



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/25/2026

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 RSC Insurance Brokerage, Inc. 160 Federal St., 4th Floor Boston MA 02110	CONTACT NAME: EOI Direct - https://eoidirect.com/ PHONE (A/C, No. Ext): (877) 456-3643 E-MAIL ADDRESS: help@eoidirect.com FAX (A/C, No):
INSURED Delkus Towers Condominium Association, Inc. 6725 Harding Ave Miami Beach FL 33141	INSURER(S) AFFORDING COVERAGE INSURER A: Westchester Surplus Lines Insurance Co INSURER B: CINCINNATI INSURANCE COMPANY* INSURER C: American Coastal Insurance Company INSURER D: Scottsdale Insurance Company INSURER E: Pennsylvania Manufacturers' Association Insurance INSURER F:

License#: BR-870184
DELKTOW-01**COVERAGES****CERTIFICATE NUMBER:** 1326203698**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			GLWF19141834 001	8/15/2026	8/15/2027	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 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
E	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	2025011104769Y	8/15/2026	8/15/2027	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B C D	Directors and Officers Property Including Wind/Hail Propert Excluding Wind			EMO0725283 AMC-40855-00 CPS8500407	8/15/2026 8/15/2026 8/15/2026	8/15/2027 8/15/2027 8/15/2027	D&O \$1,000,000 See Remark Page See Remark Page

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

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Information Only

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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ADDITIONAL REMARKS SCHEDULE

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED Delkus Towers Condominium Association, Inc. 6725 Harding Ave Miami Beach FL 33141
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

6725 Harding Avenue - Miami Beach FL 33141
 6729 Harding Avenue - Miami Beach FL 33141
 6730 Harding Avenue - Miami Beach FL 33141
 6731 Harding Avenue - Miami Beach FL 33141
 6732 Harding Avenue - Miami Beach FL 33141

Insurer B: Directors & Officers
 Cincinnati Insurance Company
 Eff: 8/15/2024 - 8/15/2027 - 3yr Term
 Limit of Liability - \$1,000,000

Insurer C: Property Including Wind / Hail
 American Coastal Insurance Company
 Special, \$7.84M limit, \$10K AOP / 5% Hurr. Ded, RCV, EB incl
 Ordinance or Law – A, B & C Combined: 2.5% per Building.

Insurer D: Property excluding Wind
 Scottsdale Insurance Company
 Eff: 8/15/2026 - 8/15/2027
 Property in the Open –Pool Equipment Shower,
 Entry Fencing Walls, Metal Fencing, Gate, Perimeter Fencing, Gate.
 Special | ACV | 80% Co-ins | \$1,000 AOP Deductible

Insurer F: Crime
 Philadelphia Indemnity Insurance Company
 Eff: 8/15/2026 - 8/15/2027
 Property Manager is included
 Limits: \$25,000 / Deductible: \$250

Insurer G:
 Flood
 Wright National Flood Insurance Company
 10/21/2026 - 10/21/2027
 Building Limits: \$336,000 | Deductible: \$1,250



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
0088796
8/24/26
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1150123875 17	1150123875	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/21/26 To: 10/21/27 12:01 am Standard Time	08/24/2026	0088796	1150123875

Agent (954)883-2900
RISK STRATEGIES COMPANY
PO BOX 279814
MIRAMAR FL 33027-9814

DELKUS TOWERS CONDO ASSN INC
6725 HARDING AVE
MIAMI BEACH FL 33141-5740

SHIRLEY.SCOTT@RISK-STRATEGIES.COM
Property Location (if other than above)
6725 HARDING AVE, MIAMI BEACH FL 33141

Address may have been changed in accordance with USPS standards.

Rating Information

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

Flood Risk: AE
First Floor Height: 2.4 ft
Method Used to Determine First Floor Height: Elevation Certificate
Date of Construction: 01/01/1981
Prior NFIP Claims: 0
Number of Units: 32
Replacement Cost Value: 7,336,000

Property Description: Elevated with enclosure on
posts/piles/piers, 5 floors

Coverage	Deductible	Annual Premium
BUILDING	\$7,336,000	\$1,250
CONTENTS	\$21,000	\$1,250

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

ICC Premium: \$75.00
*Community Rating Discount: \$0.00
FULL RISK PREMIUM: \$20,770.00
Statutory Discounts
Annual Increased Cap Discount: \$2,765.00
DISCOUNTED PREMIUM: \$18,005.00
Reserve Fund Assessment: \$3,241.00
Federal Policy Service Fee: \$1,180.00
HFIAA Surcharge: \$250.00
TOTAL ANNUAL PAYMENT \$22,676.00

Coverage limitations may apply. See your Policy form for details.

Coinurance penatly may apply. See your Policy Form for Details

*Building is not eligible due to noncompliance

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

008879609115012387526236

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Company



FFL99.001 1025
0088796
8/24/26

09 1150123875 17

Agent (954)883-2900
RISK STRATEGIES COMPANY
PO BOX 279814
MIRAMAR FL 33027-9814

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.

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Company

