



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2025

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 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 Acentria Insurance 2700 N. Military Trail, Suite 120 Boca Raton, FL 33431 (561) 877-1922	CONTACT NAME: Bryan Rubin PHONE (A/C, No, Ext): (561) 877-1922 FAX (A/C, No): E-MAIL ADDRESS: brubin@legacyinsuranceassociates.com														
INSURED Mariner Village Townhouse Condominium Assoc, Inc. c/o Green Community Management 20907 Leeward Court 253 Aventura, FL 33180	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Universal Fire & Casualty Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B: Greenwich Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C: Philadelphia Indemnity Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER D: American Coastal Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E: Travelers Excess And Surplus Lines Co</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Universal Fire & Casualty Ins. Co.		INSURER B: Greenwich Ins. Co.		INSURER C: Philadelphia Indemnity Ins. Co.		INSURER D: American Coastal Insurance Company		INSURER E: Travelers Excess And Surplus Lines Co		INSURER F:	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			01-CGL-105500-02	09/01/2024	09/01/2025	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 Deductible \$ 500
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			01-CGL-105500-02	09/01/2024	09/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PPP7489348	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers			PCAP045329-0124	09/01/2024	09/01/2025	Limit - \$1,000,000
C	Crime			PCAC021982-0124	09/01/2024	09/01/2025	Limit - \$500,000
D	Property			AMC3918400	11/28/2024	11/28/2025	Total Insured Value - \$19,795,938

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

Wendy Sosa, 20907 Leeward Court Unit # 251, Aventura, FL 33180
 Location: 20900 Leeward Ct - 20944 Bay Ct, Aventura, FL 33180 / 12 Buildings / 96 Units / Walls-Out Coverage
 D: Deductibles -Special / 5% Calendar Year Hurricane / \$5,000 All other Perils / No Coinsurance / Replacement Cost
 E: Boiler & Machinery: BME18X49447ATXS24 Limit \$16,449,373 Deductible \$2,500

CERTIFICATE HOLDER

Carrington Mortgage Services, LLC ISAOA/ATIMA
 1st Mortgagee
 P.O. Box 692408
 San Antonio, TX 78269
 Loan Number: 3000003563

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

Brandon Levy

Location Schedule:

1	20937 Bay Court	8 Units/2 Stories
2	20941 Bay Court	8 Units/ 2 Stories
3	20945 Bay Court	8 Units/ 2 Stories
4	20900 Leeward Court	8 Units/ 2 Stories
5	20904 Leeward Court	8 Units/ 2 Stories
6	20908 Leeward Court	8 Units/ 2 Stories
7	20911 Leeward Court	8 Units/ 2 Stories
8	20907 Leeward Court	8 Units/ 2 Stories
9	20903 Leeward Court	8 Units/ 2 Stories
10	20936 Bay Court	8 Units/ 2 Stories
11	20940 Bay Court	8 Units/ 2 Stories
12	20944 Bay Court	8 Units/ 2 Stories