



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2026

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 Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134	CONTACT NAME: MIAGCERTS PHONE (A/C, No, Ext): 305.443.4886 FAX (A/C, No): E-MAIL ADDRESS: MIAGCERTS@USI.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Kinsale Insurance Company</td> <td>38920</td> </tr> <tr> <td>INSURER B: See attached</td> <td></td> </tr> <tr> <td>INSURER C: Spinnaker Specialty Insurance Co</td> <td>17045</td> </tr> <tr> <td>INSURER D: Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER E: Travelers Excess and Surplus Lines Co</td> <td>29696</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Kinsale Insurance Company	38920	INSURER B: See attached		INSURER C: Spinnaker Specialty Insurance Co	17045	INSURER D: Zenith Insurance Company	13269	INSURER E: Travelers Excess and Surplus Lines Co	29696	INSURER F:	
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INSURER F:															
INSURED The Crimson Condominium Association Inc 601 NE 27 Street, Suite #200 Miami, FL 33137															

COVERAGES**CERTIFICATE NUMBER:** 778530**REVISION NUMBER:** See below

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:			01004476450	5/1/2026	5/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 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			01004476450	05/01/2026	5/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			AUR0300790	5/1/2026	5/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	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 / A	Z143207701	5/1/2026	5/1/2027	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Boiler & Machinery			8W356469	05/1/2026	5/1/2027	38,221,853 Ded: \$2,500

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

Unit Owner Name: Proof of insurance
 Address: .

CERTIFICATE HOLDER**CANCELLATION**

Proof of insurance

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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ACORD 25 (2016/03)

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BDW105072211
POLICY PERIOD: Effective Date: 5/1/2026 Expiration Date: 5/1/2027
Limit: \$ 3,000,000
Remark(s):
Property manager is included.

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Greenwich Insurance Company
POLICY NUMBER: PDO748643902
POLICY PERIOD: Effective Date: 5/1/2026 Expiration Date: 5/1/2027
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/5/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 900 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY QBE Specialty Insurance Company	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED The Crimson Condominium Association Inc 601 NE 27 Street, Suite #200 Miami, FL 33137				LOAN NUMBER	
				POLICY NUMBER AHAR2060700	
EFFECTIVE DATE 5/1/2026		EXPIRATION DATE 5/1/2027		☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

Bldg: 1
Location: 601 NE 27th street
Miami, FL 33137
Total # Units: 90

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COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		

REMARKS (Including Special Conditions)

Unit Owner Name: Proof of insurance
Address: .

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.

ADDITIONAL INTEREST

NAME AND ADDRESS Proof of insurance . .	☐ ADDITIONAL INSURED	☐ LENDER'S LOSS PAYABLE	☐ LOSS PAYEE
	☐ MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Specialty Insurance Company
POLICY NUMBER: AHAR2060700
POLICY PERIOD: Effective Date: 5/1/2026 Expiration Date: 5/1/2027
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Ordinance/Law: Full A. B&C \$1,000,000
All other wind/hail ded: \$100,000/occurrence

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	601 NE 27th street Miami, FI 33137	\$ 38,221,853	90	3%	\$ 10,000	NIL

WINDSTORM

INSURANCE CARRIER: ---
POLICY NUMBER:
[X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost

FLOOD

INSURANCE CARRIER: QBE Insurance Corporation, [] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	601 NE 27th street Miami, FI 33137	\$ 22,500,000	90	0002149020	\$ 25,000	11/18/2025-11/18/2026

EXCESS FLOOD

Not Covered