



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/14/2026

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	CONTACT NAME: JOHANA ARCILA MARIN	
PREMIER FARMERS AGENCY aka	PHONE (A/C, No, Ext): (305) 599-1349	
PFA INSURANCE SERVICES	FAX (A/C, No):	
7669 NW 50TH STREET	E-MAIL ADDRESS: certificates@pfains.com	
MIAMI FL 33166	PRODUCER CUSTOMER ID:	
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
PEPPERMILL AT KENDALE LAKES WEST CONDOMINIUM ASSN., INC	INSURER A : American Coastal Insurance Company	
C/O UNLIMITED PROPERTY MANAGEMENT CO.	INSURER B : Certain Underwriters at Lloyd's	
7665 NW 50TH STREET	INSURER C :	
MIAMI FL 33166	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		AMC-40675-00	06/30/2026	06/30/2027	☒ BUILDING	\$ 38,411,924
	CAUSES OF LOSS	DEDUCTIBLES				☐ PERSONAL PROPERTY	\$
	☐ BASIC	BUILDING 3%				☐ BUSINESS INCOME	\$
	☐ BROAD	CONTENTS				☐ EXTRA EXPENSE	\$
	☒ SPECIAL					☐ RENTAL VALUE	\$
	☐ EARTHQUAKE					☐ BLANKET BUILDING	\$
	☒ WIND					☐ BLANKET PERS PROP	\$
	☐ FLOOD					☐ BLANKET BLDG & PP	\$
	☒ AOP Ded	\$5,000				☒ Club House	\$ 445,850
	☒ RCV	100%					\$
	☐ INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	☐ NAMED PERILS						\$
	☐ CRIME						\$
	TYPE OF POLICY						\$
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
B	ACIC Wrap TIV		AMR-91933	06/30/2026	06/30/2027	☒ Building / C.H	\$ \$38,857,774
						☒ Ded. 3%	\$

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

This Policy insures the Condominium Association for Hazard insurance including Wind. <Law ordinance Coverage A, B/C Combined is included> <Equipment Breakdown is included> <No walls-in coverage is included> <The policy is reviewed annually to evaluate and adjust current reconstruction costs> <PROPERTY LOCATION: 8000 - 8002 - 8004 -8006 SW 149TH AVE MIAMI, FL 33193> <59 UNITS for each Bldg / Total # UNITS: 236.>

CERTIFICATE HOLDER 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.
	AUTHORIZED REPRESENTATIVE
	JOHANA ARCILA MARIN

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/14/2026

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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	CONTACT NAME: JOHANA ARCILA MARIN
PREMIER FARMERS AGENCY	PHONE (A/C, No, Ext): (305) 599-1349
aka PFA INSURANCE SERVICES	FAX (A/C, No):
7669 NW 50TH STREET	E-MAIL ADDRESS: certificates@pfains.com
MIAMI FL 33166	INSURER(S) AFFORDING COVERAGE
	INSURER A: JAMES RIVER INS. CO.
	INSURER B: GREAT POINT INS. CO.
	INSURER C: GREAT AMERICAN INS. CO.
	INSURER D: PENNSYLVANIA MANUFACTURERS ASSN. INS.
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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:			P0000017078	06/29/2026	06/29/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Ded. Per Occurrence \$ 5,000
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			PRP-229824000-02-4121845	06/29/2026	06/29/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS & OFFICERS			EPPF261923	06/28/2026	06/28/2027	Limit of Liab \$1,000,000

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

D----- CRIME ----- 4126011707884Y -----06/29/2026 ---06/29/2027--- COVERAGE-----\$1,000,000 Ded. \$1,000
<<<<CRIME policy includes the management company>>>>.

CERTIFICATE HOLDER

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.

AUTHORIZED REPRESENTATIVE

JOHANA ARCILA MARIN

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