Client#: 2051264 PINNACON17

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/05/2024

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 any rights to the certificate holder in lieu of such endorsement(s)

tilis certificate does not cor	ner any rights to the certificate floider in	ned of such endorsement(s).		
PRODUCER		CONTACT Daniel Braddock		
USI Insurance Services, LLC 2400 East Commercial Blvd.		PHONE (A/C, No, Ext): 954 607-4000	FAX (A/C, No): 954 60	7-4010
		E-MAIL ADDRESS: daniel.braddock@usi.com		
954 607-4000	_	INSURER(S) AFFORDING COVER	RAGE	NAIC#
Fort Lauderdale, FL 33308		INSURER A: Transverse Specialty Insurance Con	npany	41807
INSURED	he Pinnacle Condo Association 7555 Collins Avenue	INSURER B : Citizens Property Insurance Corpor	ation	10064
		INSURER C:		
		INSURER D:		
Miami, FL 3316	Miami, FL 33160	INSURER E :		
		INSURER F:		
COVERACES	CEDTIFICATE MI IMPED.	DEVISION NI	IMPED.	

COVERAGES	CERTIFICATE NUMBER:	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 S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	
	OTHER:						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	AND EMPLOYER'S LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
Α	Property			TSAHPR000550801	05/31/2024	05/31/2025	\$99,728,578	
В	Windstorm			097334943	05/31/2024	05/31/2025	\$97,184,000	
								ŀ
DESC	DIDTION OF ODER ATIONS / LOCATIONS / VEHIC	CLEC /A	COBD	101 Additional Remarks Schodule, may	he attached if me	ro ongo io rogu	irad	

For the property located at 17555 Collins Avenue, Miami, FL 33160. Property Cause of loss

Special Form. Valuation is Replacement Cost. Co-Insurance N/A. Ordinance or Law Coverage A Included, B&C Combined Sublimit \$1,000,000.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	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
	Au -
	O 1000 COLE ACCEPT CORROBATION AND LLC

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DESCRIPTIONS (Continued from Page 1)
Per the Florida Condominium Statute, coverage is bare walls out, so unit owners should purchase a HO-6 policy.
Windstorm Policy from Citizens. Policy Number: 097334943 Term is 05/31/2024 05/31/2025. It is valued at replacement cost. TIV is \$97,184,000. Windstorm coverage breakdown: Condominiums - \$90,508,000
Garage - \$6,358,000 Pool - \$173,000 Spa/Sauna - \$98,000 Tennis Courts - \$47,000
A minimum of 10-day cancellation notice applies for non-payment of premium, minimum of 30-day notice for all other cancellation reasons for all policies.
Deductibles: Windstorm is a 5% Calendar Year Hurricane Percentage Deductible, and a 5% Windstorm or Hail Deductible. Property, All Other Perils \$10,000 Per Occurrence and Water Damage \$100,000 Per Occurrence.