CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/6/2025

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. 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
Acentria Insurance - ASI - Miami
3750 Nw 87 Ave
Suite 700
Miami FL 33178
License#: L100460

CONTACT NAME:
PHONE (A/C, No, Ext): 305-262-5244 **FAX (A/C, No):** 786-393-6414
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Universal Fire & Casualty Insurance Company	32867
INSURER B : Atlantic Specialty Insurance Company	27154
INSURER C : Greenwich Insurance Company	22322
INSURER D : Zenith Insurance Company	13269
INSURER E : Philadelphia Indemnity Insurance Company	18058
INSURER F : Citizens Property Insurance Corporation	10064

INSURED CENTPAR-10
Century Park Condominium No. 2 Association Inc c/o Gables Professional Mgt
3934 SW 8 TH ST Suite 303
Coral Gables FL 33134

COVERAGES **CERTIFICATE NUMBER:** 680710765 **REVISION NUMBER:**

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 B	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR X D&O $1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			01CGL10416002 MML3502224	4/13/2024 4/13/2024	4/13/2025 4/13/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG HNOA	$ 1,000,000 $ 50,000 $ 5,000 $ Included $ 2,000,000 $ 2,000,000 $ INCLUDED
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			01CGL10416002	4/13/2024	4/13/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	[ ] **UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			PPP7478862L24A04	4/13/2024	4/13/2025	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N [ ] ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z135850906	4/17/2024	4/17/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
E F	FIDELITY BOND PROPERTY			PCAC0101130520 06971843	4/13/2024 4/13/2024	4/13/2025 4/13/2025	DEDUCTIBLE 250 DEDUCTIBLE 5,000 W/H DED 5%	750,000 57,412,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TOTAL UNITS 373
BUILDING COVERAGE SPECIFIC PER SCHEDULE ON FILE WITH COMPANY, Ordinance or Law Coverage not included Citizens does not offer, Equipment Breakdown included, Replacement Cost, Coinsurance 100%, Wind and Hail Deductible 5%, Basic Form, Severability of interest included, ,Common elements are included on the master policy, FL Statue 718 - Walls Out (up to dry wall), Inflation Guard included , Severability of interest included, Property manager included on Fidelity Bond

Date of last appraisal _May 1, 2021 - if you need a copy please contact unit owner and property management company
• Insurance policies – please see Certificate of Insurance, if you need copy of the policies please contact unit owner & property manager
See Attached...

CERTIFICATE HOLDER

Proof of Insurance

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

AGENCY CUSTOMER ID: CENTPAR-10

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Acentria Insurance - ASI - Miami	Century Park Condominium No. 2 Association Inc c/o Gables Professional Mgt 3934 SW 8 TH ST Suite 303 Coral Gables FL 33134
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

- Budgets - please contact unit owner & property manager
- Financial reports- please contact unit owner & property manager
- Reserve studies and funding schedules- please contact unit owner & property manager
- Documentation regarding special assessments - please contact unit owner & property manager
- Documentation about litigation or alternative dispute resolution - please contact unit owner & property manager
- Building inspection reports- please contact unit owner & property manager

Property: 8930 W flagler St Suite #211 Miami, FL 33174