



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 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Acentria Insurance - ASI - Miami 3750 Nw 87 Ave Suite 700 Miami, FL 33178		PHONE (A/C, No, Ext): 305-262-5244	COMPANY NAME AND ADDRESS First Protective Insurance Company 500 International Parkway Lake Mary, FL 32746		NAIC NO: 10897
FAX (A/C, No): 786-393-6414		E-MAIL ADDRESS:	License#: L100460		
CODE:			SUB CODE:		
AGENCY CUSTOMER ID #:			POLICY TYPE 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	<input type="checkbox"/> 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

☒

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			X	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE			X	If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X			
IS DOMESTIC TERRORISM EXCLUDED?	X			
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X	
REPLACEMENT COST	X			\$12,477,464
AGREED VALUE			X	
COINSURANCE	X			If YES, 80 %
EQUIPMENT BREAKDOWN (If Applicable)		X		If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:\$12,477,464 DED:\$5,000
- Demolition Costs			X	If YES, LIMIT:B&C \$311,937 DED:\$5,000
- Incr. Cost of Construction			X	If YES, LIMIT:B&C \$311,937 DED:\$5,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT:\$12,477,464 DED:3%
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X			If YES, LIMIT:\$12,477,464 DED:3%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X	

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

© 2003-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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.