BRICPLA-04 YMAYOR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/14/2025

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 | CONTACT NAME: Mario Paradela | |
|---|---|---|
| Commercial Risk, LLC<br>1500 NW 89th Ct. #219<br>Doral, FL 33172 | PHONE (A/C, No, Ext): (786) 659-1242 | FAX (A/C, No): |
| | E-MAIL ADDRESS: mario.paradela@com-risk.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED<br>Brickell Place Phase II<br>Association Inc.<br>1925 Brickell Avenue #D201<br>Miami, FL 33129 | INSURER A : Crum & Forster Specialty | 44520 |
| | INSURER B : Midvale Indemnity Company | 27138 |
| | INSURER C : Lloyds of London | 32727 |
| | INSURER D : Philadelphia Insurance Company - DO NOT USE | |
| | 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 | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | | | GLO-110334 | 10/26/2024 | 10/26/2025 | 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 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B | X UMBRELLA LIAB X OCCUR | | | | | | | |
| | EXCESS LIAB CLAIMS-MADE | | | PRP-229824000-00-3018354 | 10/26/2024 | 10/26/2025 | EACH OCCURRENCE | $ 100,000,000 |
| | DED RETENTION $ | | | | | | AGGREGATE | $ 100,000,000 |
| | | | | | | | Product & Compl | $ 100,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| C | Directors and Office | | | PLC0324201 | 10/26/2024 | 10/26/2025 | Each Claim/Aggregate | 1,000,000 |
| D | Crime | | | PCAC000862-0718 | 10/26/2024 | 10/26/2025 | Limit | 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Condominium Association - Tower C, D & Townhouses - Total Units 467 Subject to terms, conditions and deductibles found in the policy.

**CERTIFICATE HOLDER**

FOR INFORMATION ONLY

**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

YMAYOR

# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 7/14/2025

THIS EVIDENCE OF COMMERCIAL 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.

| | |
|---|---|
| PRODUCER NAME, CONTACT PERSON AND ADDRESS<br>Commercial Risk, LLC<br>1500 NW 89th Ct. #219<br>Doral, FL 33172<br><br>Contact name: Mario Paradela | PHONE (A/C, No, Ext): (786) 659-1240<br>FAX (A/C, No): (786) 659-1241<br>E-MAIL ADDRESS: mail@com-risk.com |
| CODE: | SUB CODE: |
| AGENCY CUSTOMER ID #: BRICPLA-04 | |
| NAMED INSURED AND ADDRESS<br>Brickell Place Phase II Association Inc.<br>1925 Brickell Avenue #D201<br>Miami, FL 33129 | |
| ADDITIONAL NAMED INSURED(S) | |

| | |
|---|---|
| COMPANY NAME AND ADDRESS<br>Lexington Insurance Company | NAIC NO: 19437 |
| IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | |
| POLICY TYPE<br>Property | |
| LOAN NUMBER | POLICY NUMBER<br>019761858-00 |
| EFFECTIVE DATE<br>6/1/2025 | EXPIRATION DATE<br>6/1/2026 |
| ☐ CONTINUED UNTIL TERMINATED IF CHECKED | |
| THIS REPLACES PRIOR EVIDENCE DATED: | |

## PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 1915 Brickell Ave, Miami, FL 33129, (Tower C) - Residential Condominium Building
SEE ATTACHED ACORD 101

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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 101,589,526 DED: 10,000

| | YES | NO | N/A | | | | |
|---|---|---|---|---|---|---|---|
| ☐ BUSINESS INCOME ☐ RENTAL VALUE | | X | | If YES, LIMIT: | | Actual Loss Sustained; # of months: | |
| BLANKET COVERAGE | | X | | If YES, indicate value(s) reported on property identified above: $ | | | |
| TERRORISM COVERAGE | | X | | Attach Disclosure Notice / DEC | | | |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | | | | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | | | | | | | |
| LIMITED FUNGUS COVERAGE | | X | | If YES, LIMIT: | | DED: | |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | | | | | | |
| REPLACEMENT COST | X | | | | | | |
| AGREED VALUE | | X | | | | | |
| COINSURANCE | | X | | If YES, % | | | |
| EQUIPMENT BREAKDOWN (If Applicable) | | X | | If YES, LIMIT: | | DED: | |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | X | | | If YES, LIMIT: | 101,589,526 | DED: | 10,000 |
| - Demolition Costs | X | | | If YES, LIMIT: | 10,158,953 | DED: | 10,000 |
| - Incr. Cost of Construction | X | | | If YES, LIMIT: | 10,158,953 | DED: | 10,000 |
| EARTH MOVEMENT (If Applicable) | | X | | If YES, LIMIT: | | DED: | |
| FLOOD (If Applicable) | | X | | If YES, LIMIT: | | DED: | |
| WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions: | X | | | If YES, LIMIT: | 101,589,526 | DED: | 100,000 |
| NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions: | X | | | If YES, LIMIT: | 101,589,526 | DED: | 5,079,476 |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | | | | | | | |

