Client#: 2051264 PINNACON17

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/03/2024

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).

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PRODUCER	CONTACT Bethann Alwine					
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 954 607-4000 FAX (A/C, No): 954 607-4	010				
2400 East Commercial Blvd.	E-MAIL ADDRESS:					
954 607-4000	INSURER(S) AFFORDING COVERAGE	NAIC#				
Fort Lauderdale, FL 33308	INSURER A: Multiple Carrier Participation					
INSURED The Dimmeda Condo Accesiation	INSURER B:					
The Pinnacle Condo Association 17555 Collins Avenue	INSURER C:					
	INSURER D:					
Miami, FL 33160	INSURER E:					
	INSURER F:					
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						

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
	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 AUTOS ONLY 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 Y/N						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Property w/ Wind			AHAR17609-00	06/30/2024	06/30/2025	\$99,728,578	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For the property located at 17555 Collins Avenue, Miami, FL 33160. Property Cause of loss Special Form including windstorm coverage. Valuation is Replacement Cost. Co-Insurance N/A. Ordinance or Law Coverage Included.

Per the Florida Condominium Statute, coverage is bare walls out, so unit owners should purchase a HO-6 (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 -

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DESCRIPTIONS (Continued from Page 1)

policy.

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:

5% Named Storm Deductible All Other Wind/Hail: \$50,000 Per Occurrence Water Damage \$100,000 Per Occurrence. All Other Perils \$10,000 Per Occurrence

Layer 1 Carrier Listing:

QBE Specialty Insurance Company | Pol # AHAR17609-00
Princeton Excess & Surplus Lines Insurance Company | Pol # 3DA3CM0004234-00
Steadfast Insurance Company | Pol # CPP4224638
Transverse Specialty Insurance Company | Pol # TSAHPR0005797-01
Lloyds of London, Syndicate RNR 1458 | Pol # B1180D2419342232
Hamilton Insurance DAC | Pol # B1180D2415901233

Layer 2 Carrier Listing:

BE Specialty Insurance Company | Pol # AHAR17610-00 Steadfast Insurance Company | Pol # XPP4224639 Transverse Specialty Insurance Company | Pol # TSAHPR0005798-01 Lloyds of London, Syndicate RNR 1458 | Pol # B1180D2419342233 Hamilton Insurance DAC | Pol # B1180D2415901234