

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/21/2025

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).

<b>PRODUCER</b> Commercial Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite #900 Coral Gables, FL 33134	<b>CONTACT NAME:</b> USI Insurance Services <b>PHONE (A/C, No, Ext):</b> 305-443-4886 <b>E-MAIL ADDRESS:</b> Miagcerts@usi.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Surfside Palms c/o c/o Miami Powerhouse Mgmt 1000 Fifth Street ste 208 Miami Beach, FL 33139	<b>INSURER A:</b> Shield Indemnity Incorporated	<b>NAIC #</b> 16762
	<b>INSURER B:</b> See attached	
	<b>INSURER C:</b> Greenwich Insurance Company	22322
	<b>INSURER D:</b> Federal Insurance Company	20281
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 755207**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			02CGL10469001	6/1/2024	6/1/2025	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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 checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7456414L23A09	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Boiler & Machinery			76445062	06/01/2024	06/01/2025	Limit: \$16,294,958 \$2,500 Deductible

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

Unit Owner Name: Surfside Palms Condominium Assoc., Inc.  
 Address: c/o Miami Powerhouse Mg  
 1000 Fifth Street ste 208  
 Miami Beach, FL 33139

**CERTIFICATE HOLDER**

City National Bank of Florida  
 ISAOA / ATIMA  
 PO Box 769  
 Coppell, TX 75019

**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

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**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: CUMIS Specialty Ins Co  
POLICY NUMBER: PCAC0188290223  
POLICY PERIOD: Effective Date: 6/1/2024 Expiration Date: 6/1/2025  
Limit: \$ 100,000

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**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc  
POLICY NUMBER: 1SKNFL01523489  
POLICY PERIOD: Effective Date: 6/1/2024 Expiration Date: 6/1/2025  
Limit: \$ 1,000,000

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**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

4/21/2025

**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) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite #900 Coral Gables, FL 33134		PHONE (A/C, No, Ext):	COMPANY QBE Insurance Corporation	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Surfside Palms c/o c/o Miami Powerhouse Mgmt 1000 Fifth Street ste 208 Miami Beach, FL 33139		LOAN NUMBER	POLICY NUMBER QFE152209	
		EFFECTIVE DATE 6/1/2024	EXPIRATION DATE 6/1/2025	<input type="checkbox"/> 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
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		


**REMARKS (Including Special Conditions)**

Unit Owner Name: Surfside Palms Condominium Assoc., Inc. Address: c/o Miami Powerhouse Mg 1000 Fifth Street ste 208 Miami Beach, FL 33139
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**CANCELLATION**

<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
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**ADDITIONAL INTEREST**

NAME AND ADDRESS City National Bank of Florida ISAOA / ATIMA PO Box 769  Coppell, TX 75019	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE	LOAN #	
AUTHORIZED REPRESENTATIVE 			

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: QBE Insurance Corporation  
POLICY NUMBER: QFE152209  
POLICY PERIOD: Effective Date: 6/1/2024 Expiration Date: 6/1/2025  
Business Income: Extra Expense:  
 Blanket Limit Applies  
 Replacement Cost  Special  Basic  
Remark(s):  
X-WIND  
Building Ordinance: Full A; B&C Combined \$550,000

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	8888 Collins Avenue Surfside, FL 33154	\$ 7,558,454	26	N/A	\$ 2,500	100%
2	8888 Collins Avenue Surfside, FL 33154	\$ 8,289,104	29	N/A	\$ 2,500	100%

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**WINDSTORM**

INSURANCE CARRIER: Citizens Property Insurance Corp  
POLICY NUMBER: 00016296  
 Coverage Included in Property/Hazard Policy  See Property/Hazard Schedule for Locations & Limits  Replacement Cost

Bldg	Location	Limit	Total # Units	Hurricane Ded	Other Wind Ded	Coins %	Policy Period
1	8888 Collins Avenue Surfside, FL 33154	\$ 8,186,000	26	5%	1%	100	6/1/2024-6/1/2025
2	8888 Collins Avenue Surfside, FL 33154	\$ 8,934,000	29	5%	1%	100	6/1/2024-6/1/2025

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**FLOOD**

INSURANCE CARRIER: National General Insurance Company,  Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
2	8888 Collins Avenue Surfside, FL 33154	\$ 13,750,000	29	0002836984	\$ 1,250	8/25/2024-8/25/2025

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**EXCESS FLOOD**

Not Covered

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