



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2025

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 Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	CONTACT NAME: Monika Bedyk PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446 E-MAIL ADDRESS: Monika.Bedyk@bbrown.com																					
INSURED Puerta de Palmas Condominium Association, Inc. 888 South Douglas Road Coral Gables FL 33134	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Westchester Surplus Lines Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Midvale Indemnity Ins. Co.</td><td></td></tr><tr><td>INSURER C:</td><td>Zenith Insurance Company</td><td>13269</td></tr><tr><td>INSURER D:</td><td>The Hanover Insurance Company</td><td>22292</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Westchester Surplus Lines Insurance Company		INSURER B:	Midvale Indemnity Ins. Co.		INSURER C:	Zenith Insurance Company	13269	INSURER D:	The Hanover Insurance Company	22292	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** CL25122686349**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			G4946440A001	01/01/2026	01/01/2027	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 BI/PD Ded \$ 2,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			G4946440A001	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$			PRP229824000021073446	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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	Z127129512	01/01/2026	01/01/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Crime/\$10k Ded			BDJH14461306	01/01/2026	01/01/2027	Fidelity \$1,500,000

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

Residential Condominium Association, 198 units located at 888 South Douglas Rd Coral Gables, FL 33134

Property Manager endorsement included on Crime policy for Fidelity

CERTIFICATE HOLDER**CANCELLATION**

Puerta de Palmas Condominium 888 South Douglas Road Coral Gables FL 33134	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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AGENCY CUSTOMER ID: 00259541

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Puerta de Palmas Condominium Association, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

PROPERTY INCLUDING WIND

Effective Date: 01/01/26-27
 Carrier & Policy #: TBD
 Valuation: Replacement Cost
 Cause of Loss: Special Forms
 Coinsurance: NIL
 Ordinance or Law: Cov A Included/Cov B&C \$1MM Combined
 Deductibles:
 All Other Perils- \$10,000 per Occurrence
 Named Storm - 5% Per Occurrence
 All Other Wind/Hail \$50,000 per Occurrence
 Water Damage \$50,000 Per Occurrence
 Limits:
 Building \$72,294,500
 Contents \$500,000
 Entry Signs & Lighting \$5,000
 Trellis \$15,000
 2 Fountains \$45,000
 Pool \$100,000
 Spa \$35,000

EQUIPMENT BREAKDOWN

Carrier - Federal Insurance Co.
 Effective Date - 01/01/26-27
 Policy# 76447003
 EB Limit \$72,794,500/ Deductible \$10,000

DIRECTORS & OFFICERS

Carrier: Philadelphia Indemnity Insurance
 Policy Term: 01/01/26-27
 Policy #: PCAP0234660720
 Limit: \$1,000,000/Deductible: \$15,000