

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/9/2026

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).

<b>PRODUCER</b> Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 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>INSURED</b> The Landmark Club Condominium Assoc. Inc. 20185 East Country Club Drive Aventura, FL 33180	<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>Mount Hawley Insurance Company</td><td>37974</td></tr><tr><td>INSURER B:</td><td>See attached</td><td></td></tr><tr><td>INSURER C:</td><td>Progressive Casualty Insurance Co.</td><td>24260</td></tr><tr><td>INSURER D:</td><td>Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER E:</td><td>Hartford Steam Boiler Inspection and Ins Co</td><td>11452</td></tr><tr><td>INSURER F:</td><td>Colony Insurance Company</td><td>39993</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Mount Hawley Insurance Company	37974	INSURER B:	See attached		INSURER C:	Progressive Casualty Insurance Co.	24260	INSURER D:	Midvale Indemnity Company	27138	INSURER E:	Hartford Steam Boiler Inspection and Ins Co	11452	INSURER F:	Colony Insurance Company	39993
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**COVERAGES****CERTIFICATE NUMBER: 770747****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 SUBR INSD 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:		MGL0202168	6/18/2025	6/18/2026	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
C	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		03698373	4/30/2025	4/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PRP229824000011931678	6/18/2025	6/18/2026	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E F	Bolier & Machinery GarageKeepers		FBP2358992 GP8766463	06/18/2025 06/18/2025	06/18/2026 06/18/2026	\$67,144,497 \$1,000,000

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

Unit Owner Name: MASTER CERTIFICATE OF INSURANCE  
Address: 20185 East Country Club Drive  
Aventura, FL 33180

**CERTIFICATE HOLDER****CANCELLATION**

The Landmark Club Condominium Association Inc  
20185 East Country Club Drive  
Aventura, FL 33180

United States

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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ACORD 25 (2016/03)

**CRIME / EMPLOYEE DISHONESTY**

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc  
POLICY NUMBER: 1SKNFL0152359501  
POLICY PERIOD: Effective Date: 6/18/2025 Expiration Date: 6/18/2026  
Limit: \$ 1,000,000  
Remark(s):  
Retention \$5,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc  
POLICY NUMBER: 1SKNFL0152359501  
POLICY PERIOD: Effective Date: 6/18/2025 Expiration Date: 6/18/2026  
Limit: \$ 1,000,000  
Remark(s):  
Retentions \$5,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

1/9/2026

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.

<b>AGENCY</b> Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134		<b>PHONE (A/C, No, Ext):</b>		<b>COMPANY</b> Certain Underwriters at Lloyds of London	
<b>FAX (A/C, No):</b>		<b>E-MAIL ADDRESS:</b>			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> The Landmark Club Condominium Assoc. Inc. 20185 East Country Club Drive Aventura, FL 33180		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> AQS25271	
		<b>EFFECTIVE DATE</b> 12/31/2025		<b>EXPIRATION DATE</b> 5/31/2027	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

**PROPERTY INFORMATION****LOCATION/DESCRIPTION**

Bldg: 1  
Location: 20185 East Country Club Drive Aventura, FL 33180  
Total # Units: 184

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: MASTER CERTIFICATE OF INSURANCE  
Address: 20185 East Country Club Drive  
Aventura, FL 33180

**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**

<b>NAME AND ADDRESS</b> The Landmark Club Condominium Association Inc 20185 East Country Club Drive Aventura, FL 33180  , United States	<b>ADDITIONAL INSURED</b>	<b>LENDER'S LOSS PAYABLE</b>	<b>LOSS PAYEE</b>
	<b>MORTGAGEE</b>		
	<b>LOAN #</b>		
<b>AUTHORIZED REPRESENTATIVE</b> 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Certain Underwriters at Lloyds of London  
POLICY NUMBER: AQS25271  
POLICY PERIOD: Effective Date: 12/31/2025 Expiration Date: 5/31/2027  
Business Income: Extra Expense:  
[ ] Blanket Limit Applies  
[ X ] Replacement Cost [ X ] Special [ ] Basic  
Remark(s):  
Contents \$60,000  
Ordinance & Law-Coverage A-Included  
B&C- \$1,500,000 Combined Limit

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	20185 East Country Club Drive Aventura, FL 33180	\$ 68,712,412	184	5%	\$ 5,000	NIL

FLOOD

INSURANCE CARRIER: Imperial Fire and Casualty Insurance Co, [ X ] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	20185 East Country Club Drive Aventura, FL 33180	\$ 46,000,000	184	0000327120	\$ 1,250	7/27/2025-7/27/2026

EXCESS FLOOD

Not Covered