



MYSTPOI-01

CASTELLANOM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2026

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<br>Insurance Office of America<br>500 W. Cypress Creek Road<br>Suite 760<br>Fort Lauderdale, FL 33309       | CONTACT NAME: <b>certdesk@ioausa.com</b>                        |                                      |
|                                                                                                                      | PHONE (A/C, No, Ext): <b>(954) 318-1379</b>                     | FAX (A/C, No): <b>(954) 318-1383</b> |
| INSURED<br><br>Mystic Pointe Condominium No. One Association, Inc.<br>3600 Mystic Pointe Drive<br>Aventura, FL 33180 | E-MAIL ADDRESS:                                                 |                                      |
|                                                                                                                      | INSURER(S) AFFORDING COVERAGE                                   |                                      |
|                                                                                                                      | INSURER A : <b>Richmond National Insurance Company</b>          |                                      |
|                                                                                                                      | INSURER B : <b>Midvale Indemnity Company</b>                    |                                      |
|                                                                                                                      | INSURER C : <b>Bridgefield Employers Insurance Company</b>      |                                      |
|                                                                                                                      | INSURER D : <b>Accredited Surety and Casualty Company, Inc.</b> |                                      |
| INSURER E :                                                                                                          |                                                                 |                                      |
| INSURER F :                                                                                                          |                                                                 |                                      |

## 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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | RN7050049902          | 6/1/2025                | 6/1/2026                | EACH OCCURRENCE \$ <b>1,000,000</b>                                             |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>                     |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | MED EXP (Any one person) \$ <b>0</b>                                            |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                       |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                      |           |          |                       |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                                           |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                                      |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | HIRED AND NON O \$ <b>1,000,000</b>                                             |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                          |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                               |           |          | PRP229824000013425764 | 6/1/2025                | 6/1/2026                | BODILY INJURY (Per person) \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         |                                                                                 |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                               |           | N / A    | 830-47621             | 4/1/2025                | 4/1/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | E.L. EACH ACCIDENT \$ <b>500,000</b>                                            |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>                                    |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                       |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                                   |
| D        | Directors & Officers                                                                                                                                                                                                                                                                                                |           |          | 1SKNFL01523503        | 6/1/2025                | 6/1/2026                | Per Claim <b>1,000,000</b>                                                      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Association has 313 Units total

This Certificate regarding coverage for Mystic Pointe Condominium No. One Association, inc. is issued to the certificate holder in regard to:

## CERTIFICATE HOLDER

## CANCELLATION

|                               |                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Information Purposes 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<br>                                                                                                                                  |



# CERTIFICATE OF PROPERTY INSURANCE

CASTELLANOM

DATE (MM/DD/YYYY)  
03/17/2026

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.

|                                                                                                                      |                                                                     |                                      |              |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|--------------|
| PRODUCER<br><br>Insurance Office of America<br>500 W. Cypress Creek Road<br>Suite 760<br>Fort Lauderdale, FL 33309   | CONTACT NAME: <b>certdesk@ioausa.com</b>                            |                                      |              |
|                                                                                                                      | PHONE (A/C, No, Ext): <b>(954) 318-1379</b>                         | FAX (A/C, No): <b>(954) 318-1383</b> |              |
|                                                                                                                      | E-MAIL ADDRESS:                                                     |                                      |              |
|                                                                                                                      | PRODUCER CUSTOMER ID: <b>MYSTPOI-01</b>                             |                                      |              |
| INSURED<br><br>Mystic Pointe Condominium No. One Association, Inc.<br>3600 Mystic Pointe Drive<br>Aventura, FL 33180 | INSURER(S) AFFORDING COVERAGE                                       |                                      | NAIC #       |
|                                                                                                                      | INSURER A : <b>Endurance American Specialty Insurance Company</b>   |                                      | <b>41718</b> |
|                                                                                                                      | INSURER B : <b>Travelers Casualty and Surety Company of America</b> |                                      | <b>31194</b> |
|                                                                                                                      | INSURER C : <b>Liberty Mutual Fire Insurance Company</b>            |                                      | <b>23035</b> |
|                                                                                                                      | INSURER D : <b>Hartford Insurance Company of the Midwest</b>        |                                      | <b>37478</b> |
|                                                                                                                      | INSURER E :                                                         |                                      |              |
|                                                                                                                      | INSURER F :                                                         |                                      |              |

|                                                                                                                           |                     |                  |
|---------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| COVERAGES                                                                                                                 | CERTIFICATE NUMBER: | REVISION NUMBER: |
| LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) |                     |                  |

