



# CERTIFICATE OF PROPERTY INSURANCE

2914351

DATE (MM/DD/YYYY)  
06/28/2023

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> HUB International Florida, SWP 10368 West State Road, Suite 201 Davie, FL 33324 (954) 925-2590	<b>CONTACT NAME:</b> EOI DIRECT (www.EOIDIRECT.COM) <b>PHONE (A/C, No. Ext):</b> 877-456-3643 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> help@eoidirect.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b> Kennedy House Condominium, Inc c/o Association Services of Florida 1865 79 Street Causeway North Bay Village, FL 33141	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Citizens</td><td>10064</td></tr><tr><td>INSURER B: Wilshire Insurance Co</td><td>13234</td></tr><tr><td>INSURER C: Berkley Specialty Ins. Co.</td><td>31295</td></tr><tr><td>INSURER D: Hartford Steam Boiler</td><td>11452</td></tr><tr><td>INSURER E: Cincinnati Insurance Co.</td><td>13037</td></tr><tr><td>INSURER F: Wright National Flood Ins. Co</td><td>11523</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens	10064	INSURER B: Wilshire Insurance Co	13234	INSURER C: Berkley Specialty Ins. Co.	31295	INSURER D: Hartford Steam Boiler	11452	INSURER E: Cincinnati Insurance Co.	13037	INSURER F: Wright National Flood Ins. Co	11523
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NA, Unit Number: NA

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/>	PROPERTY	07523168 Replacement Cost	6/15/2023	6/15/2024	<input checked="" type="checkbox"/> BUILDING	\$ 38,573,000
		CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
B		FLOOD	IMP4001279 00	06/15/2023	06/15/2024	<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	ProprtyXwi				<input checked="" type="checkbox"/> O&L xWIND	\$ FullA-B&C \$1m
		25,000				<input checked="" type="checkbox"/> Building	\$ 36,063,616
		INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
C	<input checked="" type="checkbox"/>	CRIME	EMO0492906	6/15/2023	6/15/2024	<input type="checkbox"/> Employee Theft	\$ 750,000
		TYPE OF POLICY				<input type="checkbox"/> Deductible	\$ 2,500
		incl prop mgr					\$
D	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	FBP2372096	6/15/2023	6/15/2024	<input type="checkbox"/> Equipment Bdw	\$
		Equipment Breakdown				<input checked="" type="checkbox"/> Equipment Bdw	\$ 36,060,900
E		General Liability	CGL0145429	6/15/2023	6/15/2024	<input checked="" type="checkbox"/> Occurrence	\$ 1,000,000
						<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

230 Residential condominium units  
Coverage is for commonly owned association property and liability exposures COMPANY F -Flood Declaration Attached.  
Additional coverages-See attached addendum  
10 Days Non-payment Notice of Cancellation

**CERTIFICATE HOLDER****CANCELLATION**

Association Services of Florida . 10112 USA Today Way Miramar, FL 33025 Loan Number: NA	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Elizabeth Fiegehen</i></p>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED Kennedy House Condominium 1865 79 Street Causeway North Bay Village, FL 33141
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

**Remarks**  
**Schedule of Properties Covered - Kennedy House Condominium**

**Locations:**

1865 79 Street Causeway, North Bay Village, FL 33141

**FLOOD SCHEDULE WITH REPLACEMENT COST**

**Policy #09115034525113 Term 05/29/23-05/29/24**  
**Location 1865 79 Street Causeway, North Bay Village, FL 33141**  
**Poolhouse**  
**Building Limit \$158,000,000 Flat Deductible \$2,000**

**Policy #09115136099207 Term 06/15/23-06/15/24**  
**Location 1865 79 Street Causeway, North Bay Village 33141**  
**Main**  
**Building Limit \$34,477,000 Flat Limit \$1,250**