

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

9/18/2026

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.

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 Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	CONTACT NAME: Miagcerts@usi.com PHONE (A/C, No. Ext): 305-443-4886 E-MAIL ADDRESS: Miagcerts@usi.com FAX (A/C, No):																					
INSURED Miller Gardens, Inc 5730 SW 127th Avenue Miami, Florida 33183	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Shield Indemnity Incorporated</td><td></td><td>16762</td></tr><tr><td>INSURER B: See attached</td><td></td><td></td></tr><tr><td>INSURER C: Midvale Indemnity Company</td><td></td><td>27138</td></tr><tr><td>INSURER D: Zenith Insurance Company</td><td></td><td>13269</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Shield Indemnity Incorporated		16762	INSURER B: See attached			INSURER C: Midvale Indemnity Company		27138	INSURER D: Zenith Insurance Company		13269	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 786490**REVISION NUMBER:** See below

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:			02CGL10859103	5/11/2026	5/11/2027	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Deductible</td><td>\$ 1,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	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	Deductible	\$ 1,000
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Deductible	\$ 1,000																				
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			02CGL10859103	5/11/2026	5/11/2027	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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C	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$ 0	☒ OCCUR ☐ CLAIMS-MADE		PRP229824000022815141	5/11/2026	5/11/2027	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 10,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$								
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	\$																				
D	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	Z141878103	5/11/2026	5/11/2027	<table border="1"><tr><td>☒ PER STATUTE ☐ OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	☒ PER STATUTE ☐ OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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E.L. DISEASE - POLICY LIMIT	\$ 500,000																				

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

Unit Owner Name: VICTORIA DIEGUEZ
Address: 5900 sw 127 ave Miami FL 33183
Unit#: 3218

CERTIFICATE HOLDER

VICTORIA DIEGUEZ
5900 sw 127 ave #3218
Miami FL 33183

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

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General Liability

Remark(s):
Separation of Insureds, 10 days notice of cancellation for non payment, 45 days notice of cancellation for all others, 260 residential units, Management included as insured.
coverage for condo project.

Excess Liability

Remark(s):
Umbrella coverage

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc
POLICY NUMBER: 1-SKN-FL-01523333-02
POLICY PERIOD: Effective Date: 5/11/2026 Expiration Date: 5/11/2027
Limit: \$ 500,000
Remark(s):
Includes property management co and employees

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc
POLICY NUMBER: 1-SKN-FL-01523333-02
POLICY PERIOD: Effective Date: 5/11/2026 Expiration Date: 5/11/2027
Limit: \$ 1,000,000
Remark(s):
Includes Property Management and employees

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

9/18/2026

THIS EVIDENCE OF 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.

AGENCY Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY American Coastal Insurance Co	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Miller Gardens, Inc 5730 SW 127th Avenue Miami, Florida 33183		LOAN NUMBER		POLICY NUMBER AMC-36476-07	
		EFFECTIVE DATE 5/11/2026		EXPIRATION DATE 5/11/2027	
				☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION see attached for location information.
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

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

see attached for coverage information.

REMARKS (Including Special Conditions)

Unit Owner Name: VICTORIA DIEGUEZ
Address: 5900 sw 127 ave Miami FL 33183
Unit#: 3218

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

NAME AND ADDRESS VICTORIA DIEGUEZ 5900 sw 127 ave #3218 Miami FL 33183	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: American Coastal Insurance Co
POLICY NUMBER: AMC-36476-07
POLICY PERIOD: Effective Date: 5/11/2026 Expiration Date: 5/11/2027
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
TIV:\$49,939,673
Coverage A Full Limit
Coverage B/C Combined \$2,490,735
Equipment Breakdown: \$10,000,000

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	5700 SW 127th Avenue Miami, Florida. 33183	\$ 16,141,813	84	5%CYD	\$ 5,000	NIL
2	5800 SW 127th Avenue Miami, Florida. 33183	\$ 16,141,813	84	5%CYD	\$ 5,000	NIL
3	5900 SW 127th Avenue Miami, Florida. 33183	\$ 17,175,489	92	5%CYD	\$ 5,000	NIL
4	5930 SW 127th Avenue Miami, Florida. 33183 S Clubhouse	\$ 195,654	0	5%CYD	\$ 5,000	NIL
5	5730 SW 127th Avenue Miami, Florida. 33183 N. Clubhouse	\$ 195,654	0	5%CYD	\$ 5,000	NIL

FLOOD

INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AHB						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	5700 SW 127th Avenue Miami, Florida. 33183	\$ 21,000,000	84	0003342102	\$ 1,250	9/5/2026-9/5/2027
INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AHB						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
2	5800 SW 127th Avenue Miami, Florida. 33183	\$ 21,000,000	84	0003342133	\$ 1,250	9/5/2026-9/5/2027
INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AHB						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
3	5900 SW 127th Avenue Miami, Florida. 33183	\$ 23,000,000	92	0003342146	\$ 1,250	9/5/2026-9/5/2027
INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AHB						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
4	5930 SW 127th Avenue Miami, Florida. 33183 S Clubhouse	\$ 204,000	0	0003342167	\$ 1,250	9/5/2026-9/5/2027
INSURANCE CARRIER: National General Insurance Company, [X] Replacement Cost, Flood Zone: AHB						
Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
5	5730 SW 127th Avenue Miami, Florida. 33183 N. Clubhouse	\$ 204,000	0	0003342222	\$ 1,250	9/5/2026-9/5/2027

EXCESS FLOOD

Not Covered
