



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

02/19/2026

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,<br>CONTACT PERSON AND ADDRESS                                                                         |  | PHONE<br>(A/C, No, Ext): (212) 671-2562  | COMPANY NAME AND ADDRESS    |                               | NAIC NO:                                                          |
| GMI BROKERAGE, CORP.<br>16850 Collins Ave 112-304<br>Sunny Isles Florida 33160                                       |  |                                          | Lexington Insurance Company |                               |                                                                   |
| FAX<br>(A/C, No):                                                                                                    |  | E-MAIL<br>ADDRESS: yana.gmibrk@gmail.com | Phone:<br>Fax:              |                               | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH            |
| CODE:                                                                                                                |  | SUB CODE:                                |                             | POLICY TYPE                   |                                                                   |
| AGENCY<br>CUSTOMER ID #: 5741                                                                                        |  |                                          |                             | Property                      |                                                                   |
| NAMED INSURED AND ADDRESS<br>Caribbean Breeze Condominium Inc.<br>250 180th Drive<br>Sunny Isles Beach Florida 33160 |  | LOAN NUMBER                              |                             | POLICY NUMBER<br>019762741-00 |                                                                   |
| ADDITIONAL NAMED INSURED(S)                                                                                          |  | EFFECTIVE DATE<br>10/23/2025             |                             | EXPIRATION DATE<br>10/23/2026 | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
|                                                                                                                      |  | THIS REPLACES PRIOR EVIDENCE DATED:      |                             |                               |                                                                   |

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

LOCATION / DESCRIPTION  
250 180th Drive, Sunny Isles Beach, Florida 33160  
Total # Units 102

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.

|                                                                                                                       |  |                                     |                                     |                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| <b>COVERAGE INFORMATION</b>                                                                                           |  | PERILS INSURED                      | BASIC                               | BROAD                               | <input checked="" type="checkbox"/> SPECIAL                         |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$17420195                                                          |  | DED: 10000                          |                                     |                                     |                                                                     |
|                                                                                                                       |  | YES                                 | NO                                  | N/A                                 |                                                                     |
| <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE                                        |  |                                     | <input checked="" type="checkbox"/> |                                     | If YES, LIMIT: Actual Loss Sustained; # of months:                  |
| BLANKET COVERAGE                                                                                                      |  |                                     | <input checked="" type="checkbox"/> |                                     | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE                                                                                                    |  |                                     |                                     | <input checked="" type="checkbox"/> | Attach Disclosure Notice / DEC                                      |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?                                                                              |  |                                     | <input checked="" type="checkbox"/> |                                     |                                                                     |
| IS DOMESTIC TERRORISM EXCLUDED?                                                                                       |  |                                     | <input checked="" type="checkbox"/> |                                     |                                                                     |
| LIMITED FUNGUS COVERAGE                                                                                               |  | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                 |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)                                                         |  | <input checked="" type="checkbox"/> |                                     |                                     |                                                                     |
| REPLACEMENT COST                                                                                                      |  | <input checked="" type="checkbox"/> |                                     |                                     |                                                                     |
| AGREED VALUE                                                                                                          |  |                                     | <input checked="" type="checkbox"/> |                                     |                                                                     |
| COINSURANCE                                                                                                           |  |                                     | <input checked="" type="checkbox"/> |                                     | If YES, %                                                           |
| EQUIPMENT BREAKDOWN (If Applicable)                                                                                   |  | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: 17,420,195 DED: 5,000                                |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg                                                     |  | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                 |
| - Demolition Costs                                                                                                    |  | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                 |
| - Incr. Cost of Construction                                                                                          |  | <input checked="" type="checkbox"/> |                                     |                                     | If YES, LIMIT: DED:                                                 |
| EARTH MOVEMENT (If Applicable)                                                                                        |  |                                     | <input checked="" type="checkbox"/> |                                     | If YES, LIMIT: DED:                                                 |
| FLOOD (If Applicable)                                                                                                 |  |                                     |                                     |                                     | If YES, LIMIT: DED:                                                 |
| WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |  |                                     |                                     |                                     | If YES, LIMIT: DED: 50,000                                          |
| NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |  |                                     |                                     |                                     | If YES, LIMIT: DED: 5%                                              |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE<br>HOLDER PRIOR TO LOSS                                          |  |                                     | <input checked="" type="checkbox"/> |                                     |                                                                     |

**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 | LENDER SERVICING AGENT NAME AND ADDRESS                                                                            |
| MORTGAGEE                                                                                                   |                       |            |                                                                                                                    |
| NAME AND ADDRESS<br>Caribbean Breeze Condominium Inc.<br>250 180th Drive<br>Sunny Isles Beach Florida 33160 |                       |            | AUTHORIZED REPRESENTATIVE<br> |

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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|                                               |           |                                                           |
|-----------------------------------------------|-----------|-----------------------------------------------------------|
| AGENCY<br><b>GMI BROKERAGE, CORP.</b>         |           | NAMED INSURED<br><b>Caribbean Breeze Condominium Inc.</b> |
| POLICY NUMBER<br><b>019762741-00</b>          |           |                                                           |
| CARRIER<br><b>Lexington Insurance Company</b> | NAIC CODE | EFFECTIVE DATE: <b>10/23/2025</b>                         |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

\*\*\* Commercial Property Location Specific Coverages \*\*\*

Amount of Insurance \$ 17,420,195

Subject of Insurance : Building

Valuation: Replacement Cost

Carrier share the limits:

Lexington Insurance

AXIS Surplus Insurancece

XL Insurance America Inc.