



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2026

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 Alliant Insurance Services, Inc. 804 S. Douglas Rd Ste 830 Coral Gables FL 33134-3131	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 858-326-0266 FAX (A/C, No): E-MAIL ADDRESS: residentialcerts@alliant.com														
License#: 0C36861 CORAI SL-01	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : AIX Specialty Insurance Compan</td><td>12833</td></tr><tr><td>INSURER B : Richmond National Insurance Co</td><td>17103</td></tr><tr><td>INSURER C : Accredited Surety and Casualty</td><td>26379</td></tr><tr><td>INSURER D : Liberty Mutual Fire Insurance</td><td>23035</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AIX Specialty Insurance Compan	12833	INSURER B : Richmond National Insurance Co	17103	INSURER C : Accredited Surety and Casualty	26379	INSURER D : Liberty Mutual Fire Insurance	23035	INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 677443481**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: Dedt: \$2,500			L1JJ31764603	2/26/2026	2/26/2027	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 Per Occ. \$	
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			L1JJ31764603	2/26/2026	2/26/2027	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 \$			BINDER012026	2/26/2026	2/26/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) 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 \$	
C	Crime/Fidelity Bond			1SKNFL260158466800	2/26/2026	2/26/2027	\$150,000	Dedt: \$500
C	Directors & Officers Liability			1SKNFL170158467000	2/26/2026	2/26/2027	\$1,000,000	Dedt: \$5,000
D	Equipment Breakdown			YB2L9L482008016	2/26/2026	2/26/2027	\$16,812,118	Dedt: \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential condominium association with 90 units located at 3703 NE 166th Street, North Miami Beach, FL 33160

*Property

Insurance Companies AXIS Surplus Insurance Co. - NAIC#: 26620 | Endurance American Specialty Insurance Co. NAIC#: 41718

Effective: 02/26/2026 - 04/26/2027

Policy #: P00100181466601

Valuation: Replacement Cost

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Coral Isle East Association, Inc.
12350 SW 132nd Ct
Ste 114
Miami FL 33186

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Coral Isle East Association Inc. 12350 SW 13th Ct Ste 114 Miami FL 33186
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCECause of Loss: Special Form
Co-Insurance: N/A, Agreed Value

-Deductibles:

All Other Perils - \$10,000 per occurrence

Water Damage - \$25,000 per occurrence

Named Windstorm and Wind/Hail - 5% Per Location subject to \$100,000 minimum per occurrence

All Other Wind/Hail - \$100,000 per occurrence

-Limits:

Condo Building - \$16,812,118

Total Insured Value (TIV): \$16,812,118

Building Ordinance or Law Coverage is included. Coverage A - Building Limit, Coverage B & C - \$1,000,000 Combined Limit

*Crime

Property Manager is included within the definition of "employee".