



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/12/2026

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.

PRODUCER Townsend Insurance Services, LLC 5931 NW 61st Manor Parkland FL 33067	CONTACT NAME: Melissa Cardet PHONE (A/C, No, Ext): (954) 764-9099 E-MAIL ADDRESS: service@tisinsfl.com PRODUCER CUSTOMER ID: 00000213	FAX (A/C, No): (954) 960-6357												
INSURED MONTEREY AT MALIBU BAY CONDOMINIUM ASSOCIATION, INC. c/o GUARANTEE c/o GUARANTEE MGMT 3785 NW 82nd Ave., Suite 109 Doral FL 33166	INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Trident Reciprocal Exchange</td><td>NAIC # 17678</td></tr><tr><td>INSURER B: Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER C: Accredited Surety and Casualty Company, Inc.</td><td>26379</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Trident Reciprocal Exchange	NAIC # 17678	INSURER B: Philadelphia Indemnity Ins Co	18058	INSURER C: Accredited Surety and Casualty Company, Inc.	26379	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** CP2631200801**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 3415 NE 9TH DR Homestead FL 33033
See Attached Overflow Pages - 240 Units - 8 units per building

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	☒ PROPERTY		CR-100542	03/02/2026	03/02/2027	☒ BUILDING	\$ 1,238,757
	CAUSES OF LOSS DEDUCTIBLES					☐ PERSONAL PROPERTY	\$
	☐ BASIC	BUILDING 5,000				☐ BUSINESS INCOME	\$
	☐ BROAD	CONTENTS 5,000				☐ EXTRA EXPENSE	\$
	☒ SPECIAL					☐ RENTAL VALUE	\$
	☐ EARTHQUAKE	☐ BLANKET BUILDING				\$	
	☒ WIND	5%				☐ BLANKET PERS PROP	\$
	☐ FLOOD					☐ BLANKET BLDG & PP	\$
	☒ Inf Guard	2%				☒ Ord & Law Cov A	\$ \$1,238,757
	☒ valuation	agreed amnt				☒ Coverage B/C	\$ 61,938
		☐ INLAND MARINE				TYPE OF POLICY	
CAUSES OF LOSS		POLICY NUMBER		☐	\$		
NAMED PERILS				☐	\$		
				☐	\$		
B	☒ CRIME	PCAC020707-0324	03/02/2026	03/02/2027	☒ EmpTheft Clnt Prop	\$ 500,000	
	TYPE OF POLICY				☒ ERISA Fidelity	\$ 500,000	
					☒ Forg/Alteration	\$ 500,000	
A	☒ BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CR-100542	03/02/2026	03/02/2027	☒ Limit	\$ 37,292,310	
					☐	\$	
C	Directors & Officers		1-SKN-FL-17-01462854-02	03/02/2026	03/02/2027	☒ Limit	\$ 1,000,000
						☒ Retention	\$ 5,000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes

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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ADDITIONAL COVERAGES

Ref # 1	Description 00001,3415 NE 9TH DR,Trash Enclosure,82,900				Coverage Code SPECL	Form No.	Edition Date
Limit 1 82,900	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 2	Description 00001,975 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 3	Description 00001,985 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 4	Description 00001,970 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 5	Description 00001,995 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 6	Description 00001,3390 NE 10TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 7	Description 00001,1005 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 8	Description 00001,3395 NE 10TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 9	Description 00001,3385 NE 10TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 10	Description 00001,990 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 11	Description 00001,980 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		

ADDITIONAL COVERAGES

Ref # 12	Description 00001,985 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 13	Description 00001,970 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 14	Description 00001,975 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 15	Description 00001,3395 NE 9TH DR,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 16	Description 00001,930 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 17	Description 00001,935 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 18	Description 00001,940 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 19	Description 00001,945 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 20	Description 00001,920 NE 33RD TER,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 21	Description 00001,3395 NE 9TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 22	Description 00001,3398 NE 9TH DR,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		

ADDITIONAL COVERAGES

Ref # 23	Description 00001,3390 NE 9TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 24	Description 00001,3380 NE 9TH ST,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 25	Description 00001,925 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 26	Description 00001,930 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 27	Description 00001,935 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 28	Description 00001,940 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 29	Description 00001,945 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref # 30	Description 00001,905 NE 34TH AVE,Building,1,238,757				Coverage Code SPECL	Form No.	Edition Date
Limit 1 1,238,757	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2026

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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 Townsend Insurance Services, LLC 5931 NW 61st Manor Parkland FL 33067	CONTACT NAME: Melissa Cardet PHONE (A/C, No, Ext): (954) 764-9099 E-MAIL ADDRESS: service@tisinsfl.com FAX (A/C, No): (954) 960-6357
INSURED MONTEREY AT MALIBU BAY CONDOMINIUM ASSOCIATION, INC. c/ c/o GUARANTEE MGMT 3785 NW 82nd Ave., Suite 109 Doral FL 33166	INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Insurance Company INSURER B: Midvale Indemnity Company INSURER C: Technology Insurance Company, Inc. INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL2631211234**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:			GLWF16942674 004	03/02/2026	03/02/2027	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 \$ Included Hired and Non-Owned \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			GLWF16942674 004	03/02/2026	03/02/2027	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$			PRP-229824000-02-1455983	03/02/2026	03/02/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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	N/A	TWC4758164	03/02/2026	03/02/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes

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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ADDITIONAL COVERAGES

Ref #	Description Balance to Min Premium	Coverage Code BTMP	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium \$257.00	
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium \$160.00	
Ref #	Description Incr Limit Bal to Min Std	Coverage Code COVII	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium \$120.00	
Ref #	Description Increased employer's liability	Coverage Code INEL	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type