



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/17/2025

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 The Madison Insurance & Financial Group 15190 SW 136th ST Suite 21 Miami FL 33196	CONTACT NAME: Marvin Rivas PHONE (A/C, No, Ext): (305) 597-8771 E-MAIL ADDRESS: info@madisoninsgroup.com FAX (A/C, No): (305) 597-8773
INSURED Chateaubleau Villas Association, Inc. C/o Amprex Management 10251 SW 72nd St Suite A104 Miami FL 33173	INSURER(S) AFFORDING COVERAGE INSURER A: Ascendant Commercial Insurance Inc. INSURER B: Greenwich Ins Co INSURER C: AmTrust Financial Services, Inc. INSURER D: INSURER E: INSURER F:
	NAIC # 524210 22322

COVERAGES**CERTIFICATE NUMBER:** CL2461701045**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:			N0082GL000587-00	06/08/2024	06/08/2025	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 \$ 2,000,000
	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 ☒ EXCESS LIAB DED RETENTION \$			PPP7497072	06/08/2024	06/08/2025	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 / A	TWC4435386	06/30/2024	06/30/2025	☒ PER STATUTE 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 Purpose Only

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/17/2025

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.

PRODUCER The Madison Insurance & Financial Group 15190 SW 136th ST Suite 21 Miami FL 33196	CONTACT NAME: Marvin Rivas PHONE (A/C, No, Ext): (305) 597-8771 E-MAIL ADDRESS: info@madisoninsgroup.com PRODUCER CUSTOMER ID: 00003048	FAX (A/C, No): (305) 597-8773
INSURED Chateaubateau Villas Association, Inc. C/o Amprex Management 10251 SW 72nd St Suite A104 Miami FL 33173	INSURER(S) AFFORDING COVERAGE INSURER A: American Coastal Insurance Company INSURER B: Philadelphia Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
	NAIC # A0033 18058	

COVERAGES **CERTIFICATE NUMBER:** Property 2024-2025 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc #7 Bldg #1: 3884-3890 SW 107 Ave, Miami, FL 33165

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-38374-02	06/08/2024	06/08/2025	☒ BUILDING	\$ 10,446,555
	CAUSES OF LOSS	DEDUCTIBLES				☐ PERSONAL PROPERTY	\$
	☐ BASIC	BUILDING 10,000				☐ BUSINESS INCOME	\$
	☐ BROAD	CONTENTS				☐ EXTRA EXPENSE	\$
	☒ SPECIAL					☐ RENTAL VALUE	\$
	☐ EARTHQUAKE					☐ BLANKET BUILDING	\$
	☒ WIND	5%				☐ BLANKET PERS PROP	\$
	☐ FLOOD					☐ BLANKET BLDG & PP	\$
						☒ Equipment	\$ 10,000,000
							\$
	☐ INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	☐ NAMED PERILS						\$
							\$
B	☒ CRIME		PCAC021407-0124	06/08/2024	06/08/2025	☒ Limit of Insurance	\$ 50,000
	TYPE OF POLICY					☒ Deductible	\$ 1,000
							\$
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$
							\$

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

Total number of units in the association is 58 units.

CERTIFICATE HOLDER

For Information Purpose Only

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

© 1995-2015 ACORD CORPORATION. All rights reserved.