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| INSR LTR | TYPE OF INSURANCE                                                            |             | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY                                         | LIMITS        |
|----------|------------------------------------------------------------------------------|-------------|-------------------|------------------------------------|-------------------------------------|----------------------------------------------------------|---------------|
| A        | <input checked="" type="checkbox"/> PROPERTY                                 |             | S-2501-0125980-01 | 03/22/2025                         | 05/31/2026                          | BUILDING                                                 | \$            |
|          | CAUSES OF LOSS                                                               | DEDUCTIBLES |                   |                                    |                                     | PERSONAL PROPERTY                                        | \$            |
|          |                                                                              | BASIC       |                   |                                    |                                     | BUSINESS INCOME                                          | \$            |
|          |                                                                              | BROAD       |                   |                                    |                                     | EXTRA EXPENSE                                            | \$            |
|          | <input checked="" type="checkbox"/> SPECIAL                                  | CONTENTS    |                   |                                    |                                     | RENTAL VALUE                                             | \$            |
|          |                                                                              | EARTHQUAKE  |                   |                                    |                                     | BLANKET BUILDING                                         | \$            |
|          | <input checked="" type="checkbox"/> WIND                                     |             |                   |                                    |                                     | BLANKET PERS PROP                                        | \$            |
|          |                                                                              | FLOOD       |                   |                                    |                                     | BLANKET BLDG & PP                                        | \$            |
|          | <input checked="" type="checkbox"/> Named Storm-                             |             |                   |                                    |                                     | <input checked="" type="checkbox"/> Total Insured Values | \$ 83,164,228 |
|          |                                                                              |             |                   |                                    |                                     | <input checked="" type="checkbox"/> SEE REMARKS PAGE     | \$            |
|          | <input type="checkbox"/> INLAND MARINE                                       |             | TYPE OF POLICY    |                                    |                                     |                                                          | \$            |
|          | CAUSES OF LOSS                                                               |             |                   |                                    |                                     |                                                          | \$            |
|          | <input type="checkbox"/> NAMED PERILS                                        |             | POLICY NUMBER     |                                    |                                     |                                                          | \$            |
|          |                                                                              |             |                   |                                    |                                     |                                                          | \$            |
| B        | <input checked="" type="checkbox"/> CRIME                                    |             | 105772019         | 06/01/2025                         | 06/01/2026                          | <input checked="" type="checkbox"/> Employee Theft       | \$ 4,500,000  |
|          | TYPE OF POLICY                                                               |             |                   |                                    |                                     |                                                          | \$            |
|          | Crime                                                                        |             |                   |                                    |                                     |                                                          | \$            |
| C        | <input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN |             | YB2L9L476249025   | 03/22/2025                         | 05/31/2026                          | <input checked="" type="checkbox"/> Limit Per Breakdown  | \$ 83,164,228 |
|          |                                                                              |             |                   |                                    |                                     |                                                          | \$            |
| D        | CL NFIP Flood                                                                | 8706050704  | 03/26/2026        | 03/26/2027                         | <input checked="" type="checkbox"/> | See attached                                             | \$            |
|          |                                                                              |             |                   |                                    |                                     |                                                          | \$            |

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

This certificate regarding coverage for Mystic Pointe No. One Condominium Association, Inc. is issued to the certificate holder in regard to:

|                               |                                                                                                                                                                |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER            | CANCELLATION                                                                                                                                                   |
| For Information Purposes 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<br>                                                                                                                                  |



## ADDITIONAL REMARKS SCHEDULE

|                                              |                             |                                                                                                                                                |
|----------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY<br><b>Insurance Office of America</b> |                             | NAMED INSURED<br><b>Mystic Pointe Condominium No. One Association, Inc.<br/>3600 Mystic Pointe Drive<br/>Aventura, FL 33180<br/>Miami Dade</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>           |                             |                                                                                                                                                |
| CARRIER<br><b>SEE PAGE 1</b>                 | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>                                                                                                              |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

## PROPERTY COVERAGES:

Carrier: **Endurance American Specialty Insurance Company (and Other Participating Carriers)**  
Effective: **3/22/2025 - 5/31/2026**

