



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2024

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.

**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).

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>PRODUCER</b><br>Commercial Lines - (305) 443-4886<br>USI Insurance Services LLC<br>201 Alhambra Circle, Ste 900<br>Coral Gables, FL 33134 | <b>CONTACT NAME:</b> USI Insurance Services<br><b>PHONE (A/C, No. Ext):</b> 305-443-4886<br><b>E-MAIL ADDRESS:</b> Miagcerts@usi.com<br><b>FAX (A/C, No):</b><br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Fireman's Fund Insurance Company<br><b>INSURER B:</b> See attached<br><b>INSURER C:</b> XL Insurance America, Inc.<br><b>INSURER D:</b> Zenith Insurance Company<br><b>INSURER E:</b> QBE Insurance Corporation<br><b>INSURER F:</b> Federal Insurance Company | <b>NAIC #</b><br>21873<br>24554<br>13269<br>39217<br>20281 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|

## COVERAGES

CERTIFICATE NUMBER: 747791

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        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                   |          | USC037953240  | 12/1/2024               | 12/1/2025               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 0<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY      |                                   |          | USC037953240  | 12/01/2024              | 12/01/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                              |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0.00                                                                                                                                               |                                   |          | AUR050734500  | 12/1/2024               | 12/1/2025               | EACH OCCURRENCE \$ \$25,000,000<br>AGGREGATE \$ \$25,000,000                                                                                                                                                                         |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                               | Y / N<br><input type="checkbox"/> | N / A    | Z072972812    | 12/1/2024               | 12/1/2025               | PER STATUTE<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                                                                                      |
| E        | Property/Hazard                                                                                                                                                                                                                                                                                             |                                   |          | See Attached  | 12/01/2024              | 12/01/2025              | See Attached                                                                                                                                                                                                                         |
| F        | Boiler & Machinery                                                                                                                                                                                                                                                                                          |                                   |          | 7643-49-39    | 12/01/2024              | 12/01/2025              | Limit \$76,218,032                                                                                                                                                                                                                   |

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

Unit Owner Name: Two Tequesta Point  
Address: 808 Brickell key Dr  
STE 503

## CERTIFICATE HOLDER

## CANCELLATION

Two Tequesta Point Condominium  
808 Brickell key Dr  
STE 503

United States

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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**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: NOVA Casualty Company  
POLICY NUMBER: WIB-CI-10003491-02  
POLICY PERIOD: Effective Date: 12/1/2024 Expiration Date: 12/1/2025  
Limit: \$ 4,000,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: AIX Specialty Insurance Company  
POLICY NUMBER: WBZ-GL-20000895-02  
POLICY PERIOD: Effective Date: 12/1/2024 Expiration Date: 12/1/2025  
Limit: \$ 1,000,000



## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/30/2024

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<br>Commercial Lines - (305) 443-4886<br>USI Insurance Services LLC<br>201 Alhambra Circle, Ste 900<br>Coral Gables, FL 33134 | PHONE<br>(A/C, No, Ext):            | COMPANY<br>QBE Insurance Corporation                              |
| FAX<br>(A/C, No):                                                                                                                   | E-MAIL<br>ADDRESS:                  |                                                                   |
| CODE:                                                                                                                               | SUB CODE:                           |                                                                   |
| AGENCY<br>CUSTOMER ID #:                                                                                                            |                                     |                                                                   |
| INSURED<br>Two Tequesta Point Condominium Association Inc.<br>808 Brickell Key Drive<br>Miami, FL 33131                             | LOAN NUMBER                         | POLICY NUMBER<br>QSX106201                                        |
|                                                                                                                                     | EFFECTIVE DATE<br>12/1/2024         | EXPIRATION DATE<br>12/1/2025                                      |
|                                                                                                                                     |                                     | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
|                                                                                                                                     | THIS REPLACES PRIOR EVIDENCE DATED: |                                                                   |

## PROPERTY INFORMATION

## LOCATION/DESCRIPTION

Bldg: 1  
Location: 808 Brickell Key Drive, Miami, FL 33131  
Total # Units: 268

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: Two Tequesta Point  
Address: 808 Brickell key Dr  
STE 503

## 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<br>Two Tequesta Point Condominium<br>808 Brickell key Dr<br>STE 503<br><br>, United States | ADDITIONAL INSURED<br>MORTGAGEE | LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
|                                                                                                             | LOAN #                          |                       |                                     |
|                                                                                                             | AUTHORIZED REPRESENTATIVE       |                       |                                     |

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Insurance Corporation  
POLICY NUMBER: QSX106201  
POLICY PERIOD: Effective Date: 12/1/2024 Expiration Date: 12/1/2025  
Business Income: Extra Expense:  
[ X ] Blanket Limit Applies  
[ X ] Replacement Cost [ X ] Special [ ] Basic  
Remark(s):  
Excluding Windstorm  
Agreed Value included  
Ordinance or Law \$1,000,000 B&C ; 100% Replacement Cost

| Bldg | Location                                | Limit         | Total # Units | Hurricane Ded | AOP Ded   | Coins % |
|------|-----------------------------------------|---------------|---------------|---------------|-----------|---------|
| 1    | 808 Brickell Key Drive, Miami, FL 33131 | \$ 76,218,032 | 268           | N/A           | \$ 10,000 | N/A     |

WINDSTORM

INSURANCE CARRIER: Citizens Property Insurance Corp  
POLICY NUMBER: 11505865  
[ ] Coverage Included in Property/Hazard Policy [ ] See Property/Hazard Schedule for Locations & Limits [ X ] Replacement Cost

| Bldg | Location                                | Limit         | Total # Units | Hurricane Ded | Other Wind Ded | Coins % | Policy Period       |
|------|-----------------------------------------|---------------|---------------|---------------|----------------|---------|---------------------|
| 1    | 808 Brickell Key Drive, Miami, FL 33131 | \$ 79,419,000 | 268           | 5%            | 1%             | 100     | 12/1/2024-12/1/2025 |

FLOOD

Remark(s):  
Building limit is the MAX available through the NFIP.

| INSURANCE CARRIER: Imperial Fire and Casualty Insurance Co, [ X ] Replacement Cost, Flood Zone: AE / RCBAP |                                         |               |               |            |            |                     |  |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|---------------|------------|------------|---------------------|--|
| Bldg                                                                                                       | Location                                | Limit         | Total # Units | Policy#    | Deductible | Policy Period       |  |
| 1                                                                                                          | 808 Brickell Key Drive, Miami, FL 33131 | \$ 67,000,000 | 268           | 0002592791 | \$ 1,250   | 12/1/2024-12/1/2025 |  |

EXCESS FLOOD

Not Covered