



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2026

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 Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134	CONTACT NAME: Certificate Department PHONE (A/C, No. Ext): E-MAIL ADDRESS: Miagcerts@usi.com FAX (A/C, No):																					
INSURED Toscano Condo Association/ Dadeland Mixed-Use Maintenance Association 7350 SW 89 Street Miami FL 33156	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER B:</td><td>See attached</td><td></td></tr><tr><td>INSURER C:</td><td>Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER D:</td><td>Zenith Insurance Company</td><td>13269</td></tr><tr><td>INSURER E:</td><td>Liberty Mutual Fire Insurance Co</td><td>23035</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Kinsale Insurance Company	38920	INSURER B:	See attached		INSURER C:	Greenwich Insurance Company	22322	INSURER D:	Zenith Insurance Company	13269	INSURER E:	Liberty Mutual Fire Insurance Co	23035	INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: 783573

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:	X	X	010041289-0	11/21/2025	11/21/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 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			0100412890-0	11/21/2025	11/21/2026	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 \$			ESB-HS-UCX-0002445-00	11/21/2025	11/21/2026	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			Z126873712	11/21/2025	11/21/2026	☒ 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			YB2L9L473266015	05/31/2026	05/31/2027	100,000,000 Deductible: \$10,000

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

Unit Owner Name: Arturo Sosa & Raul Sanz
Address: 7350 SW 89 Street # 902 S
Miami, FL 33156
Unit#: 902S
Loan#: 4035080776

CERTIFICATE HOLDER

CANCELLATION

JPMorgan Chase Bank, N.A. ISAOA/ATIMA
PO Box 4465
Springfield, OH 45501

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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Workers' Compensation Liability

Remark(s):
 Dadeland Mixed- Use Maintenance Association, inc- Workers Comp
 Insurance Carrier: Zenith
 Policy Number: Z141546403
 Effective Date: 11/21/2025-11/21/2026
 Limits: \$500,000; \$500,000; \$500,000

Other Liability

Remark(s):
 Dadeland Mixed- Use Association Inc
 Cyber Policy
 Insurance Carrier: Coalition
 Policy Number: C-4LQV-210482-CYBER-2025
 Limit: \$1,000,000
 Effective& Expiration Date: 11/21/2025-11/21/2026

Dadeland Mixed- Use Association Inc- Legal Expense
 Insurance Carrier: Atlantic Mutual Legal Defense Insurance CO
 Policy Number: AM0001296-02
 Effective &Expiration Date: 11/21/2025-11/21/2026

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
 POLICY NUMBER: BDJ105842308
 POLICY PERIOD: Effective Date: 11/21/2025 Expiration Date: 11/21/2026
 Limit: \$ 2,000,000
 Remark(s):
 Property Manager covered
 Dadeland Mixed- Use Maintenance Association
 Insurance Carrier: Hanover Insurance Company
 Policy Number: BDJ-D655258-07
 Effective & Expiration Date: 11/21/2025-11/21/2026
 Limits: \$200,000
 Retention: \$1,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: RSUI Indemnity Company
 POLICY NUMBER: 712692
 POLICY PERIOD: Effective Date: 11/21/2025 Expiration Date: 11/21/2026
 Limit: \$ 1,000,000
 Remark(s):
 Dadeland Mixed- Use Maintenance Association Directors & Officers
 Insurance Carrier: Primary: Accredited Surety &Casualty Co
 Excess Carrier: MSIG Specialty Insurance
 Policy Number: 1-SKN-FL-01537622-01
 Excess Policy Number: AMW1000069-01
 Effective & Expiration Date: 11/21/2025-11/21/2026
 Limit: \$1,000,000 Retention: \$5,000
 Excess Limit: \$1,000,000

Bldg	Location	Total # Units
1	7350 SW 89 Street Miami, Florida.	286
	33156 (South Tower)	
	Total units	
	286 +3 Commercial	
2	7355 SW 89 Street Miami, Florida.	110
	33156 (North Tower)	

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

7/17/2026

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 1401 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY Endurance Assurance Corporation	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Toscano Condo Association/ Dadeland Mixed-Use Maintenance Association 7350 SW 89 Street Miami FL 33156		LOAN NUMBER		POLICY NUMBER BINDER	
		EFFECTIVE DATE 5/31/2026		EXPIRATION DATE 5/31/2027	
				☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION see attached for location information.
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 EVIDENCE OF PROPERTY INSURANCE 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.

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: Arturo Sosa & Raul Sanz
Address: 7350 SW 89 Street # 902 S
Miami, FL 33156
Unit#: 902S
Loan#: 4035080776

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 JPMorgan Chase Bank, N.A. ISAOA/ATIMA PO Box 4465 Springfield, OH 45501	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Endurance Assurance Corporation
POLICY NUMBER: BINDER
POLICY PERIOD: Effective Date: 5/31/2026 Expiration Date: 5/31/2027
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Water Damage Ded: \$25,000 per Occurrence Ordinance of Law: Full A, B&C: \$2,000,000 Combined Agreed Amount
Bldg 1 Contents Limit: \$750,000
Bldg2 Contents Limit: \$250,000

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	7350 SW 89 Street Miami, Florida. 33156 (South Tower) Total units 286 +3 Commercial	\$ 85,489,183	286	3%	\$ 10,000	Waived
2	7355 SW 89 Street Miami, Florida. 33156 (North Tower)	\$ 28,061,259	110	3%	\$ 10,000	Waived

FLOOD

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

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	7350 SW 89 Street Miami, Florida. 33156 (South Tower) Total units 286 +3 Commercial	\$ 99,000,000	286	0002084646	\$ 5,000	12/15/2025-12/15/2026

EXCESS FLOOD

Not Covered