



BAYVPAL-02

SE71SHOGGARTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2025

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 AssuredPartners of Florida LLC - LM1 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME:	
	PHONE (A/C, No, Ext): (407) 203-9577 FAX (A/C, No): (407) 203-9577	
	E-MAIL ADDRESS: coi@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Specialty Insurance Company	31295
	INSURER B : Houston Specialty Insurance Company	12936
	INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262
	INSURER D : Wilshire Insurance Company	13234
	INSURER E :	
	INSURER F :	

INSURED

Bayview Palms Condominium Association, Inc.
1805 Sans Souci Blvd
North Miami, FL 33181

COVERAGES

CERTIFICATE NUMBER:

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 ☐ PROJECT ☐ LOC ☐ OTHER:			CGL 0184429-23	3/30/2025	3/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CGL 0184429-23	3/30/2025	3/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			ESB-HS-UCX-0001723-00	3/30/2025	3/30/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	202501-15-25-67-4Y	3/30/2025	3/30/2026	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	Property (X-Wind)			IMP4002334 01	3/30/2025	3/30/2026	See Remarks

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

CERTIFICATE HOLDER

CANCELLATION

Bayview Palms Condominium Association, Inc.
1805 Sans Souci Blvd
North Miami, FL 33181

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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED Bayview Palms Condominium Association, Inc. 1805 Sans Souci Blvd North Miami, FL 33181	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

General Liability policy includes separation of insureds provision.

PROPERTY COVERAGE X-WIND

Insurer: Wilshire Insurance Company
Policy #: IMP4002334 01
Effective: 3/30/2025 - 3/30/2026

Location 1: 1800 Sans Souci Blvd, North Miami, FL 33181 (173 Units)
Building Limit: \$31,367,317

Location 2: 1805 Sans Souci Blvd, North Miami, FL 33181 (165 Units)
Building Limit: \$27,634,374

Location 3: Sans Souci Blvd., North Miami, FL 33181
Gym/Laundry Building Limit: \$462,030
Swimming Pool Limit: \$189,287
Signage (2) Limit: \$6,272

Special Form
Replacement Cost

Equipment Breakdown: Included

Coinsurance: Agreed Amount

Deductibles:
\$25,000 All other Perils, Per Occurrence
\$25,000 Water Damage & Sprinkler Leakage, Per Occurrence
\$10,000 Equipment Breakdown, Per Occurrence

Ordinance or Law
Coverage A: Included
Coverage B&C Combined Limit: \$500,000

Walls-Out Coverage (No Coverage for Interior of Unit)

CRIME COVERAGE

Insurer: Hanover Insurance Company
Policy #: BDJ-1949981-14
Effective: 3/30/2025 - 3/30/2026

Employee Theft Limit: \$550,000	Deductible: \$2,500
Forgery or Alteration Limit: \$550,000	Deductible: \$2,500
Funds Transfer Fraud Limit: \$550,000	Deductible: \$2,500
Computer Fraud Limit: \$550,000	Deductible: \$2,500
False Pretenses Limit: \$25,000	Deductible: \$5,000
Investigative Expense Limit: \$5,000	Deductible: \$0

Property Manager Included as Employee



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED Bayview Palms Condominium Association, Inc. 1805 Sans Souci Blvd North Miami, FL 33181
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

DIRECTORS & OFFICERS COVERAGE

Insurer: Travelers Casualty and Surety Co of America
Policy #: 106084543
Effective: 3/30/2025 - 3/30/2026

Each Claim/Aggregate Limit: \$1,000,000

Deductible: \$2,500

ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE

Insurer: Indian Harbor Insurance Co
Policy #: STC7205774-0047
Effective: 3/30/2025 - 3/30/2026

Each Pollution Condition/Aggregate Limit: \$250,000

Retention: \$5,000

ASSUREDPARTNERS OF FLORIDA, LLC
300 COLONIAL CENTER PKWY STE 270
LAKE MARY, FL 32746

Agency Phone: (407) 203-9570

NFIP Policy Number: 0000185337
Company Policy Number: 0000185337
Agent: ASSUREDPARTNERS OF FLORIDA, LLC

Payor: INSURED
Policy Term: 08/18/2025 12:01 AM - 08/18/2026 12:01 AM
Policy Form: RCBAP

To report a claim
visit or call us at: <https://Nationalgeneral.manageflood.com>
(877) 254-6819

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.
1805 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3047

INSURED NAME(S) AND MAILING ADDRESS

BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.
1805 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3047

COMPANY MAILING ADDRESS

IMPERIAL FIRE & CASUALTY INSURANCE COMPANY
PO BOX 209559
DALLAS, TX 75320-9559

INSURED PROPERTY LOCATION

1800 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3046

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 173 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 4 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$41,258,537.00
DATE OF CONSTRUCTION: 09/28/1972

CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 0.5
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: **COVERAGE** **DEDUCTIBLE**
\$41,259,000 \$2,000
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.



IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Peter Rendall / President

Julie E. Cho / Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: IMPERIAL FIRE & CASUALTY INSURANCE COMPANY

Insurer NAIC Number: 44369

Zero Balance Due - This Is Not A Bill



File: 32269758

Page 1 of 1



DocID: 257939219

ASSUREDPARTNERS OF FLORIDA, LLC
300 COLONIAL CENTER PKWY STE 270
LAKE MARY, FL 32746

Agency Phone: (407) 203-9570

NFIP Policy Number: 0000185339
Company Policy Number: 0000185339
Agent: ASSUREDPARTNERS OF FLORIDA, LLC

Payor: INSURED
Policy Term: 08/18/2025 12:01 AM - 08/18/2026 12:01 AM
Policy Form: RCBAP

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RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.
1805 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3047

INSURED NAME(S) AND MAILING ADDRESS

BAYVIEW PALMS CONDOMINIUM ASSOCIATION, INC.
1805 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3047

COMPANY MAILING ADDRESS

IMPERIAL FIRE & CASUALTY INSURANCE COMPANY
PO BOX 209559
DALLAS, TX 75320-9559

INSURED PROPERTY LOCATION

1805 SANS SOUCI BLVD
NORTH MIAMI, FL 33181-3047

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 165 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 5 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$35,674,440.00
DATE OF CONSTRUCTION: 09/28/1972
CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 0.5
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: COVERAGE DEDUCTIBLE
\$35,675,000 \$2,000
CONTENTS: N/A N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
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Insurer NAIC Number: 44369

Zero Balance Due - This Is Not A Bill



File: 32269753

Page 1 of 1



DocID: 257939184



How to Request a Certificate of Insurance

Proof of insurance for this association is available for convenient **immediate download** at www.icerts.com for **lenders** working on **new loans** and **refinancing loans**. This website allows for 24/7 access to certificates with no wait time.

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to cs@icerts.com.

In order to request a certificate of insurance, the following information will be required so please make sure to have it ready:

- Name of the Association
- Unit Owners Name(s)
- Owners Address & Unit number (if applicable)
- Loan Number
- Mortgagee Clause that Includes the Name and Address of Bank

If you are a **property manager** and need a **generic certificate of insurance**, please email cs@icerts.com and provide them with the name of the association and request a "generic certificate."

Should you have any issues, please contact our team at coi@assuredpartners.com for assistance.