

SELECTIVE

BE UNIQUELY INSURED®

HUB INTERNATIONAL MIDWEST LIMITED CORP
10368 WEST STATE ROAD 84 SUITE 201
DAVIE, FL 33324

Agency Phone: (954) 925-2590

NFIP Policy Number: 0002530587

Company Policy Number: FLD2530587

Agent:

HUB INTERNATIONAL MIDWEST LIMITED CORPORATION

Payor: INSURED

Policy Term: 07/30/2024 12:01 AM - 07/30/2025 12:01 AM

Policy Form: RCBAP

To report a claim
visit or call us at: <https://customer.myselectiveflood.com>
(877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

OMEGA CONDO 7
C/O USA MANAGEMENT
9000 SHERIDAN ST, STE 166
PEMBROKE PINES, FL 33024

INSURED NAME(S) AND MAILING ADDRESS

OMEGA CONDO 7
C/O USA MANAGEMENT
9000 SHERIDAN ST, STE 166
PEMBROKE PINES, FL 33024

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

7480 NW 17TH ST
PLANTATION, FL 33313-5169

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 30 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING

BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$4,977,900.00

DATE OF CONSTRUCTION: 01/01/2000

CURRENT FLOOD ZONE: AH

FIRST FLOOR HEIGHT (FEET): 0.7

FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A

DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$4,978,000	\$5,000
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.

Please review this declaration page for accuracy. If any changes are needed, contact your agent.

Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$1,784.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$34.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$243.00)
FULL RISK PREMIUM:	\$1,575.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$1,575.00
RESERVE FUND ASSESSMENT:	\$284.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,140.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$3,249.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926



File: 30656038

Page 1 of 1



DocID: 239035044

Printed 06/25/2024



CERTIFICATE OF PROPERTY INSURANCE

3203863

DATE (MM/DD/YYYY)
08/26/2025

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER HUB International Florida, SWP 10368 West State Road, Suite 201 Davie, FL 33324 (954) 925-2590	CONTACT NAME: EOI Direct (www.EOIDIRECT.com)		
	PHONE (A/C, No. Ext): 877-456-3643	FAX (A/C, No):	
E-MAIL ADDRESS: HELP@EOIDIRECT.COM			
PRODUCER CUSTOMER ID:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Omega Condominium No. 7, Inc c/o USA Management 9000 Sheridan Street #166 Pembroke Pines, FL 33024	INSURER A: American Coastal		12968
	INSURER B: The Cincinnati Insurance Co		10677
	INSURER C: Universal Fire & Casualty Ins Co		32867
	INSURER D: Selective Insurance Company		12572
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NA NA, Unit Number: NA
7480 NW 17th Street, Plantation, FL 33313

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/> PROPERTY	AMC-32363-10 Replacement Cost Agreed Value Ord or Law Full A Ord or Law B&C 2.5%	6/5/2025	6/5/2026	<input checked="" type="checkbox"/>	BUILDING	\$ 4,573,800	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING 10,000	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL						RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					5% CYHD	BLANKET PERS PROP	\$
		FLOOD	\$					
				<input checked="" type="checkbox"/>	Equip Breakdown	\$ 4,573,800		
						\$		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
						\$		
B	<input checked="" type="checkbox"/> CRIME	EMO0718342	6/5/2025	6/5/2026	<input checked="" type="checkbox"/>	Emp Theft	\$ 50,000	
	TYPE OF POLICY					Fidelity Bond	\$ INCLUDED	
						\$		
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
C	GENERAL LIABILITY	01-CGL-108930-02	6/5/2025	6/5/2026	<input checked="" type="checkbox"/>	OCCURRENCE	\$ 1,000,000	
					<input checked="" type="checkbox"/>	AGGREGATE	\$ 2,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Total # of Units in Assoc: 30
Coverage is provided only for the attached schedule of common elements as their interests may appear in the common elements. 10-Day Cancellation Notice. Walls-Out. COMPANY D- FLOOD SEE SCHEDULE

CERTIFICATE HOLDER**CANCELLATION**

USA Management . 9000 Sheridan Street #166 Pembroke Pines, FL 33024 Loan Number: NA	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Elizabeth Fiegehen</i></p>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Hub International Florida		NAMED INSURED Omega Condo #7 7480 NW 17th St Plantation, FL 33313 Broward	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Special Conditions:

Total # of Units in Assoc: 30

Coverage is provided only for the attached schedule of common element properties. As their interests may appear in the common elements. COMPANY D -Flood See Schedule attached.

Certificate of Property Insurance

Schedule/Flood

**SCHEDULE OF PROPERTIES COVERED - OMEGA CONDO #7
7480 NW 17th St, Plantation, FL 33313**

FLOOD SCHEDULE WITH REPLACEMENT COST

POLICY # FLD2530587 Term 07/30/2025 - 07/30/2026

7480 NW 17th St, Plantation, FL 33313

Building Limit: \$6,015,000; Deductible: \$5,000

Flood Zone: AH Number of Units: 30

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10368 WEST STATE ROAD 84 SUITE 201
DAVIE, FL 33324

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NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
OMEGA CONDO 7 C/O USA MANAGEMENT 9000 SHERIDAN ST, STE 166 PEMBROKE PINES, FL 33024	OMEGA CONDO 7 C/O USA MANAGEMENT 9000 SHERIDAN ST, STE 166 PEMBROKE PINES, FL 33024

COMPANY MAILING ADDRESS	INSURED PROPERTY LOCATION
Selective Ins Co of the Southeast PO BOX 782747 PHILADELPHIA, PA 19178-2747	7480 NW 17TH ST PLANTATION, FL 33313-5169

RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING NUMBER OF UNITS: 30 UNITS PRIMARY RESIDENCE: NO PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING	N/A

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	REPLACEMENT COST VALUE:	DATE OF CONSTRUCTION:	CURRENT FLOOD ZONE:	FIRST FLOOR HEIGHT (FEET):	FIRST FLOOR HEIGHT METHOD:
FIRST MORTGAGEE: SECOND MORTGAGEE: ADDITIONAL INTEREST: DISASTER AGENCY:	\$6,014,200.00	01/01/1979	AH	0.7	ELEVATION CERTIFICATE

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$6,015,000	\$5,000
CONTENTS:	N/A	N/A

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COMPONENTS OF TOTAL AMOUNT DUE	
BUILDING PREMIUM:	\$2,030.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$39.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$281.00)
FULL RISK PREMIUM:	\$1,788.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$1,788.00
RESERVE FUND ASSESSMENT:	\$322.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,140.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$3,500.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement



Michael H. Lanza / Secretary



John Marchioni / Chairman, President & CEO

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Page 1 of 1



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