## 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

☐ CONTRACT OF SALE ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE

NAME AND ADDRESS

FOR INFORMATION ONLY

LENDER SERVICING AGENT NAME AND ADDRESS

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: BRICPLA-04 YMAYOR

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| | |
|---|---|
| AGENCY<br>Commercial Risk, LLC | NAMED INSURED<br>Brickell Place Phase II Association Inc.<br>1925 Brickell Avenue #D201<br>Miami, FL 33129 |
| POLICY NUMBER<br>019761858-00 | |
| CARRIER<br>Lexington Insurance Company — NAIC CODE 19437 | EFFECTIVE DATE: 06/01/2025 |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

**Property Information:**
Loc # 2, Bldg # 1, 1925 Brickell Ave, Miami, FL 33129, (Tower D) - Residential Condominium Building
Loc # 3, Bldg # 1, 1915-1925 Brickell Ave, Miami, FL 33129, (Townhouses) - Residential Condominium Building

**Special Conditions:**
BOILER AND MACHINERY:
The Hartford Steam Boiler Inspection and Insurance Company
Effective Date: 10/26/2024 to 10/26/2025
Total Limit: $97,177,164
Deductible: $5,000

The Hartford

COMMERCIAL RISK LLC
1500 NW 89TH CT SUITE 219
DORAL, FL 33172

**Agency Phone:** (786) 659-1242

**NFIP Policy Number:** 0147438703
**Company Policy Number:** 99014743872019
**Agent:** COMMERCIAL RISK LLC

**Payor:** INSURED
**Policy Term:** 07/12/2025 12:01 AM - 07/12/2026 12:01 AM
**Policy Form:** RCBAP

**To report a claim visit or call us at:** https://TheHartford.ManageFlood.com (800) 787-5677

# RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**INSURED NAME(S) AND MAILING ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**COMPANY MAILING ADDRESS**

Hartford Insurance Company of the Midwest
PO BOX 209385
DALLAS, TX 75320-9385

**INSURED PROPERTY LOCATION**

1915 BRICKELL AVE TOWER C
MIAMI, FL 331290000

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING
**NUMBER OF UNITS:** 198 UNITS
**PRIMARY RESIDENCE:** NO
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 17 FLOOR(S), MASONRY CONSTRUCTION
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**BUILDING DESCRIPTION:** ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
**BUILDING DESCRIPTION DETAIL:** N/A

