



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/6/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C. No. Ext): 305-262-5244	COMPANY NAME AND ADDRESS	NAIC NO: 10897
Acentria Insurance - ASI - Miami 3750 Nw 87 Ave Suite 700 Miami, FL 33178		First Protective Insurance Company 500 International Parkway Lake Mary, FL 32746	
		License#: L100460	
FAX (A/C. No): 786-393-6414	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #:		Property	
NAMED INSURED AND ADDRESS The Golfview Club at Fontainebleau Condominium #4 Inc 300 Aragon Avenue, Suite 370 Coral Gables FL 33134		LOAN NUMBER	POLICY NUMBER
		7259309538	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 05/01/2025	EXPIRATION DATE 05/01/2026
		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION	Residential Condominium Association- 77 Units and 1 Pool 9688 Fountainbleau Blvd, Miami FL 33172		
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	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 12,477,464			DED: \$5,000			
		YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE				<input checked="" type="checkbox"/>	If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE				<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE			<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE			<input checked="" type="checkbox"/>	If YES, LIMIT:		DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>		\$12,477,464		
AGREED VALUE			<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>		If YES, 80 %		
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT: \$12,477,464		
- Demolition Costs			<input checked="" type="checkbox"/>	If YES, LIMIT: B&C \$311,937		
- Incr. Cost of Construction			<input checked="" type="checkbox"/>	If YES, LIMIT: B&C \$311,937		
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:		
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: \$12,477,464		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>		If YES, LIMIT: \$12,477,464		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>			

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

CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS			
Proof of Insurance		AUTHORIZED REPRESENTATIVE	

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ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - ASI - Miami	NAMED INSURED The Golfview Club at Fontainebleau Condominium #4 Inc 300 Aragon Avenue, Suite 370 Coral Gables FL 33134	
POLICY NUMBER 7259309538		
CARRIER First Protective Insurance Company	NAIC CODE 10897	EFFECTIVE DATE: 05/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

Directors & Officers: Carrier Great American Insurance Company - Policy # EPPF261608 Effective 05/01/25 - 05/01/26, Claims Made - \$1,000,000 Per Claim, \$1,000 Deductible

Unit Owner: CORAL REAL ESTATE INVESTMENTS INC, Property Address: 9688 Fontainebleau Blvd #409, Miami, FL 33172.