CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/26/2025

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

Brown & Brown Insurance Services, Inc.
1201 W Cypress Creek Rd
Suite 130
Fort Lauderdale FL 33309

CONTACT NAME: Monika Bedyk
PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446
E-MAIL ADDRESS: Monika.Bedyk@bbrown.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Westchester Surplus Lines Insurance Company	
INSURER B : Midvale Indemnity Ins. Co.	
INSURER C : Zenith Insurance Company	13269
INSURER D : The Hanover Insurance Company	22292
INSURER E :	
INSURER F :	

INSURED

Puerta de Palmas Condominium Association, Inc.
888 South Douglas Road
Coral Gables FL 33134

COVERAGES **CERTIFICATE NUMBER:** CL25122686349 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			G4946440A001	01/01/2026	01/01/2027	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
							BI/PD Ded	$ 2,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			G4946440A001	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PRP229824000021073446	01/01/2026	01/01/2027	EACH OCCURRENCE	$ 10,000,000
							AGGREGATE	$ 10,000,000
								$
C	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		Z127129512	01/01/2026	01/01/2027	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
D	Crime/$10k Ded			BDJH14461306	01/01/2026	01/01/2027	Fidelity	$1,500,000

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

Residential Condominium Association, 198 units located at 888 South Douglas Rd Coral Gables, FL 33134

Property Manager endorsement included on Crime policy for Fidelity

CERTIFICATE HOLDER

Puerta de Palmas Condominium
888 South Douglas Road
Coral Gables FL 33134

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

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AGENCY CUSTOMER ID: 00259541

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Brown & Brown Insurance Services, Inc.	Puerta de Palmas Condominium Association, Inc.
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 Insurance: Notes

PROPERTY INCLUDING WIND
Effective Date: 01/01/26-27
Carrier & Policy #: TBD
Valuation: Replacement Cost
Cause of Loss: Special Forms
Coinsurance: NIL
Ordinance or Law: Cov A Included/Cov B&C $1MM Combined
Deductibles:
All Other Perils- $10,000 per Occurrence
Named Storm - 5% Per Occurrence
All Other Wind/Hail $50,000 per Occurrence
Water Damage $50,000 Per Occurrence
Limits:
Building $72,294,500
Contents $500,000
Entry Signs & Lighting $5,000
Trellis $15,000
2 Fountains $45,000
Pool $100,000
Spa $35,000

EQUIPMENT BREAKDOWN
Carrier - Federal Insurance Co.
Effective Date - 01/01/26-27
Policy# 76447003
EB Limit $72,794,500/ Deductible $10,000

DIRECTORS & OFFICERS
Carrier: Philadelphia Indemnity Insurance
Policy Term: 01/01/26-27
Policy #: PCAP0234660720
Limit: $1,000,000/Deductible: $15,000

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