**REPLACEMENT COST VALUE:** $43,729,555.00
**DATE OF CONSTRUCTION:** 01/01/1980

**CURRENT FLOOD ZONE:** VE
**FIRST FLOOR HEIGHT (FEET):** 1.0
**FIRST FLOOR HEIGHT METHOD:** FEMA DETERMINED

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

**FIRST MORTGAGEE:**

**LOAN NO:** N/A

**SECOND MORTGAGEE:**

**LOAN NO:** N/A

**ADDITIONAL INTEREST:**

**LOAN NO:** N/A

**DISASTER AGENCY:**

**CASE NO:** N/A
**DISASTER AGENCY:** N/A

**RATE CATEGORY — RATING ENGINE**

| | COVERAGE | DEDUCTIBLE |
|---|---|---|
| **BUILDING:** | $43,730,000 | $5,000 |
| **CONTENTS:** | $100,000 | $5,000 |

**COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.**
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

## COMPONENTS OF TOTAL AMOUNT DUE

| | |
|---|---|
| **BUILDING PREMIUM:** | $137,271.00 |
| **CONTENTS PREMIUM:** | $1,528.00 |
| **INCREASED COST OF COMPLIANCE (ICC) PREMIUM:** | $75.00 |
| **MITIGATION DISCOUNT:** | ($0.00) |
| **COMMUNITY RATING SYSTEM REDUCTION:** | ($27,736.00) |
| **FULL RISK PREMIUM:** | **$111,138.00** |
| **ANNUAL INCREASE CAP DISCOUNT:** | ($48,186.00) |
| **STATUTORY DISCOUNTS:** | ($0.00) |
| **DISCOUNTED PREMIUM:** | **$62,952.00** |
| **RESERVE FUND ASSESSMENT:** | $11,331.00 |
| **HFIAA SURCHARGE:** | $250.00 |
| **FEDERAL POLICY FEE:** | $2,136.00 |
| **PROBATION SURCHARGE:** | $0.00 |
| **TOTAL ANNUAL PREMIUM:** | **$76,669.00** |

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Melinda Thompson, SVP, Head of Personal Lines

Terence Shields, Secretary

**This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.**

**Zero Balance Due - This Is Not A Bill**

**Policy issued by:** Hartford Insurance Company of the Midwest

**Insurer NAIC Number:** 37478



Printed 07/11/2025

The Hartford

COMMERCIAL RISK LLC
1500 NW 89TH CT SUITE 219
DORAL, FL 33172

**Agency Phone:** (786) 659-1242

**NFIP Policy Number:** 0147438803
**Company Policy Number:** 99014743882019
**Agent:** COMMERCIAL RISK LLC

**Payor:** INSURED
**Policy Term:** 07/12/2025 12:01 AM - 07/12/2026 12:01 AM
**Policy Form:** RCBAP

**To report a claim visit or call us at:** https://TheHartford.ManageFlood.com (800) 787-5677

# RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**INSURED NAME(S) AND MAILING ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**COMPANY MAILING ADDRESS**

Hartford Insurance Company of the Midwest
PO BOX 209385
DALLAS, TX 75320-9385

**INSURED PROPERTY LOCATION**

1925 BRICKELL AVE
MIAMI, FL 331291737

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING
**NUMBER OF UNITS:** 257 UNITS
**PRIMARY RESIDENCE:** NO
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 22 FLOOR(S)

**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**BUILDING DESCRIPTION:** ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
**BUILDING DESCRIPTION DETAIL:** N/A

**REPLACEMENT COST VALUE:** $56,811,211.00
**DATE OF CONSTRUCTION:** 01/01/1980

**CURRENT FLOOD ZONE:** VE
**FIRST FLOOR HEIGHT (FEET):** 1.0
**FIRST FLOOR HEIGHT METHOD:** FEMA DETERMINED

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

**FIRST MORTGAGEE:**

**LOAN NO:** N/A

**SECOND MORTGAGEE:**

**LOAN NO:** N/A

**ADDITIONAL INTEREST:**

**LOAN NO:** N/A

**DISASTER AGENCY:**

**CASE NO:** N/A
**DISASTER AGENCY:** N/A

**RATE CATEGORY — RATING ENGINE**

| | COVERAGE | DEDUCTIBLE |
|---|---|---|
| **BUILDING:** | $56,812,000 | $5,000 |
| **CONTENTS:** | $100,000 | $5,000 |

**COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.**
**Please review this declaration page for accuracy. If any changes are needed, contact your agent.**
**Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.**

## COMPONENTS OF TOTAL AMOUNT DUE

| | |
|---|---|
| **BUILDING PREMIUM:** | $129,444.00 |
| **CONTENTS PREMIUM:** | $1,208.00 |
| **INCREASED COST OF COMPLIANCE (ICC) PREMIUM:** | $75.00 |
| **MITIGATION DISCOUNT:** | ($0.00) |
| **COMMUNITY RATING SYSTEM REDUCTION:** | ($26,107.00) |
| **FULL RISK PREMIUM:** | **$104,620.00** |
| **ANNUAL INCREASE CAP DISCOUNT:** | ($24,140.00) |
| **STATUTORY DISCOUNTS:** | ($0.00) |
| **DISCOUNTED PREMIUM:** | **$80,480.00** |
| **RESERVE FUND ASSESSMENT:** | $14,486.00 |
| **HFIAA SURCHARGE:** | $250.00 |
| **FEDERAL POLICY FEE:** | $2,254.00 |
| **PROBATION SURCHARGE:** | $0.00 |
| **TOTAL ANNUAL PREMIUM:** | **$97,470.00** |

