

FLORIDA FACE PAGE

Policy #: GLWF19141834 001

Insured's Name: Delkus Towers Condominium Association, Inc.

Policy Dates: From: 08/15/2026 To: 08/15/2027

Surplus Lines Agent's Name: Donald Deising

Surplus Lines Agent's Physical Address: 610 Crescent Executive Court
Lake Mary, FL 32746

Surplus Lines Agent's License #: P200293

Producing Agent's Name:

Producing Agent's Physical Address: 13450 West Sunrise Boulevard, Ste 370
Sunrise, FL 33323

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Policy Premium: \$6,816.00

SL Agent Policy Fee: \$250.00

Inspection Fee: \$160.00

Other Policy Fees: \$0.00

Tax: \$356.96

FSLSO Service Fee: \$2.17

EMPA Surcharge:

Surplus Lines Agent's Countersignature:

☐

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

☐

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



RT Specialty
5200 Town Center Circle
Suite 550
Boca Raton, FL 33486
Sandy Geist
754-255-7415

Confirmation of Insurance

August 19, 2026

RSC Insurance Brokerage, Inc.

Attn: Cesar Gomez
13450 West Sunrise Boulevard, Ste 370 Sunrise, FL 33323

Insured: Delkus Towers Condominium Association, Inc.
6725 Harding Ave
Miami Beach, FL 33141

Policy #: GLWF19141834 001

Policy Period: 08/15/2026 12:01 AM To 08/15/2027 12:01 AM

Coverage: Liability

Issuing Company: Westchester Surplus Lines Insurance Company

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy (please refer to the attached documents for specifics). All fees are fully earned at inception.

Please review all attached documents for details regarding any additional premium charges, minimum, deposit, audit and/or cancellation provisions.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

Regards,

Sandy Geist
Binding Authority Office President
RT Specialty
sandy.geist@rtspecialty.com
754-255-7415

Leslianne Leslie Henderson
Senior Inside Underwriter
RT Specialty
l.lesliehenderson@rtspecialty.com



RT Specialty
5200 Town Center Circle
Suite 550
Boca Raton, FL 33486
Sandy Geist
754-255-7415

Confirmation of Insurance

Cost Summary

General Liability Premium	\$6,816.00
Policy Fee	\$250.00
Inspection Fee	\$160.00
FL Surplus Lines Tax	\$356.96
FL Stamp Fee	\$2.17
Total Policy Cost	\$7,585.13

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the attached documents for more details on the minimum earned percentage.

Agent Commission: 12.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



RT Specialty
5200 Town Center Circle
Suite 550
Boca Raton, FL 33486
Sandy Geist
754-255-7415

Confirmation of Insurance

Subjectivities

- Signed and completed Acord Application
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- This quote is subject to receiving currently valued, acceptable loss runs for the last 3 policy terms, a signed no loss letter on the insured letterhead or a signed acord application stating no known losses prior to binding.
- Completed Surplus Lines Affidavit
- Signed and completed Supplemental Application
- A written request to bind coverage is required prior to binding
- Refer to Carrier Quote for terms, conditions, bind requirements, and forms/endorsements that will apply to this policy
- Please provide Inspection Contact Name and Phone Number at binding (email if available). Coverage is subject to a satisfactory inspection.

Westchester Specialty Insurance Services, Inc.
A Chubb Company

O 484 321 4108
www.chubb.com

3 Country View Road
Malvern, PA 19355

Dear Broker:

CHUBB®

Please advise your client that Westchester Specialty Insurance Services, Inc. (Westchester Specialty) is offering this non-admitted quote as a representative of the surplus lines insurance company shown on the attached quote document.

Westchester Specialty is not acting on behalf of your client and does not seek placements in other surplus lines markets.

We are required to provide the "Home State" as defined in the Non admitted and Reinsurance Reform Act (NRRA) upon binding of this placement. We will consider the Home State as the state shown as the principal/primary address for the first named insured on the application unless you advise us otherwise.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts
Westchester Specialty Insurance Services, Inc.



Quote Date: 08/14/2026 Policy Number: GLWF19141834 001
General Agent: RSG SPECIALTY LLC SIC Code:
Address: 1551 SAWGRASS CORPORATE
PKWY SUITE 20
SUNRISE, FL 33323
Agent Contact: Leslieanne Henderson Named Insured: Delkus Towers Condominium
Association, Inc.
DBA:
Address: 6725 Harding Ave
Miami Beach, FL 33141
Producer Code: Z02795
From Email: l.lesliehenderson@rtspecialty.com
Expiring Policy Number: New

Thank you for binding the captioned account. Please read this binder carefully, as the limits, coverage, exclusions, and any other terms and conditions may vary from those you requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this binder are not included. The terms and conditions of this binder supersede the submitted insurance specifications and all prior proposals and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

The binder has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this binder.

