

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/23/2025

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. As	tatement on
	DUCER				CONTAC NAME:		ance Services	S		
Con	nmercial Lines - (305) 443-4886				PHONE (A/C, No	20E 44		FAX (A/C, No):		
USI	Insurance Services LLC				E-MAIL ADDRES	Minara	rts@usi.com	(A30, NO).		
260	1 South Bayshore Drive, Suite 1600						URER(S) AFFOR	DING COVERAGE		NAIC#
Coc	onut Grove, FL 33133				INSURE	D. data.		surance Company		31295
INSU	RED				INSURE	кв: See att	tached			
Sun	flower Condominium Association, Inc.				INSURE	RC: Nationa	al Fire Ins Co	of Hartford		20478
720	NW 2nd Ave				INSURE	RD:				
					INSURE	RE:				
Boc	a Raton , FL 33487				INSURE	RF:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 757531				REVISION NUMBER: S	ee be	low
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEN AIN, T CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			0191874		5/31/2024	5/31/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7,0100 01121							(C G G G G G G G G G G G G G G G G G G	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			4044045500		05/04/0004	05/04/0005	E.L. DISEASE - POLICY LIMIT	\$	
С	Boiler & Machinery			4014345539		05/31/2024	05/31/2025	Limit \$24,981,462 Deductible: \$1,000		
Uni	RIPTION OF OPERATIONS / LOCATIONS / VEHICL t Owner Name: .	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)		
AUC	dress: .									
CE	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	THIOATE HOLDER				CANC	LLLATION				
					THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			
							a	18. SinJapoli		

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America

POLICY NUMBER: 105781537

POLICY PERIOD: Effective Date: 5/31/2024 Expiration Date: 5/31/2025

Limit: \$ 400,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Philadelphia Indemnity Insurance Company

POLICY NUMBER: PCAP00076650718

POLICY PERIOD: Effective Date: 5/31/2024 Expiration Date: 5/31/2025

Limit: \$ 1,000,000

SUNFLCON



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/23/2025

5/23/2025 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 COMPANY PHONE (A/C. No. Ext): Commercial Lines - (305) 443-4886 American Coastal Insurance Co **USI Insurance Services LLC** 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133 FAX (A/C, No): CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER POLICY NUMBER AMC3940400 Sunflower Condominium Association, Inc. FFFECTIVE DATE 7200 NW 2nd Ave **EXPIRATION DATE** CONTINUED UNTIL 3/1/2025 3/1/2026 TERMINATED IF CHECKED Boca Raton, FL 33487 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 BROAD **SPECIAL** 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 ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN # AUTHORIZED REPRESENTATIVE

J 8. Ginapoli

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: American Coastal Insurance Co

POLICY NUMBER: AMC3940400

POLICY PERIOD: Effective Date: 3/1/2025 Expiration Date: 3/1/2026

Business Income: Extra Expense:

[] Blanket Limit Applies

[X] Replacement Cost [X] Special [] Basic

Remark(s):

Building Ordinance or Law is included - Full Coverage A and a B&C sublimit of 2.5% applies. Building limit represents the 100% replacement cost value reflected on the insurable value appraisal dated 6/16/2024.

Bldg	Location 7200 NW 2 Avenue Bldg. 5-8 Boca Raton, FL 33487	Limit \$ 705,225	Total # Units	Hurricane Ded 5%	AOP Ded \$ 10,000	Coins % 100
	7200 NW 2 Avenue Bldg. 13-19 Boca Raton, FL 33487	\$ 1,159,306	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.31-34 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 35-38 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 39-42 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 43-45 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.59-62 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 63-65 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 66-72 Boca Raton, FL 33487	\$ 1,157,881	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 73-75 Boca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 76-79 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.80-83 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.84-91 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 92-98 Boca Raton, FL 33487	\$ 1,159,360	7	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.99-102 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.103-106 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg. 107- 112 Boca Raton, FL 33487	\$ 1,016,578	6	5%	\$ 10,000	100
	7200 NW 2 Avenue Bldg.113- 120 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100

7200 NW 2 Avenue Bldg.121-131 Boca Raton, FL 33487	\$ 1,731,067	11	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.132-135 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg. 136-139 Boca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.140-146 Boca Raton, FL 33487	\$ 1,159,360	7	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg.147-149 3oca Raton, FL 33487	\$ 523,993	3	5%	\$ 10,000	100
200 NW 2 Avenue Bldg.150-154 oca Raton, FL 33487	\$ 851,311	5	5%	\$ 10,000	100
200 NW 2 Avenue Bldg. 155-162 30ca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
200 NW 2 Avenue Bldg. 163-166 oca Raton, FL 33487	\$ 705,225	4	5%	\$ 10,000	100
200 NW 2 Avenue Bldg. 167-174 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
200 NW 2 Avenue Bldg 1-4 Boca Raton, L 33487	\$ 705,225	4	5%	\$ 10,000	100
200 NW 2 Avenue Bldg 9-12 Boca Raton, L 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 20-27 Boca Raton, FL 33487	\$ 1,300,389	8	5%	\$ 10,000	100
200 NW 2 Avenue Bldg 28-30 Boca Raton, L 33487	\$ 523,993	3	5%	\$ 10,000	100
200 NW 2 Avenue Bldg 55-58 Boca Raton, L 33487	\$ 705,225	4	5%	\$ 10,000	100
7200 NW 2 Avenue Bldg 46-54 Boca Raton, FL 33487	\$ 1,393,076	9	5%	\$ 10,000	100
Clubhouse	\$ 606,543	0	5%	\$ 10,000	100
Restroom/Equip Bldg @ Clubhouse	\$ 23,152	0	5%	\$ 10,000	100
Restroom/Equip Bldg @ Satellite Rec.	\$ 28,435	0	5%	\$ 10,000	100
Swimming Pool	\$ 75,000	0	5%	\$ 10,000	100
Pool Patio / Deck	\$ 68,000	0	5%	\$ 10,000	100
Pool Heater	\$ 4,975	0	5%	\$ 10,000	100
Pool Equipment	\$ 12,500	0	5%	\$ 10,000	100
Canopy / Mailboxes (12)	\$ 24,500	0	5%	\$ 10,000	100
Swimming Pool Located at Satellite Rec Area	\$ 50,000	0	5%	\$ 10,000	100
Pool Patio / Deck Located at Satellite Rec Area	\$ 33,000	0	5%	\$ 10,000	100

757531 SUNFLCON Sunflower Condominium Association, Inc. Pool Equipment \$ 9,000 0 5% \$ 10,000 100 Located at Satellite Rec Area \$ 58,000 0 \$ 10,000 100 Site Lighting 5% WINDSTORM INSURANCE CARRIER: American Coastal Insurance Co POLICY NUMBER: AMC3940400 [X] Coverage Included in Property/Hazard Policy [X] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost **WRAP AROUND** INSURANCE CARRIER: ---POLICY NUMBER: POLICY PERIOD: Effective Date: **Expiration Date:** [] See Property/Hazard Schedule for Location & Limits [] Special **EXCESS FLOOD** Not Covered