



CERTIFICATE OF LIABILITY INSURANCE

3280177

DATE (MM/DD/YYYY)
03/10/2026

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 Lockton Companies LLC 3280 Peachtree Road NE, Suite #1000 Atlanta, GA 30305 (404) 460-3600	CONTACT NAME: EOI Direct PHONE (A/C, No, Ext): 877.456.3643 E-MAIL ADDRESS: help@eoidirect.com FAX (A/C, No):														
INSURED Mystic Pointe Tower 500 Condo Assoc. c/o Castle Management LLC 3530 MYSTIC POINTE DR AVENTURA, FL 33180	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Westchester Surplus Lines Ins Co.</td><td>10172</td></tr><tr><td>INSURER B: Spinnaker Specialty Insurance Company</td><td>17045</td></tr><tr><td>INSURER C: Technology Insurance Company, Inc.</td><td>42376</td></tr><tr><td>INSURER D: The Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Ins Co.	10172	INSURER B: Spinnaker Specialty Insurance Company	17045	INSURER C: Technology Insurance Company, Inc.	42376	INSURER D: The Cincinnati Insurance Company	10677	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Westchester Surplus Lines Ins Co.	10172														
INSURER B: Spinnaker Specialty Insurance Company	17045														
INSURER C: Technology Insurance Company, Inc.	42376														
INSURER D: The Cincinnati Insurance Company	10677														
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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			G48716039002	1/31/2026	1/31/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			G48716039002	1/31/2026	1/31/2027	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 \$			AUR300144	1/31/2026	1/31/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	TWC4725681	1/31/2026	1/31/2027	☒ 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	Directors and Officers			EMO 074 31 41	1/31/2026	1/31/2027	Limit: \$1,000,000 Deductible: \$5,000

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

Evidence Evidence of Coverage , 3530 Mystic Pointe Dr, Aventura , FL 33180
A 30-day notice of cancellation and 10 days notice of nonpayment are included if required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage . . 3530 Mystic Pointe Dr Aventura, FL 33180 Loan Number: N/A	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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

Mystic Pointe Tower 500 Condominium Association, Inc.
3530 Mystic Pointe Dr., Aventura, FL 33180
2026 - 2027 COI Addendum
482 Residential Units

Property Coverage:

Carrier: Lexington Insurance Company, NAIC#26883, Policy# 091761126-01
Endurance American Specialty Ins Co, NAIC#41718, Policy# ESP30078952601
AXIS Surplus Insurance Company, NAIC#26620, Policy# P-001-001790458-01
HDI Global Specialty SE, NAIC#41343, Policy# JEM-26-XS-1043
Swiss Re Corporate Solutions Capacity Insurance, NAIC#29874, Policy# ESP 2006193-01
Mt. Hawley Insurance Company, NAIC#37974, Policy# MPC0609877
Arch Specialty Insurance Company, NAIC#21199, Policy# ESP1056106-01
AXIS Surplus Insurance Company, NAIC#26620, Policy# P-001-001555679-02
Wilshire Insurance Company, NAIC#13234, Policy# IMP4003320-01

Policy Term: 01/31/2026-01/31/2027

Policy Form: Special

Limit: \$136,074,700

Ordinance or Law: Full A, \$1,000,000 B&C Combined

Deductible: 5% Named Storm Per Occurrence, All Other Wind \$100,000
All Other Perils \$10,000

Ordinance or Law: Full A, \$1,000,000 B&C Combined

Terrorism Excluded

Does **NOT** include "Walls In" Coverage

Equipment Breakdown Coverage:

Carrier: Hartford Steam Boiler

Policy# FBP2349970

Policy Term: 1/31/2026 – 1/31/2027

Limit: \$100,000,000

Deductible: \$5,000

Fidelity/Crime/Employee Theft:

Carrier: PMA Insurance Group

Policy# 4124011519479Y

Policy Term: 1/31/2026 – 1/31/2027

Limit: \$5,000,000

Retention: \$5,000

Fidelity/Crime/Employee Theft: The Property Management Company is considered a covered "employee" under this policy for Employee Theft coverage while acting as an agent of the Named Insured or while in possession of covered property.

Flood:

See Attached Declarations Page



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
0623131
3/09/26
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151330947 10	1151330947	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 3/07/26 To: 3/07/27 12:01 am Standard Time	03/09/2026	0623131	1151330947

Agent (303)414-6000
LOCKTON COMPANIES LLC
(MOUNTAIN WEST SERIES)
8110 E UNION AVE STE 100
DENVER CO 80237-2966

MYSTIC POINTE TOWER 500
CONDOMINIUM ASSOCIATION
3530 MYSTIC POINTE DR
AVENTURA FL 33180-4541

FLOOD@LOCKTON.COM

Property Location (if other than above)
3530 MYSTIC POINTE DR, AVENTURA FL 33180

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: 1.1 ft
Method Used to Determine First Floor Height: Elevation Certificate
Date of Construction: 01/01/1991
Prior NFIP Claims: 0
Number of Units: 483
Replacement Cost Value: 120,750,000

Property Description: Slab on Grade, 33 floors

Coverage	Deductible	Annual Premium
BUILDING	\$120,750,000	\$1,250
CONTENTS	\$100,000	\$1,250

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

ICC Premium: \$75.00
Community Rating Discount: \$20,647.00
FULL RISK PREMIUM: \$38,538.00
DISCOUNTED PREMIUM: \$38,538.00
Reserve Fund Assessment: \$6,937.00
Federal Policy Service Fee: \$2,706.00
HFIAA Surcharge: \$250.00

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

Coinurance penatly may apply. See your Policy Form for Details

TOTAL ANNUAL PAYMENT \$48,431.00

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

062313109115133094726068

00001

Company