Effective Date:	08/15/2026	Expiration Date:	08/15/2027
Company:	Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)		
Coverage:	Commercial General Liability		

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

PREMIUM SUMMARY

Liability	\$6,816.00
Terrorism	\$0.00
Total Policy Premium	\$6,816.00

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

BIND CONDITIONS

☐ ☐ Retail Agency Commission	
☐ ☐ Minimum & Deposit	☒ ☐ Minimum Earned ☐ 25%
☐ ☐ Fully Earned	☒ ☐ COI from all Sub-Contractors or Vendors
☒ ☐ Favorable GL & Property Inspection Within 30 Days	☐ ☐ Auditable Annually
☒ ☐ Signed Application	☐ ☐ 3 Year Hard Copy Loss Runs
☒ ☐ Signed TRIA Form	☐ ☐ COI from Tenants
☐ ☐	

GENERAL LIABILITY

Limits

Deductible

General Aggregate	\$2,000,000	No Deductible
Products/Completed Operations Aggregate	Included	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$100,000	
Medical Expense	\$5,000	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 6725 Harding Ave, Miami Beach, FL 33141

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[62003] Condominiums - residential - [association	62003	Units	32	\$177.97	\$5,695	INCL	INCL	\$5,695

		risk only]								
1		[48925] Swimming Pools	48925	Each Pool	1	\$771.38	\$771	INCL	INCL	\$771
						The Total General Liability Classification Premium:			\$6,466	

ADDITIONAL COVERAGES

Description		Premium
(GLE0036) Hired and Non-Owned Auto Liability Coverage (\$1M Limit)		\$350

PROPERTY

SIC:

UNDERWRITER COMMENTS

- Quote is based on no losses in the past 3 years.
- Confirm rating basis prior to binding, rated based off 32 units shown on appraisal (vs. supp app showing 44 units)
- ALL UNITS MUST HAVE: Smoke detectors in each unit/ If window bars must have automatic safety release mechanism and must rekey locks prior to leasing to new tenants.
- Buildings over 2 stories must have 2 means of egress for each unit.
- No Seasonal/short term commercial rentals of any kind
- Swimming pool must be: Fenced with self-closing and self-locking gates at all entrances/exits. Clearly marked depth indicators. Adequate safety equipment that is easily accessible. VGB Pool & Spa Safety Act guidelines are met and maintained. No diving boards over 1 meter. No waterslides over 10 feet in height.
- Clubhouse exposure included in the GL rating.

PROHIBITED: Swimming pool with diving boards or slides. Unsprinklered buildings over 5 stories, sprinklered buildings 7 stories or more. Vacation rentals. Armed security employees or contractors on the premises (unarmed security guards must have Liability policy with equal or greater limits and have full A&B coverage). Developer on board, co-ops or timeshares, condotels, fitness centers or sports courts used by non residents. Occupancy rate exceed 60%/Pets over 25lbs are prohibited/55 or over community/more than 15% subsidized, vacation or student housing/Any housing authority/knob and tube, aluminum wiring or fuses/Assisted living facility.

FORMS

Form Number	Edition	Title
TRIA24a	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
Interline		
Form Number	Edition	Title
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23I	(10/24)	Signatures (Surplus Lines)
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730b	(04/23)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

General Liability

Form Number	Edition	Title
ALL39844	(10/23)	CHUBB PRIVACY NOTICE
AWB56803	(01/22)	EXCLUSION - ANIMALS
AWB0171	(02/16)	Premium Audit Endorsement
AWB55970	(07/21)	EMPLOYER'S LIABILITY EXCLUSION
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132	(05/09)	COMMUNICABLE DISEASE EXCLUSION

CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0036	(06/99)	HIRED AND NON-OWNED AUTO LIABILITY COVERAGE
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
AWB0110	(03/26)	CONTRACTOR OR SUBCONTRACTORS CONDITIONS AND SUBLIMIT ENDORSEMENT
CG2004	(11/85)	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047	(07/99)	CROSS SUIT EXCLUSION
IL0003	(09/08)	CALCULATION OF PREMIUM
AWB55969	(07/21)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
AWB0142	(07/16)	PRE-EXISTING OR PROGRESSIVE DAMAGE EXCLUSION
AWB0157	(09/15)	Exclusion Liquor Liability
AWB0163	(09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323	(06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
AWB56804	(01/22)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
LD45351	(03/16)	FUNGI OR BACTERIA EXCLUSION
ALL8W17b	(09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
AWB53568	(06/20)	TOBACCO OR TOBACCO-RELATED PRODUCTS OR ELECTRONIC VAPORIZER DEVICES
AWB53569	(06/22)	CANNABIS EXCLUSION
CG2173	(01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM

Attached please find TR-51520a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.

