



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2024

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

| <b>PRODUCER</b><br>Commercial Lines - 305-443-4886<br><br>USI Insurance Services LLC<br>201 Alhambra Circle, Ste 900<br>Coral Gables, FL 33134 | <b>CONTACT NAME:</b> USI Insurance Services<br><b>PHONE (A/C, No, Ext):</b> 305-443-4886 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> Miagcerts@usi.com  |                               |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
|--|---|-------------------------------|--|--------|--|--|-------|--------------------------------|--|--|--|--|-------|---|--|-------|-------------------|--|--|-------------------|--|--|
| <b>INSURED</b><br>Winston Towers 100 Assn.Inc.<br>250 174th St.<br><br>Sunny Isles Beach FL 33160  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Westchester Surplus Lines Ins. Co.</td> <td></td> <td style="text-align: center;">10172</td> </tr> <tr> <td><b>INSURER B:</b> See attached</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Zenith Insurance Company</td> <td></td> <td style="text-align: center;">13269</td> </tr> <tr> <td><b>INSURER D:</b> Travelers Excess and Surplus Lines Co</td> <td></td> <td style="text-align: center;">29696</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | <b>INSURER A:</b> Westchester Surplus Lines Ins. Co. |  | 10172 | <b>INSURER B:</b> See attached |  |  | <b>INSURER C:</b> Zenith Insurance Company |  | 13269 | <b>INSURER D:</b> Travelers Excess and Surplus Lines Co |  | 29696 | <b>INSURER E:</b> |  |  | <b>INSURER F:</b> |  |  |
| INSURER(S) AFFORDING COVERAGE  |   | NAIC #                        |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER A:</b> Westchester Surplus Lines Ins. Co.   |   | 10172                         |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER B:</b> See attached   |   |                               |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER C:</b> Zenith Insurance Company   |   | 13269                         |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER D:</b> Travelers Excess and Surplus Lines Co  |   | 29696                         |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER E:</b>  |   |                               |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |
| <b>INSURER F:</b>  |   |                               |  |        |  |  |       |                                |  |  |  |  |       |   |  |       |                   |  |  |                   |  |  |

**COVERAGES**
**CERTIFICATE NUMBER: 737543**
**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 SUBR |     | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|-----------|-----|-------------------|-------------------------|-------------------------|---|--------------|
|          |   | INSD      | WVD |                   |                         |                         |   |              |
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |     | G48638818 001     | 06/15/2024              | 06/15/2025              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |   |           |     |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|          |   |           |     |                   |                         |                         | MED EXP (Any one person)                  | \$           |
|          |   |           |     |                   |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |   |           |     |                   |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |   |           |     |                   |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |   |           |     |                   |                         |                         | Deductible                                | \$ 5,000     |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                |           |     | G48638818 001     | 06/15/2024              | 06/15/2025              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          |   |           |     |                   |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |   |           |     |                   |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |   |           |     |                   |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |           |     |                   |                         |                         |   | \$           |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |     |                   |                         |                         | EACH OCCURRENCE                           | \$           |
|          |   |           |     |                   |                         |                         | AGGREGATE                                 | \$           |
|          |   |           |     |                   |                         |                         |   | \$           |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A | Z126427910        | 1/1/2024                | 1/1/2025                | PER STATUTE                               | \$ 500,000   |
|          |   |           |     |                   |                         |                         | E.L. EACH ACCIDENT                        | \$ 500,000   |
|          |   |           |     |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 500,000   |
|          |   |           |     |                   |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 500,000   |
| D        | Equipment Breakdown   |           |     | BME19T894579TXS24 | 6/15/2024               | 6/15/2025               | \$96,445,199<br>Ded.: \$5,000             |              |

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

Unit Owner Name: Winston Towers 100 Association, Inc.  
 Address: 250 174th St., Sunny Isles Beach, FL 33160

Description:  
 Master certificate of insurance. For information purposes.

