

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2014

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 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). Certificate Department NAME Commercial Lines - (305) 443-4886 PHONE [A/C, No, Ext]: E-MAIL ADDRESS: FAX (A/C, No): 305-443-0154 305-428-0015 Wells Fargo Insurance Services USA, Inc. miag_certs@wellsfargo.com 2601 South Bayshore Drive, Suite 1600 INSURER(S) AFFORDING COVERAGE Coconut Grove, FL 33133 Philadelphia Indemnity Ins Co 18058 INSURER A: INSURED See attached INSURER B: Hamptons West Condominium Assn. INSURER C : 20281 East Country Club Drive INSURER D INSURER E: Aventura, FL 33180 INSURER F CERTIFICATE NUMBER: 339410 REVISION NUMBER: See below COVERAGES 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY Х EACH OCCURRENCE 1,000,000 11/15/2015 PHPK1100837 11/15/2014 Α DAMAGE TO RENTED CLAIMS-MADE | X OCCUR 100,000 PREMISES (Ea occurrence) MED EXP (Any one person) ŝ 5.000 PERSONAL & ADV INJURY 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POHCY PRODUCTS - COMP/OP AGG 1,000,000 s OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY (NJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE 5 HIRED AUTOS Ś UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ s DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT NIA OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE s If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ Property/Hazard Wrap Around 11/15/2015 11/15/2015 See Attached See Attached See Altached Agreed Amount Included DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FOR INFORMATION ONLY **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 20281 E Country Club Drive THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Aventura ACCORDANCE WITH THE POLICY PROVISIONS. FL 33180 AUTHORIZED REPRESENTATIVE

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: Citizens Property Insurance Corp

POLICY NUMBER:

00044444-1

POLICY PERIOD:

Effective Date: 11/15/2014

Business Income:

Extra Expense:

[] Blanket Limit Applies

[X] Replacement Cost [] Special [X] Basic

Additional Wording:

Bldg Location Limit

Units

Hurricane

AOP Ded

Coins %

20281 East Country Club Drive Aventura,

\$ 81,222,200

342

Expiration Date: 11/15/2015

Ded

\$ 2,500

100

FLOOD

Bldg Location

INSURANCE CARRIER: Hartford Insurance Co. of the Midwest, [X] Replacement Cost, Flood Zone: AE (RCBAP)

Limit # Units

Policy#

Deductible Policy Period

20281 East Country Club Drive Aventura,

\$ 85,500,000 342

99015591612014

\$ 1,000 4/2/2014-4/2/2015

WRAP AROUND

INSURANCE CARRIER:

QBE Specialty Insurance Company

POLICY NUMBER:

QFD01559

POLICY PERIOD:

Effective Date: 11/15/2014

Expiration Date: 11/15/2015

[X] See Property/Hazard Schedule for Location & Limits [X] Special

EXCESS FLOOD

Not Covered

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER:

Travelers Casualty and Surety Co. of America

POLICY NUMBER:

105523976

POLICY PERIOD: Limit: \$ 1,000,000

Effective Date: 11/15/2014

Expiration Date: 11/15/2015

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER:

Liberty Insurance Underwriters, Inc.

POLICY NUMBER: POLICY PERIOD:

CAP006264-0411

Effective Date: 11/15/2014

Expiration Date: 11/15/2015

Limit: \$ 1,000,000