# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/02/2026

**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 | CONTACT NAME: www.EOIDirect.com | |
|---|---|---|
| Brown & Brown Insurance Services, Inc.<br>1201 W Cypress Creek Rd<br>Suite 130<br>Fort Lauderdale FL 33309 | PHONE (A/C, No, Ext): (877) 456-3643 | FAX (A/C, No): (954) 776-4446 |
| | E-MAIL ADDRESS: Help@EOIDirect.com | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Bayshore Embassy Condominium, Inc.<br>C/O Amazing Management Professional<br>PO Box 39146<br>Ft Lauderdale FL 33339 | INSURER A : Berkley Specialty Insurance Company | 31295 |
| | INSURER B : Greenwich Insurance Company | 22322 |
| | INSURER C : Travelers Casualty and Surety Company of America | 31194 |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 25-26 COI **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 | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | CGL014897324 | 12/31/2025 | 08/31/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>[ ] | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ Included<br>$ |
| A | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | CGL014897324 | 12/31/2025 | 08/31/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>[ ] | $ 1,000,000<br>$<br>$<br>$<br>$ |
| B | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 0 | | | PPP7492660 | 12/31/2025 | 08/31/2026 | EACH OCCURRENCE<br>AGGREGATE<br>[ ] | $ 5,000,000<br>$ 5,000,000<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | [ ] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |
| C | Crime | | | 108405889 | 12/31/2025 | 08/31/2026 | Limit | $850,000 |

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

Condominum Association located at 550 Bayshore Drive Fort Lauderdale, FL 33304 consisting of 64 Units.
See NOTEPAD for Property abd Directors & Officers policy information.

**CERTIFICATE HOLDER**

Bayshore Embassy Condominium, Inc.
C/O Amazing Management Profess
PO Box 39146
Ft Lauderdale FL 33339

**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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AGENCY CUSTOMER ID: 00255828

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Brown & Brown Insurance Services, Inc. | Bayshore Embassy Condominium, Inc. |
| 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: Notes

PROPERTY
Eff 8/31/2025 to 8/31/2026
Carriers & Policy #'s:
AXIS Surplus Insurance Company - P00100174001101
Gotham Insurance Company - PR202500007425
Cause of Loss: Special Form
Coinsurance: Waived
Valuation: Replacement Cost
Deductibles:
Named Storm - 5% of the value per unit of insurance at the time the loss or damage occurs $100,000 minimum
All Other Wind - $100,000 Per Occurrence
All Other Perils - $10,000 Per Occurrence
Ordinance or Law: A – Included / B&C – Combined Sublimit $1,000,000

Schedule
Building $11,893,400
Pool & Equipment $86,000
Pool Patio $28,500
Pool Fencing $18,600
Personal Property $100,000
Pool Equipment Shelter $8,600
Chain Fencing $4,000
Site Lights $9,600
TOTAL INSURABLE VALUE: $12,148,700

EQUIPMENT BREAKDOWN
Eff 8/31/2025 to 8/31/2026
Carrier: XL Insurance America, Inc
Policy #: US00157133PR25A
Limit: $12,148,700
Deductible: $10,000

DIRECTORS & OFFICERS
Eff 12/31/2025 to 8/31/2026
Carrier: Greenwich Insurance Company
Policy #: PDO7492660
Limit: $1,000,000 / Retention: $2,500


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WRIGHT
Wright National Flood Insurance Company Flood

A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 1025
5102110
5/06/26
2000 11523 FLD RCBP

# FLOOD DECLARATIONS PAGE

AMENDED EFFECTIVE: 5/10/26

National Flood Insurance Policy

| Policy Number | NFIP Policy Number | Product Type: |
|---|---|---|
| 09 1151232293 11 | 1151232293 | Residential Condominium Building Policy Form |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|---|---|---|---|
| From: 5/10/26 To: 5/10/27 12:01 am Standard Time | 05/06/2026 | 0702834 | 1151232293 |

Agent (954)776-2222
BROWN & BROWN INSURANCE
SERVICES INC
PO BOX 5727
FT LAUDERDALE FL 33310-5727

EDOCS.NULL@BBROWN.COM

BAYSHORE EMBASSY CONDOMINUM
PO BOX 39146
FT LAUDERDALE FL 33339-9146

**Property Location (if other than above)** **Address may have been changed in accordance with USPS standards.**
550 BAYSHORE DR, CONDOMINIUM, FT LAUDERDALE FL 33304

## Rating Information

Rate Category: Rating Engine
Primary Residence: N
Building Occupancy: Residential Condominium Building
Building Description: Entire Residential Condo Building

Property Description: Slab on Grade, 5 floors

Flood Risk: AE
First Floor Height: 1.3 ft
Method Used to Determine First Floor Height: Elevation Certificate
Date of Construction: 01/01/1970
Prior NFIP Claims: 0
Number of Units: 64
Replacement Cost Value: 12,193,900

| Coverage | | Deductible | Annual Premium |
|---|---|---|---|
| BUILDING | $12,800,000 | $1,250 | $34,389.00 |
| CONTENTS | NO CONTENTS COVERAGE | INSURED DECLINED CONTENTS COVERAGE | $0.00 |

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

***Coverage limitations may apply. See your Policy form for details.***
Coinsurance penatly may apply. See your Policy Form for Details

| | |
|---|---|
| ICC Premium: | $75.00 |
| Mitigation Discount: | $1,710.00 |
| Community Rating Discount: | $4,884.00 |
| FULL RISK PREMIUM: | $27,870.00 |
| Statutory Discounts | |
| Annual Increased Cap Discount: | $9,543.00 |
| DISCOUNTED PREMIUM: | $18,327.00 |
| Reserve Fund Assessment: | $3,299.00 |
| Federal Policy Service Fee: | $1,580.00 |
| HFIAA Surcharge | $250.00 |
| REVISED TOTAL ANNUAL PAYMENT | $23,456.00 |

## THIS IS NOT A BILL

Premium Paid by: Insured

## Forms and Endorsements:

FFL 99.310 0224 0224 WFL 99.416 1021 1021 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

070283409115123229326126 0000F

Insured

FFL99.001 1025
5102110
5/06/26

09 1151232293 11

Agent (954)776-2222
BROWN & BROWN INSURANCE
SERVICES INC
PO BOX 5727
FT LAUDERDALE FL 33310-5727

**Dear Mortgagee:** The Reform Act of 1994 require you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

**The above message applies only when there is a mortgagee on the insured location.**

**Special Provisions:**

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Policy Form

For questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit FloodSmart.gov/floodcosts.

Claims Information:
Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit floodsmart.gov/flood to learn more about flood insurance.

0702834091151232293261 26 0000F

**Insured**