



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2020

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) 443-4886  USI Insurance Services LLC  2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	<b>CONTACT NAME:</b> USI Insurance Services <b>PHONE (A/C, No. Ext):</b> 305-443-4886 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Miagcerts@usi.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> James River Insurance Company</td> <td>12203</td> </tr> <tr> <td><b>INSURER B:</b> See attached</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> James River Insurance Company	12203	<b>INSURER B:</b> See attached		<b>INSURER C:</b> Continental Casualty Company	20443	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> The Plaza 851 Brickell Condominium Assoc.  950 Brickell Bay Drive  Miami, FL 33131															

**COVERAGES****CERTIFICATE NUMBER:** 597076**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"/> <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 <input type="checkbox"/> OTHER:			000987710	1/2/2020	1/2/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Boiler & Machinery			6075817187	01/2/2020	01/2/2021	\$85,814,696

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

 Unit Owner Name: .  
 Address: .
**CERTIFICATE HOLDER****CANCELLATION**
 The Plaza 851 Brickell Condo Assn, Inc.  
 950 Brickell Bay Drive  
 Miami, FL 33131

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: PCAC002338-0219  
POLICY PERIOD: Effective Date: 1/2/2020 Expiration Date: 1/2/2021  
Limit: \$ 2,500,000

**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Landmark American Insurance Company  
POLICY NUMBER: NPH685232  
POLICY PERIOD: Effective Date: 1/2/2020 Expiration Date: 1/2/2021  
Limit: \$ 1,000,000

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

1/10/2020

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) 443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		<b>PHONE (A/C, No, Ext):</b>		<b>COMPANY</b> QBE Insurance Corporation	
<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 Plaza 851 Brickell Condominium Assoc. 950 Brickell Bay Drive Miami, FL 33131		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> QFW5672-07	
		<b>EFFECTIVE DATE</b> 1/2/2019		<b>EXPIRATION DATE</b> 1/2/2021	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

**PROPERTY INFORMATION**

<b>LOCATION/DESCRIPTION</b> Bldg: 1 Location: 950 Brickell Bay Drive, Miami, FL 33131 Total # Units: 562
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

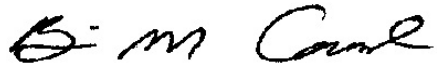
DEDUCTIBLE

see attached for coverage information.

**REMARKS (Including Special Conditions)**Unit Owner Name: .  
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**

<b>NAME AND ADDRESS</b> The Plaza 851 Brickell Condo Assn, Inc. 950 Brickell Bay Drive Miami, FL 33131	<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: QBE Insurance Corporation  
POLICY NUMBER: QFW5672-07  
POLICY PERIOD: Effective Date: 1/2/2019 Expiration Date: 1/2/2021  
Business Income: Extra Expense:  
[ ] Blanket Limit Applies  
[ X ] Replacement Cost [ X ] Special [ ] Basic  
Remark(s):  
Building Ordinance or Law - Full Coverage A - \$1,000, 000 combined limit for B & C  
Agreed Amount Endorsement

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	950 Brickell Bay Drive, Miami, FL 33131	\$ 85,654,696	562	3%	\$ 2,500	NIL

WINDSTORM

INSURANCE CARRIER: ---  
POLICY NUMBER:  
[ X ] Coverage Included in Property/Hazard Policy [ ] See Property/Hazard Schedule for Locations & Limits [ ] Replacement Cost

FLOOD

INSURANCE CARRIER: Wright National Flood Ins Co, [ X ] Replacement Cost, Flood Zone: AE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	950 Brickell Bay Drive, Miami, FL 33131	\$ 114,847,200	562	09115021610710	\$ 1,250	2/7/2020-2/7/2021

EXCESS FLOOD

Not Covered