

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2026

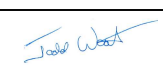
PRODUCER AssuredPartners of FL dba Mack, Mack & Waltz Ins. 1211 S. Military Trail, Ste. 100 Deerfield Beach, FL 33442 (954) 640-6225	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Middle River Homes Condominium Association, Inc. c/o * 2912 NE 8th Terrace Oakland Park, FL 33334	INSURERA: Westchester Surplus Lines Insurance	
	INSURERB: American Coastal Insurance Company	
	INSURERC: Travelers Casualty & Surety Co.	
	INSURERD:	
	INSURERE:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <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	GLWF17548591 003	03/17/2026	03/17/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included BI & PD Ded 5,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
B C	OTHER Property * Crime	AMC-33049-10 108364896	03/17/2026 10/16/2026	03/17/2027 03/17/2027	Residential TIV: \$11,741,308 Employee Dishonesty: \$312,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Info Only info Only , Info Only , Info Only , FL 33334
 112 Unit Condominium Association.
 * Special Form; Replacement Cost; Coinsurance: Agreed Amount; Deductibles: \$5,000 AOP & 5% Hurricane CY; Equipment Breakdown Included; Ordinance or Law A, B & C Included; Inflation Guard not available.

CERTIFICATE HOLDER Info Only Info Only Info Only, FL 33334 Loan Number: N/A	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

!!STOP AND READ!!

QUESTION	RESPONSE
Is Building Ordinance & Law coverage included (Part A, B & C)?	See Evidence of Insurance
Is Inflation Guard included?	See Evidence of Insurance
Is the Hazard Insurance written on a Replacement Cost or 100% Replacement Cost Basis?	See Evidence of Insurance Policy Language does not reflect 100% replacement cost.
Is there a coinsurance clause or an Agreed Amount endorsement?	See Evidence of Insurance
What is the Wind/Hurricane, All Other Wind, and/or All Other Peril deductible?	See Evidence of Insurance
How many units does the policy cover?	See Evidence of Insurance
Is Equipment Breakdown included?	See Evidence of Insurance
Will you provide a copy of the commercial building valuation report (insurance appraisal)?	No, due to privacy laws. Please contact the association to obtain.
Will you provide a copy of policies?	No, due to privacy laws. Please contact the association to obtain.
We require the Crime / Employee Dishonesty limit to be a higher.	We do not take requests from lenders; the association will need to send us a request in writing to amend the limit.
Does the property policy include walls-in coverage?	Condominium coverage provided as per Florida Condominium Statute 718. For all other Associations, coverage provided per the By-Laws of the Association.
Is Separation of Insureds/Severability of Interests included?	See Evidence of Insurance
What is the cancellation clause?	Applies per Florida Law
Is the Property Manager covered under the Associations' crime policy?	See Evidence of Insurance
Why doesn't the flood declarations page show the flood zone?	FEMA/NFIP no longer relies on the flood zone for rating, but rather the FEMAINFIP rating algorithm engine and geolocation in relation to water, the flood zone is no longer listed on the declaration page per NFIP guidance.

Master Addendum

Named Insured:	Middle River Homes Condominium Association, Inc.	
Coverage:	Property Coverage	
Terms:	Replacement Cost; Special Form; Agreed Amount; Ordinance or Law and Equipment Breakdown included	
Deductibles:	\$5,000 AOP; 5% Hurricane per Cal Year	
Carrier:	American Coastal Insurance Company	
Policy Number:	AMC-33049-10	
Effective Date:	03/17/2026 to 03/17/2027	
Location	Building Limits	Number of units
2904 NE 8th Terrace	\$837,839	8
2907 NE 8th Terrace	\$1,163,316	12
2908 NE 8th Terrace	\$837,839	8
2910 NE 8th Terrace	\$837,839	8
2911 NE 8th Terrace	\$837,839	8
2912 NE 8th Terrace	\$837,839	8
2914 NE 8th Terrace	\$837,839	8
2915 NE 8th Terrace	\$837,839	8
2916 NE 8th Terrace	\$837,839	8
2918 NE 8th Terrace	\$837,839	8
2920 NE 8th Terrace	\$1,163,316	12
2945 NE 8th Terrace	\$837,839	8
2965 NE 8th Terrace	\$837,839	8
2902 NE 8th Terrace	\$52,697	Cabana Building
2902 NE 8th Terrace	\$65,000	Swimming Pool
2902 NE 8th Terrace	\$16,500	Patio/Deck
2902 NE 8th Terrace	\$8,400	Pool Equipment w/ Shelter
2902 NE 8th Terrace	\$14,700	Site Lighting
2902 NE 8th Terrace	\$8,000	Trash Enclosures
2902 NE 8th Terrace	\$8,000	Trash Enclosure
2902 NE 8th Terrace	\$8,000	Trash Enclosure
2902 NE 8th Terrace	\$8,000	Trash Enclosure
2902 NE 8th Terrace	\$8,000	Trash Enclosure
2902 NE 8th Terrace	\$9,150	Mailboxes
Total Insurable Value	\$ 11,741,308.00	112