EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 4/14/2026

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Acentria Insurance - Miami 8400 NW 36th St Ste 410 Doral, FL 33166-6676 License#: L100460	**PHONE (A/C, No, Ext):** 305-446-5474 **FAX (A/C, No):** 305-444-8796 **E-MAIL ADDRESS:**
COMPANY NAME AND ADDRESS American Coastal Insurance Company 570 Carillon Parkway Suite 100 Saint Petersburg, FL 33716	**NAIC NO:** 12968 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
CODE:	**SUB CODE:**
AGENCY CUSTOMER ID #: PALMCOV-02	**POLICY TYPE**
NAMED INSURED AND ADDRESS Palm Cove Condominium Assoc Miami Management 14275 SW 142 Avenue Miami FL 33186	**LOAN NUMBER** **POLICY NUMBER:** AMC-40351-00 **EFFECTIVE DATE:** 04/04/2026 **EXPIRATION DATE:** 04/04/2027 ☐ CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	**THIS REPLACES PRIOR EVIDENCE DATED:**

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
- WALLS OUT COVERAGE ONLY - 96 Units
See Attached...

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 ☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 17,429,368 DED: 5,000

	YES	NO	N/A		
☐ BUSINESS INCOME ☐ RENTAL VALUE		X		If YES, LIMIT:	☐ Actual Loss Sustained; # of months:
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: $	
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X				
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X			17,429,368	
AGREED VALUE	X				
COINSURANCE		X		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 17,429,368	DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: 17,429,368	DED: 5,000
- Demolition Costs	X			If YES, LIMIT: 435,734	DED: 5,000
- Incr. Cost of Construction	X			If YES, LIMIT: 435,734	DED: 5,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT:	DED:
FLOOD (If Applicable)		X		If YES, LIMIT:	DED:
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:	X			If YES, LIMIT: 17,429,368	DED: 5,000
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:	X			If YES, LIMIT: 17,429,368	DED: 522,881
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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

☐ CONTRACT OF SALE ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

NAME AND ADDRESS

Proof of Insurance Purpose Only
Proof of Insurance Purpose Only
Proof of Insurance Purpose Only
Proof of Insurance Purpose Only

LENDER SERVICING AGENT NAME AND ADDRESS

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - Miami	**NAMED INSURED** Palm Cove Condominium Assoc Miami Management 14275 SW 142 Avenue Miami FL 33186
POLICY NUMBER AMC-40351-00	
CARRIER American Coastal Insurance Company / **NAIC CODE** 12968	**EFFECTIVE DATE:** 04/04/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Property Building Value Breakdown:

Building 1 - $4,349,989
Building 2 - $4,074,924
Building 3 - $4,349,989
Building 4 - $4,349,989
Building 5 - $198,277
Pool & Equipment - $86,200
Perimeter Fence - $20,000

Ordinance or Law Coverage Full Coverage A, B &C Combined 2.5% per Building

BOILER & MACHINERY POLICY INFORMATION:
Travelers Excess & Surplus Lines
04/04/2026 - 04/04/2027
Policy #8X492230
Coverage Limit - $17,429,368
Deductible - $5,000

LOCATION/DESCRIPTION:

Location#1 - 10755 SW 108th Avenue, Miami, FL. 33176 - 24 Units
Location#2 - 10765 SW 108th Avenue, Miami, FL. 33176 - 24 Units
Location#3 - 10785 SW 108th Avenue, Miami, FL. 33176 - 24 Units
Location#4 - 10795 SW 108th Avenue, Miami, FL. 33176 - 24 Units
Location#5 - 10775 SW 108th Avenue, Miami, FL. 33176 (Clubhouse)