CHUBB Westchester Binding Common Policy Declarations

Westchester
A Chubb Company

Policy Number:	GLWF19141834 001	Renewal of:	New
Company Name:	Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)		
Named Insured & Mailing Address:	Delkus Towers Condominium Association, Inc. DBA: 6725 Harding Ave Miami Beach, FL 33141	Producer's Name & Address:	RSG SPECIALTY LLC 1551 SAWGRASS CORPORATE PKWY SUITE 20 SUNRISE, FL 33323
		Producer No.:	Z02795

General Policy Information And Policy Period

Form of Business:
When Coverage Begins: 08/15/2026
When Coverage Ends: 08/15/2027

Business Description: Residential Condo
12:01 A.M. Local Time at Named
Insured's Address
12:01 A.M. Local Time at Named
Insured's Address

In return for the payment of premium, and subject to all the terms and conditions of this policy, we agree to provide the insurance as stated in this policy.

The premium for this policy is indicated below next to the applicable Coverage Form(s).
Premiums may be subject to adjustment.

Coverage Form

General Liability	\$6,816.00
-------------------	------------

Total Policy Term Premium:	\$6,816.00
-----------------------------------	-------------------

Total Amount Due:	\$6,816.00
--------------------------	-------------------

Attached Forms Information

See Forms Schedule CPFS2

Date Issued:

These Declarations together with the Coverage Declarations, Common Policy Conditions and Coverage Conditions (if applicable), Coverage Form(s) and Forms and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Westchester Surplus Lines Insurance Company
Insurance Company

Delkus Towers Condominium Association, Inc.
Policyholder

GLWF19141834 001
Policy Number

RSG SPECIALTY LLC
Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You were notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY YOUR POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM THAT WOULD BE CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

You elected **NOT** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL **NOT** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of \$613, however you elected to decline such coverage.
--

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism".

B. The following definitions are added:

1. For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part.
2. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
 - a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and

- b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for injury or damage that is otherwise excluded under this Coverage Part.

Westchester Surplus Lines Insurance Company

INSURANCE COMPANY

11575 Great Oaks Way
Suite 200
Alpharetta, GA 30022

NOTICE

POLICY NO: GLWF19141834 001

NAME OF INSURED: Delkus Towers Condominium Association, Inc.

ADDRESS: 6725 Harding Ave
Miami Beach, FL 33141

We are pleased to enclose your policy for this account.

Please be advised that by binding this risk with the above referenced Surplus Lines Insurance Company, you agree that as the Surplus Lines Broker responsible for the placement of this insurance policy, it is your obligation to comply with all States Surplus Lines Laws including completion of any declarations/affidavits that must be filed as well as payment of any and all Surplus Lines taxes that must be remitted to the State(s). We will look to you for indemnification if controlling Surplus Lines Laws are violated by you as the Surplus Lines broker responsible for the placement.

You further confirm that any applicable state requirement concerning a diligent search for coverage by admitted carriers has been fulfilled in accordance with state law.

Thank you for this placement and your regulatory compliance.

Date: 08-14-2026

SIGNATURES

Named Insured Delkus Towers Condominium Association, Inc.			Endorsement Number LD5S2311024
Policy Symbol FS	Policy Number GLWF19141834 001	Policy Period 08-15-2026 to 08-15-2027	Effective Date of Endorsement
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

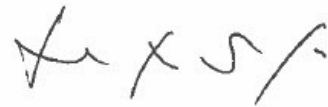
By signing and delivering the policy to you, we state that it is a valid contract.

ILLINOIS UNION INSURANCE COMPANY (A stock company)
525 W. Monroe Street, Suite 400, Chicago, Illinois 60661

WESTCHESTER SURPLUS LINES INSURANCE COMPANY (A stock company)
Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022



Brandon Peene, Secretary



Juan Luis Ortega, President

Authorized Representative