** N/A

**SECOND MORTGAGEE:** **LOAN NO:** N/A

**ADDITIONAL INTEREST:** **LOAN NO:** N/A

**DISASTER AGENCY:** **CASE NO:** N/A  
**DISASTER AGENCY:** N/A

### RATE CATEGORY — RATING ENGINE

**BUILDING:** **COVERAGE** **DEDUCTIBLE**  
\$51,500,000 \$1,250  
**CONTENTS:** \$100,000 \$1,250

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
Please review this declaration page for accuracy. If any changes are needed, contact your agent.  
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

### COMPONENTS OF TOTAL AMOUNT DUE

|                                                    |                    |
|----------------------------------------------------|--------------------|
| <b>BUILDING PREMIUM:</b>                           | \$27,993.00        |
| <b>CONTENTS PREMIUM:</b>                           | \$242.00           |
| <b>INCREASED COST OF COMPLIANCE (ICC) PREMIUM:</b> | \$75.00            |
| <b>MITIGATION DISCOUNT:</b>                        | (\$0.00)           |
| <b>COMMUNITY RATING SYSTEM REDUCTION:</b>          | (\$5,623.00)       |
| <b>FULL RISK PREMIUM:</b>                          | <b>\$22,687.00</b> |
| <b>ANNUAL INCREASE CAP DISCOUNT:</b>               | (\$0.00)           |
| <b>STATUTORY DISCOUNTS:</b>                        | (\$0.00)           |
| <b>DISCOUNTED PREMIUM:</b>                         | <b>\$22,687.00</b> |
| <b>RESERVE FUND ASSESSMENT:</b>                    | \$4,084.00         |
| <b>HFIAA SURCHARGE:</b>                            | \$250.00           |
| <b>FEDERAL POLICY FEE:</b>                         | \$2,152.00         |
| <b>PROBATION SURCHARGE:</b>                        | \$0.00             |
| <b>TOTAL ANNUAL PREMIUM:</b>                       | <b>\$29,173.00</b> |

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

**Zero Balance Due - This Is Not A Bill**

**Policy issued by:** Selective Ins Co of the Southeast

**Insurer NAIC Number:** 39926



File: 30510184

Page 1 of 1



DocID: 237818875