



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2026

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 RSC Insurance Brokerage, Inc. P O Box 818035 Cleveland OH 44181		CONTACT NAME: PHONE (A/C, No, Ext): 617-330-5700 E-MAIL ADDRESS: opssupport@risk-strategies.com FAX (A/C, No):															
INSURED BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC. 17878 North Bay Road SUNNY ISLES BEACH FL 33160		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Atlantic Casualty Insurance Company</td> <td>42846</td> </tr> <tr> <td>INSURER B : First Protective Insurance Company</td> <td>10897</td> </tr> <tr> <td>INSURER C : QBE INSURANCE CORPORATION *</td> <td>39217</td> </tr> <tr> <td>INSURER D : Wright National Flood Insurance Company</td> <td>11523</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A : Atlantic Casualty Insurance Company	42846	INSURER B : First Protective Insurance Company	10897	INSURER C : QBE INSURANCE CORPORATION *	39217	INSURER D : Wright National Flood Insurance Company	11523	INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 411270437

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 <input checked="" type="checkbox"/> 1,000 <input checked="" type="checkbox"/> Severability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:	Y		L3240000902-00	12/11/2025	12/11/2026	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 \$ included \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B C D	Wind PROPERTY Flood			6245228521 QFE1808-04 09115111038811	2/8/2025 12/11/2025 6/11/2025	2/8/2026 12/11/2026 6/11/2026	8,687,100 8,687,100 8,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CONDOMINIUM ASSOCIATION LOC AT 17878 N BAY RD NORTH MIAMI BEACH, FL 33160.
 TOTAL NO. OF UNITS 34. C: FLOOD POL EFF 6/11/2025-6/11/2026 BLDG \$8,500,000
 DED \$1,250. PROPERTY POL DED: \$2,500 EXCLUDING WINDSTORM COVERAGE. SEE NOTES
 B: ORDINANCE OR LAW COVERAGE: FULL COVERAGE A, COVERAGE B AND C COMBINED @ \$10,000 / COINSURANCE @ 100%
 D: DIRECTORS & OFFICERS POLICY: POLICY PERIOD 12/11/2024 TO 12/11/2025
 POLICY NUMBER: SFD00000585-01 / LIABILITY LIMIT @ \$1,000,000
 E: WINDSTORM POLICY: POLICY PERIOD: 02/08/2025 TO 02/08/2026
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSE 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



ADDITIONAL REMARKS SCHEDULE

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC. 17878 North Bay Road SUNNY ISLES BEACH FL 33160	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

POLICY NUMBER: 694522851 / BUILDING LIMIT @ \$7,939,714
 5% WINDSTORM OR HAIL DEDUCTIBLE / REPLACEMENT COST / AGREED VALUE
 F: BOILER & MACHINERY POLICY: POLICY PERIOD 12/11/2024 TO 12/11/2025
 POLICY NUMBER: 76445379 / BREAKDOWN LIMIT @ \$6,350,000
 G: CRIME POLICY: POLICY PERIOD 12/11/2024 TO 12/11/2025
 COMPANY: PHILADELPHIA INDEMNITY INSURANCE COMPANY
 POLICY NUMBER: PCAC015050-0321 / LIABILITY LIMIT @ \$75,000