



BRICK-3

OP ID: MP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2024

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 Risk LLC 1500 NW 89th Ct Ste 219 Doral, FL 33172 Mario Parabela 786-659-1240		CONTACT NAME: Mario Parabela PHONE (A/C, No, Ext): 786-659-1240 FAX (A/C, No): 786-659-1241 E-MAIL ADDRESS: mario.parabela@com-risk.com																						
INSURED Brickell Place Phase II Association Inc. 1925 Brickell Avenue #D201 Miami, FL 33129		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Crum & Forster Specialty</td> <td>44520</td> </tr> <tr> <td>INSURER B :</td> <td>Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER C :</td> <td>Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER D :</td> <td>HDI Global Specialty SE</td> <td>32727</td> </tr> <tr> <td>INSURER E :</td> <td>Lloyds of London</td> <td>32727</td> </tr> <tr> <td>INSURER F :</td> <td>CITIZENS PROP INS CO</td> <td>10064</td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Crum & Forster Specialty	44520	INSURER B :	Philadelphia Indemnity Ins Co	18058	INSURER C :	Greenwich Insurance Company	22322	INSURER D :	HDI Global Specialty SE	32727	INSURER E :	Lloyds of London	32727	INSURER F :	CITIZENS PROP INS CO	10064
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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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO-1000558	10/26/2023	10/26/2024	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 \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7470310	10/26/2023	10/26/2024	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Crime			PCAC000862-0618	10/26/2023	10/26/2024	\$ 3,000,000
E	D&O			PLC-03242-00	10/26/2023	10/26/2024	\$ 1,000,000

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.
 Please refer to Notepad for additional coverage & company information.

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION ONLY	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 

NOTEPAD

Brickell Place Phase II

BRICK-3
OP ID: MPPAGE 2
Date 01/16/2024

INSURED'S NAME

PROPERTY: HDI Global Specialty SE
Location: 1925 Brickell Ave, Miami, FL 33129 (Townhouses)
Effective: 06/01/2023 to 06/01/2024
Policy #: JEM-23-PP-1336
Valuation: Replacement Cost
Causes of Loss: Special
Coinsurance: Agreed
Ordinance or Law: Full Coverage A ; B&C 10% per bldg, Max \$401,716
Deductible: Named Storm - 10% , All Other Wind/Hail \$100,000
Deductible: All other Perils - \$10,000 Per Occurrence
Total Insurance Value \$4,017,164

PROPERTY: Citizen Property Insurance Corporation
Location: 1915-1925 Brickell Ave, Miami, FL 33129 (Tower C & D)
Effective: 06/01/2023 to 06/01/2024
Policy #: 07098331 - 2
Valuation: Replacement Cost
Causes of Loss: WIND ONLY
Coinsurance: N/A
Deductible: Hurricane 5% Calendar Year, All Other Wind/Hail 1%
Total Insurance Value \$90,888,000

PROPERTY: Citizens Property Insurance Corporation
Location: 1915-1925 Brickell Ave, Miami, FL 33129 (Tower C & D)
Effective: 06/01/2023 to 06/01/2024
Policy #: 07157238 - 2
Valuation: Replacement Cost
Causes of Loss: Basic Form
Coinsurance: N/A
Deductible: All other Perils - \$10,000 Per Occurrence, 10% Sinkhole
Total Insurance Value \$90,887,400

BOILER AND MACHINERY: Travelers Excess and Surplus Lines Company
Effective Date: 10/26/2023 to 10/26/2024
Policy #: 7T165375
Total Limit: \$67,678,904
Deductible: \$5,000

FLOOD: Hartford Insurance Company of the Midwest
#1) 1915 Brickell Ave, Miami, FL 33129 - Policy #99014743872019
Effective 7/12/2023 to 7/12/2024
Tower C - Bldg \$49,500,000 (198 Units) Flood Zone VE \$5,000 Ded
#2) 1925 Brickell Ave, Miami, FL 33129 - Policy #99014743882019
Eff 7/12/2023 to 7/12/2024
Tower D - Bldg \$64,250,000 (257 Units) Flood Zone VE \$5,000 Ded
#3) 1915-1925 Brickell Ave, Miami, FL 33129 - Policy #18341003362019
Eff 6/23/2023 to 6/23/2024
Townhouses - Bldg \$3,000,000 (12 Units) Flood Zone VE \$1,250 Ded