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Melinda Thompson, SVP, Head of Personal Lines

Terence Shields, Secretary

**This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.**

**Zero Balance Due - This Is Not A Bill**

**Policy issued by:** Hartford Insurance Company of the Midwest

**Insurer NAIC Number:** 37478



Printed 07/11/2025

The Hartford

COMMERCIAL RISK LLC
1500 NW 89TH CT SUITE 219
DORAL, FL 33172

**Agency Phone:** (786) 659-1242

**NFIP Policy Number:** 3410033603
**Company Policy Number:** 18341003362019
**Agent:** COMMERCIAL RISK LLC

**Payor:** INSURED
**Policy Term:** 06/23/2025 12:01 AM - 06/23/2026 12:01 AM
**Policy Form:** RCBAP

**To report a claim visit or call us at:** https://TheHartford.ManageFlood.com (800) 787-5677

# RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**INSURED NAME(S) AND MAILING ADDRESS**
BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**COMPANY MAILING ADDRESS**
Hartford Insurance Company of the Midwest
PO BOX 913385
DENVER, CO 80291-3385

**INSURED PROPERTY LOCATION**
1915 AND 1925 BRICKELL AVE
MIAMI, FL 331290000

**RATING INFORMATION**

**BUILDING OCCUPANCY:** RESIDENTIAL CONDOMINIUM BUILDING
**NUMBER OF UNITS:** 12 UNITS
**PRIMARY RESIDENCE:** NO
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 2 FLOOR(S)
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**BUILDING DESCRIPTION:** ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
**BUILDING DESCRIPTION DETAIL:** N/A

**REPLACEMENT COST VALUE:** $4,658,519.00
**DATE OF CONSTRUCTION:** 01/01/1980

**CURRENT FLOOD ZONE:** VE
**FIRST FLOOR HEIGHT (FEET):** 102.0
**FIRST FLOOR HEIGHT METHOD:** ELEVATION CERTIFICATE

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

**FIRST MORTGAGEE:**

**LOAN NO:** N/A

**SECOND MORTGAGEE:**

**LOAN NO:** N/A

**ADDITIONAL INTEREST:**

**LOAN NO:** N/A

**DISASTER AGENCY:**

**CASE NO:** N/A
**DISASTER AGENCY:** N/A

**RATE CATEGORY — RATING ENGINE**

| | COVERAGE | DEDUCTIBLE |
|---|---|---|
| **BUILDING:** | $3,000,000 | $1,250 |
| **CONTENTS:** | N/A | N/A |

**COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.**
**Please review this declaration page for accuracy. If any changes are needed, contact your agent.**
**Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.**

## COMPONENTS OF TOTAL AMOUNT DUE

| | |
|---|---|
| **BUILDING PREMIUM:** | $19,434.00 |
| **CONTENTS PREMIUM:** | $0.00 |
| **INCREASED COST OF COMPLIANCE (ICC) PREMIUM:** | $75.00 |
| **MITIGATION DISCOUNT:** | ($0.00) |
| **COMMUNITY RATING SYSTEM REDUCTION:** | ($3,863.00) |
| **FULL RISK PREMIUM:** | **$15,646.00** |
| **ANNUAL INCREASE CAP DISCOUNT:** | ($7,447.00) |
| **STATUTORY DISCOUNTS:** | ($0.00) |
| **DISCOUNTED PREMIUM:** | **$8,199.00** |
| **RESERVE FUND ASSESSMENT:** | $1,476.00 |
| **HFIAA SURCHARGE:** | $250.00 |
| **FEDERAL POLICY FEE:** | $564.00 |
| **PROBATION SURCHARGE:** | $0.00 |
| **TOTAL ANNUAL PREMIUM:** | **$10,489.00** |

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Melinda Thompson, SVP, Head of Personal Lines

