



QUATCON-04

SMENDEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2026

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 C&C Insurance 1921 NW 150th Ave Ste 101 Pembroke Pines, FL 33028-2872	CONTACT NAME: PHONE (A/C, No, Ext): (954) 431-2008 FAX (A/C, No): E-MAIL ADDRESS: Reception@candcinsurance.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Universal Fire & Casualty Insurance Company INSURER B: Heritage Property and Casualty Insurance Company INSURER C: Philadelphia Indemnity Insurance Company INSURER D: INSURER E: INSURER F:
INSURED Quatrain Condominium IV Association, Inc c/o PMI South Florida 5521 N University Dr. #202 Coral Springs, FL 33067	NAIC # 32867 14407 18058

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:			01-CGL-101650-05	8/18/2026	8/18/2027	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 Included
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property			FLC00020017	8/18/2026	8/18/2027	See Remarks
C	Crime-Prop Mgr Incl			PCAC019421-0423	8/18/2026	8/18/2027	Limit 50,000

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

Kalia Nurse
20150 NE 3rd Ct Miami, FL 33179
Loan# 1001445022

CERTIFICATE HOLDER

CANCELLATION

PNC Bank, NA ISAOA/ATIMA
PO BOX 7433
Troy, MI 48007-5050

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 C&C Insurance		NAMED INSURED Quatraine Condominium IV Association, Inc c/o PMI South Florida 5521 N University Dr. #202 Coral Springs, FL 33067	
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

26-27 Property

*Coverage below is Building Only; Special Form Including Wind, Valuation: Replacement Cost, \$5,000 Deductible, 5% Hurricane Deductible,

20250 NE 3rd Court, Miami, FL 33179: \$1,442,884 (8 Units)

20260 NE 3rd Court, Miami, FL 33179: \$1,442,884(8 Units)

20270 NE 3rd Court; Miami, FL 33179: \$1,442,884 (8 Units)

20150 NE 3rd Court, Miami, FL 33179: \$1,442,884 (8 Units)

20160 NE 3rd Court, Miami, FL 33179: \$1,442,884 (8 Units)

20170 NE 3rd Court, Miami, FL 33179: \$1,442,884 (8 Units)

20310 NE 3rd Court, Miami, FL 33179: \$2,075,527 (12 Units)

20320 NE 3rd Court, Miami, FL 33179: \$2,075,527 (12 Units)

20330 NE 3rd Court, Miami, FL 33179: \$2,075,527 (12 Units)

Equipment Breakdown Coverage: Included

Ordinance & Law coverage:

Coverage A: Undamaged Portion of Building - Up to the Building Limit

Coverage B: Demolition - 2.5% of Building Limit

Coverage C: Increased Cost of Construction - 2.5% of Building Limit



A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1025
0606030
8/19/26
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1152763748 01	1152763748	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 8/18/26 To: 8/18/27 12:01 am Standard Time	08/19/2026	0606030	1152473495

Agent (954)431-2008
C & C INSURANCE
4634 GULFSTARR DR
DESTIN FL 32541-3715

QUATRAINE CONDOMINIUM IV ASSOCIATION INC
C/O PMI SOUTH FLORIDA
5521 N UNIVERSITY DR STE 202
CORAL SPRINGS FL 33067-4648

MAIL@ACENTRIA.COM
Property Location (if other than above)
20150 NE 3RD CT, MIAMI FL 33179

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Residential Condominium Building
Building Description: Entire Residential Condo Building

Flood Risk: AE
First Floor Height: 1.0 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 07/25/1984
Prior NFIP Claims: 0
Number of Units: 8
Replacement Cost Value: 1,955,500

Property Description: Slab on Grade, 2 floors

Coverage	Deductible	Annual Premium
BUILDING	\$1,956,000	\$5,000
CONTENTS	NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE
		\$2,042.00
		\$0.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

Coverage limitations may apply. See your Policy form for details.

Coinurance penalty may apply. See your Policy Form for Details

ICC Premium: \$39.00
Mitigation Discount: \$94.00
Community Rating Discount: \$626.00
FULL RISK PREMIUM: \$1,361.00
DISCOUNTED PREMIUM: \$1,361.00
Reserve Fund Assessment: \$245.00
Federal Policy Service Fee: \$376.00
HFIAA Surcharge: \$250.00

TOTAL ANNUAL PAYMENT \$2,232.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

060603009115276374826231

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Company



FFL99.001 1025
0606030
8/19/26

09 1152763748 01

Agent (954)431-2008
C & C INSURANCE
4634 GULFSTARR DR
DESTIN FL 32541-3715

Dear Mortgagee: The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit floodsmart.gov/flood to learn more about flood insurance.

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Company