Location: **3600 Mystic Pointe Drive, Aventura, FL 33180 (313 Units)**

Residential Building Limit: **\$81,008,845**

Residential Building Contents Limit: **\$240,000**

Clubhouse Limit: **\$851,813**

Clubhouse Contents Limit: **\$70,000**

Pool Limit: **\$184,470**

Spa Limit: **\$30,900**

Pool Equipment and Shelters (3) Limit: **\$46,120**

Pool and Spa Heaters (3) Limit: **\$25,380**

Pool Patio Limit: **\$176,070**

Patio Aluminum Fencing Limit: **\$25,500**

Pool Patio Shade Structure Limit: **\$14,700**

Landscape Ground Lights (40) Limit: **\$4,710**

Rockscape Fountain Limit: **\$55,340**

Pool Equipment Vinyl Fencing Limit: **\$3,800**

Emergency Generator Limit: **\$182,250**

Fire Pump & Transfer Switch Limit: **\$135,550**

Jockey Pump for Fire Pump Limit: **\$5,420**

Domestic Water Booster Pumps (3) Limit: **\$74,330**

Above Ground Fuel Tank Limit: **\$6,640**

Below Ground Fuel Tank Limit: **\$22,390**

## Deductibles:

**\$10,000 All Other Perils, Per Occurrence**

**5% Named Storm, Per Occurrence, Subject to \$100,000 Minimum**

**\$100,000 All Other Wind/Hail, Per Occurrence**

## Replacement Cost Valuation

Special Form

Coinsurance: **Agreed Amount**

## Ordinance or Law:

- Coverage A: **Included**

- Coverage B&C: **\$1,000,000 Combined Limit**



INSURANCE OFFICE OF AMERICA INC  
1855 WEST STATE RD 434  
LONGWOOD, FL 32750

Agency Phone: (800) 243-6899

NFIP Policy Number: 8706050704  
Company Policy Number: 87060507042020  
Agent: INSURANCE OFFICE OF AMERICA INC

Payor: INSURED  
Policy Term: 03/26/2026 12:01 AM - 03/26/2027 12:01 AM  
Policy Form: RCBAP

To report a claim  
visit or call us at: <https://TheHartford.ManageFlood.com>  
(800) 787-5677

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION INC  
3600 MYSTIC POINTE DR  
AVENTURA, FL 33180-2565

### INSURED NAME(S) AND MAILING ADDRESS

MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION INC  
3600 MYSTIC POINTE DR  
AVENTURA, FL 33180-2565

### COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest  
PO BOX 209385  
DALLAS, TX 75320-9385

### INSURED PROPERTY LOCATION

3600 MYSTIC POINTE DR  
AVENTURA, FL 331802565

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING  
BUILDING DESCRIPTION DETAIL: N/A

### RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING  
NUMBER OF UNITS: 313 UNITS  
PRIMARY RESIDENCE: NO  
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 18 FLOOR(S)  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: \$104,716,605.00  
DATE OF CONSTRUCTION: 01/01/1988

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FFH): 0.2 FEET  
MOST FAVORABLE FFH METHOD: ELEVATION CERTIFICATE

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: LOAN NO: N/A

SECOND MORTGAGEE: LOAN NO: N/A

ADDITIONAL INTEREST: LOAN NO: N/A

DISASTER AGENCY: CASE NO: N/A  
DISASTER AGENCY: N/A

### RATE CATEGORY — RATING ENGINE

**BUILDING:** **COVERAGE** **DEDUCTIBLE**  
\$78,250,000 \$1,250  
**CONTENTS:** \$100,000 \$1,250

COVERAGE LIMITATIONS AND A COINSURANCE PENALTY MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

YOUR PROPERTY'S NFIP FLOOD CLAIMS HISTORY CAN AFFECT OUR PREMIUM. 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 FOR QUESTIONS AND TO MAKE CHANGES TO YOUR POLICY OR VISIT [FLOODSMART.GOV/FLOOD](https://floodsmart.gov/flood) TO LEARN MORE ABOUT FLOOD INSURANCE.

### COMPONENTS OF TOTAL AMOUNT DUE

|                                             |               |
|---------------------------------------------|---------------|
| BUILDING PREMIUM:                           | \$49,874.00   |
| CONTENTS PREMIUM:                           | \$382.00      |
| INCREASED COST OF COMPLIANCE (ICC) PREMIUM: | \$75.00       |
| MITIGATION DISCOUNT:                        | (\$0.00)      |
| COMMUNITY RATING SYSTEM REDUCTION:          | (\$10,028.00) |
| FULL RISK PREMIUM:                          | \$40,303.00   |
| ANNUAL INCREASE CAP DISCOUNT:               | (\$0.00)      |
| STATUTORY DISCOUNTS:                        | (\$0.00)      |
| DISCOUNTED PREMIUM:                         | \$40,303.00   |
| RESERVE FUND ASSESSMENT:                    | \$7,255.00    |
| HFIAA SURCHARGE:                            | \$250.00      |
| FEDERAL POLICY FEE:                         | \$2,366.00    |
| PROBATION SURCHARGE:                        | \$0.00        |
| TOTAL ANNUAL PREMIUM:                       | \$50,174.00   |

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

*Melinda Thompson*

Melinda Thompson, SVP, Head of Personal Lines

*Terence Shields*

Terence Shields, Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 33114137

Page 1 of 1



DocID: 268343427

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