Terence Shields, Secretary

**This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.**

**Zero Balance Due - This Is Not A Bill**

**Policy issued by:** Hartford Insurance Company of the Midwest

**Insurer NAIC Number:** 37478



Printed 06/11/2025

The Hartford

COMMERCIAL RISK LLC
1500 NW 89TH CT SUITE 219
DORAL, FL 33172

**Agency Phone:** (786) 659-1242

**NFIP Policy Number:** 3410033703
**Company Policy Number:** 18341003372019
**Agent:** COMMERCIAL RISK LLC

**Payor:** INSURED
**Policy Term:** 06/29/2025 12:01 AM - 06/29/2026 12:01 AM
**Policy Form:** GENERAL PROPERTY

**To report a claim visit or call us at:** https://TheHartford.ManageFlood.com (800) 787-5677

# RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

**DELIVERY ADDRESS**

BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**INSURED NAME(S) AND MAILING ADDRESS**
BRICKELL PLACE PHASE II CONDO ASSN
1925 BRICKELL AVE STE D201
MIAMI, FL 33129-2900

**COMPANY MAILING ADDRESS**
Hartford Insurance Company of the Midwest
PO BOX 913385
DENVER, CO 80291-3385

**INSURED PROPERTY LOCATION**
1915 BRICKELL AVE PUMPHOUSE
MIAMI, FL 331290000

**RATING INFORMATION**

**BUILDING OCCUPANCY:** NON-RESIDENTIAL BUILDING
**NUMBER OF UNITS:** N/A
**PRIMARY RESIDENCE:** NO
**PROPERTY DESCRIPTION:** SLAB ON GRADE (NON-ELEVATED), 1 FLOOR(S), MASONRY CONSTRUCTION
**PRIOR NFIP CLAIMS:** 0 CLAIM(S)

**BUILDING DESCRIPTION:** OTHER NON-RESIDENTIAL TYPE
**BUILDING DESCRIPTION DETAIL:** PUMPHOUSE

**REPLACEMENT COST VALUE:** $200,000.00
**DATE OF CONSTRUCTION:** 01/01/1985

**CURRENT FLOOD ZONE:** X
**FIRST FLOOR HEIGHT (FEET):** 1.0
**FIRST FLOOR HEIGHT METHOD:** FEMA DETERMINED

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

**FIRST MORTGAGEE:**

**LOAN NO:** N/A

**SECOND MORTGAGEE:**

**LOAN NO:** N/A

**ADDITIONAL INTEREST:**

**LOAN NO:** N/A

**DISASTER AGENCY:**

**CASE NO:** N/A
**DISASTER AGENCY:** N/A

**RATE CATEGORY — RATING ENGINE**

| | COVERAGE | DEDUCTIBLE |
|---|---|---|
| **BUILDING:** | N/A | N/A |
| **CONTENTS:** | $103,000 | $1,000 |

**COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.**
**Please review this declaration page for accuracy. If any changes are needed, contact your agent.**
**Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.**

## COMPONENTS OF TOTAL AMOUNT DUE

| | |
|---|---|
| **BUILDING PREMIUM:** | $0.00 |
| **CONTENTS PREMIUM:** | $1,928.00 |
| **INCREASED COST OF COMPLIANCE (ICC) PREMIUM:** | $0.00 |
| **MITIGATION DISCOUNT:** | ($0.00) |
| **COMMUNITY RATING SYSTEM REDUCTION:** | ($0.00) |
| **FULL RISK PREMIUM:** | **$1,928.00** |
| **ANNUAL INCREASE CAP DISCOUNT:** | ($1,567.00) |
| **STATUTORY DISCOUNTS:** | ($0.00) |
| **DISCOUNTED PREMIUM:** | **$361.00** |
| **RESERVE FUND ASSESSMENT:** | $65.00 |
| **HFIAA SURCHARGE:** | $250.00 |
| **FEDERAL POLICY FEE:** | $47.00 |
| **PROBATION SURCHARGE:** | $0.00 |
| **TOTAL ANNUAL PREMIUM:** | **$723.00** |

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Melinda Thompson, SVP, Head of Personal Lines

Terence Shields, Secretary

**This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.**

**Zero Balance Due - This Is Not A Bill**

**Policy issued by:** Hartford Insurance Company of the Midwest

**Insurer NAIC Number:** 37478



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