

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
6/14/2024

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 Lines - (305) 443-4886 USI Insurance Services LLC 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	CONTACT NAME: USI Insurance Services PHONE (A/C, No, Ext): 305-443-4886 E-MAIL ADDRESS: Miagcerts@usi.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED The Landmark Club Condominium Assoc. Inc. 20185 East Country Club Drive Aventura, FL 33180	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B: See attached	
	INSURER C: Trisura Specialty Insurance Company	16188
	INSURER D: Allied World Insurance Company	22730
	INSURER E: Technology Insurance Company	42376
	INSURER F: Citizens Property Insurance Corp	10064

COVERAGES**CERTIFICATE NUMBER:** 736745**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"/> 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:			GL82791	6/18/2024	6/18/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	AUTOMOBILE LIABILITY <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			GL82791	06/18/2024	06/18/2025	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP229824000001931678	6/18/2024	6/18/2025	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$ 25,000,000
								\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4156136	10/12/2022	10/12/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
F	Windstorm/Hurricane Boiler & Machinery			See Attached FBP2358992	See Attach 06/18/2024	See Attach 6/18/2025	See Attached Limit \$67,144,497 Deductible \$1,000	

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

Unit Owner Name: .
Address: .

CERTIFICATE HOLDER

The Landmark Club Condominium Assoc
20185 E 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.

AUTHORIZED REPRESENTATIVE

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CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PCAC0214930124
POLICY PERIOD: Effective Date: 6/18/2024 Expiration Date: 6/18/2025
Limit: \$ 1,000,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Accredited Surety & Casualty Co Inc
POLICY NUMBER: DC244637500
POLICY PERIOD: Effective Date: 6/18/2024 Expiration Date: 6/18/2025
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

6/14/2024

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 The Landmark Club Condominium Assoc. Inc. 20185 East Country Club Drive Aventura, FL 33180		LOAN NUMBER		POLICY NUMBER QBW1014	
		EFFECTIVE DATE 6/18/2024		EXPIRATION DATE 6/18/2025	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

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
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
see attached for coverage information.		


REMARKS (Including Special Conditions)

Unit Owner Name: . Address: .

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

NAME AND ADDRESS The Landmark Club Condominium Assoc 20185 E Country Club Drive Aventura, FL 33180	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: QBE Insurance Corporation
POLICY NUMBER: QBW1014
POLICY PERIOD: Effective Date: 6/18/2024 Expiration Date: 6/18/2025
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Ordinance & Law - Coverage A-Included, B&C \$1,000,000 Limit

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	20185 East Country Club Drive Aventura, FL 33180	\$ 67,144,497	184		\$ 10,000	NIL

WINDSTORM

INSURANCE CARRIER: Citizens Property Insurance Corp
POLICY NUMBER: 07677990
[] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost
Remark(s):
Replacement Cost

Bldg	Location	Limit	Total # Units	Hurricane Ded	Other Wind Ded	Coins %	Policy Period
1	20185 East Country Club Drive Aventura, FL 33180	\$ 68,668,000	184	5%	1%	100%	6/18/2024-6/18/2025

FLOOD

INSURANCE CARRIER: National General Insurance Company, [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	7/27/2024-7/27/2025

WRAP AROUND

INSURANCE CARRIER: ---
POLICY NUMBER:
POLICY PERIOD: Effective Date: Expiration Date:
[] See Property/Hazard Schedule for Location & Limits [] Special
Remark(s):
N/A

EXCESS FLOOD

Not Covered
