CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/19/2026

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	CONTACT NAME: Israel Moure	
Avante Insurance Group 8700 West Flagler Street Suite 402 Miami FL 33174	PHONE (A/C, No, Ext): (305) 221-2400	FAX (A/C, No): (305) 221-2411
	E-MAIL ADDRESS: imoure@avanteins.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
The Terraces Condominium Association c/o Renovation Property Management 10855 NW 33 ST Miami FL 33172	INSURER A : LIO Specialty Insurance Company	17346
	INSURER B : Midvale Indemnity Company	27138
	INSURER C : Technology Insurance Company, Inc.	42376
	INSURER D : The Hanover Insurance Company	22292
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2026-2027 Master **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:			LSIC11000994600	02/26/2026	02/26/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG HNOA	$ 1,000,000 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
	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)	$ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PRP229824000023859402	02/26/2026	02/26/2027	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4771674	04/14/2026	04/14/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Directors and Officers			PDO4000404	02/26/2026	02/26/2027	Limit Deductible	$1,000,000 $2,500

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

Residential Condo Association - 256 units

REF: 10801 SW 109th CT D305

CERTIFICATE HOLDER

The Terraces Condominium Association c/o Renovation Property Management
10855 NW 33 St
Miami FL 33172

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: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Avante Insurance Group	The Terraces Condominium Association
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

Co.: Philadelphia Indemnity Insurance Company
Crime Policy #PCAC0257440126
Effective: 02/26/2026-02/26/2027
Employee Theft Limit $500,000
$2,500 Deductible Per Occurrence

Co.: American Coastal Insurance Company
Property Policy #: AMC2831412
Effective: 02/13/2026-02/13/2027
Special Form / Replacement Cost / 100% Coins
All Other Perils Deductible $10,000
Hurricance Calendar Year Deductible: 5%
- Buildings #1,2,3,4
Building Limit $38,780,000 /
- Clubhouse Limit $458,237
- Swimming Pool Limit $100,000
- Playground Equipment $10,000
- Ordinance or Law A Included
- Ordinance or Law B/C - $982,500
- Equipment Breakdown Limit $10,000,000

Co.: American Coastal Insurance Company
Difference in Conditions Policy #: AMR6572907
Effective: 02/13/2026-02/13/2027
This policy shall run concurrently with and be subject to the same terms, conditions and limitations of the American Coastal Insurance Company (hereinafter “ACIC”) policy stated below which shall be on file with AmRisc; except as regards premium amount, coverages and limits of liability, or as stated elsewhere in this policy.

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