**CERTIFICATE HOLDER**

Winston Towers 100 Association, Inc.  
 250 174th St.  
 Sunny Isles Beach, FL 33160

**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: Philadelphia Indemnity Insurance Company  
POLICY NUMBER: PCAC018840-0223  
POLICY PERIOD: Effective Date: 6/15/2024 Expiration Date: 6/15/2025  
Limit: \$ 1,000,000  
Remark(s):  
Deductible: \$5,000

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**DIRECTORS & OFFICERS LIABILITY**

INSURANCE CARRIER: Travelers Casualty and Surety Co. of America  
POLICY NUMBER: 107653923  
POLICY PERIOD: Effective Date: 6/15/2024 Expiration Date: 6/15/2025  
Limit: \$ 1,000,000

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**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

6/25/2024

**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.**

|  |  |                                    |  |  |  |
|--|--|------------------------------------|--|--|--|
| <b>AGENCY</b><br>Commercial Lines - 305-443-4886<br>USI Insurance Services LLC<br>201 Alhambra Circle, Ste 900<br>Coral Gables, FL 33134 |  | <b>PHONE (A/C, No, Ext):</b>       |  | <b>COMPANY</b><br>Certain Underwriters at Lloyds of London     |  |
| <b>FAX (A/C, No):</b>  |  | <b>E-MAIL ADDRESS:</b>             |  |  |  |
| <b>CODE:</b>   |  | <b>SUB CODE:</b>                   |  |  |  |
| <b>AGENCY CUSTOMER ID #:</b>   |  |                                    |  |  |  |
| <b>INSURED</b><br>Winston Towers 100 Assn.Inc.<br>250 174th St.<br>Sunny Isles Beach FL 33160  |  | <b>LOAN NUMBER</b>                 |  | <b>POLICY NUMBER</b><br>S2305050410401                         |  |
|  |  | <b>EFFECTIVE DATE</b><br>5/31/2024 |  | <b>EXPIRATION DATE</b><br>5/31/2025                            |  |
|  |  |                                    |  | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |  |
| <b>THIS REPLACES PRIOR EVIDENCE DATED:</b>   |  |                                    |  |  |  |

**PROPERTY INFORMATION**

|  |
|--|
| <b>LOCATION/DESCRIPTION</b><br>Bldg: 1<br>Location: 250 174th St. Sunny Isles Beach FL 33160<br>Total # Units: 408   |
| 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 |
|----------------|-------|-------|---------|

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

see attached for coverage information.


**REMARKS (Including Special Conditions)**

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|--|
| Unit Owner Name: Winston Towers 100 Association, Inc.<br>Address: 250 174th St., Sunny Isles Beach, FL 33160<br><br>Description:<br>Master certificate of insurance. For information purposes. |
|--|

**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**

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| <b>NAME AND ADDRESS</b><br>Winston Towers 100 Association, Inc.<br>250 174th St.<br>Sunny Isles Beach, FL 33160           | <input type="checkbox"/> ADDITIONAL INSURED | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
|   | <input type="checkbox"/> MORTGAGEE          |  |                                     |
|   | <b>LOAN #</b>                               |  |                                     |
| <b>AUTHORIZED REPRESENTATIVE</b><br> |   |  |                                     |

**PROPERTY/HAZARD SCHEDULE**

INSURANCE CARRIER: Certain Underwriters at Lloyds of London  
POLICY NUMBER: S2305050410401  
POLICY PERIOD: Effective Date: 5/31/2024 Expiration Date: 5/31/2025  
Business Income: Extra Expense:  
[ ] Blanket Limit Applies  
[ X ] Replacement Cost [ ] Special [ ] Basic  
Remark(s):  
Wind Sub-Limit: \$5,000,000  
Ordinance or Law: Coverage A - Included  
B & C Combined: \$250,000

| Bldg | Location                                    | Limit         | Total # Units | Hurricane Ded | AOP Ded  | Coins % |
|------|---|---------------|---------------|---------------|----------|---------|
| 1    | 250 174th St. Sunny Isles Beach FL<br>33160 | \$ 90,135,700 | 408           | 5% NS         | \$ 5,000 | NIL     |

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**FLOOD**

INSURANCE CARRIER: Wright National Flood Ins Co, [ X ] Replacement Cost, Flood Zone: AE

| Bldg | Location                                    | Limit         | Total # Units | Policy#        | Deductible | Policy Period       |
|------|---|---------------|---------------|----------------|------------|---------------------|
| 1    | 250 174th St. Sunny Isles Beach FL<br>33160 | \$ 93,040,000 | 408           | 09115218115202 | \$ 1,250   | 6/17/2024-6/17/2025 |

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**WRAP AROUND**

INSURANCE CARRIER: ---  
POLICY NUMBER:  
POLICY PERIOD: Effective Date: Expiration Date:  
[ ] See Property/Hazard Schedule for Location & Limits [ ] Special

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**EXCESS FLOOD**

Not Covered

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