

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/5/2026

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 Commercial Lines - 305-443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Miagcerts PHONE (A/C. No. Ext): 305-443-4886 E-MAIL ADDRESS: Miagcerts@usi.com	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Madison Downtown Condominium Association, Inc 800 North Miami Avenue Miami, FL.33136	INSURER A: Westchester Surplus Lines Ins. Co.	NAIC # 10172
	INSURER B: See attached	
	INSURER C: Midvale Indemnity Company	27138
	INSURER D: Continental Casualty Company	20443
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 778481**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"/> 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 OTHER:			FGF10140	3/8/2026	3/8/2027	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 \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FGF10140	03/08/2026	03/08/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP229824000021460663	3/8/2026	3/8/2027	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Boiler & Machinery			8037887745	03/08/2026	03/08/2027	\$89,575,868

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

Unit Owner Name: Master Certificate of Insurance
 Address: 800 North Miami Avenue
 Miami, FL.33136

CERTIFICATE HOLDER

Madison Downtown Condominium Association Inc
 800 North Miami Avenue
 Miami, FL.33136
 United States

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

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ACORD 25 (2016/03)

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BJD84944707
POLICY PERIOD: Effective Date: 3/8/2026 Expiration Date: 3/8/2027
Limit: \$ 750,000

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: StarNet Insurance Company
POLICY NUMBER: QDO00215401
POLICY PERIOD: Effective Date: 3/8/2026 Expiration Date: 3/8/2027
Limit: \$ 1,000,000



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/5/2026

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 Commercial Lines - 305-443-4886 USI Insurance Services LLC 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133		PHONE (A/C, No, Ext): 		COMPANY MS Transverse Specialty Ins Co	
FAX (A/C, No): 		E-MAIL ADDRESS: 		LOAN NUMBER 	
CODE: 		SUB CODE: 		POLICY NUMBER TSAHPR0007223-01	
AGENCY CUSTOMER ID #: 		INSURED Madison Downtown Condominium Association, Inc 800 North Miami Avenue Miami ,FL.33136		EFFECTIVE DATE 5/8/2025	
				EXPIRATION DATE 5/8/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
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	BASIC	BROAD	SPECIAL
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COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

see attached for coverage information.


REMARKS (Including Special Conditions)

Unit Owner Name: Master Certificate of Insurance
Address: 800 North Miami Avenue
Miami ,FL.33136

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 Madison Downtown Condominium Association Inc 800 North Miami Avenue Miami ,FL.33136 , United States	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE United States	<input type="checkbox"/> LOSS PAYEE
	LOAN # 		
	AUTHORIZED REPRESENTATIVE 		

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: MS Transverse Specialty Ins Co
POLICY NUMBER: TSAHPR0007223-01
POLICY PERIOD: Effective Date: 5/8/2025 Expiration Date: 5/8/2026
Business Income: Extra Expense:
 Blanket Limit Applies
 Replacement Cost Special Basic
Remark(s):
Ordinance or Law: A
B&C : \$1,000,000 Combined

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	800 North Miami Avenue., Miami FL 33136	\$ 25,674,216	152	5%	\$ 10,000	Agreed Value
2	850 North Miami Avenue., Miami FL 33136	\$ 35,042,600	203	5%	\$ 10,000	Agreed Value

EXCESS FLOOD

Not Covered
