



CERTIFICATE OF PROPERTY INSURANCE

2910613

DATE (MM/DD/YYYY)
06/19/2023

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: CUMIS Insurance		12758
	INSURER C: Wright National Flood Ins		11523
	INSURER D:		
	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, Unit Number: NA

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-32363-08 REPLACEMENT COST Ord or Law Full A Ord or Law B&C 2.5% Inflation Guard Not Avail.	06/05/2023	06/05/2024	<input checked="" type="checkbox"/> BUILDING	\$ 4,177,300	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING 10,000	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				5% Hurr Ded	<input type="checkbox"/> BLANKET PERS PROP	\$
		<input type="checkbox"/> BLANKET BLDG & PP	\$				
		<input checked="" type="checkbox"/> Equip Breakdown	\$ 4,177,300				
			\$				
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	CIUCAP101313	06/05/2023	06/05/2024	<input checked="" type="checkbox"/> Emp Theft	\$ 25,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Property Mgr.	\$ INCLUDED	
	Fidelity Bond					\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
C	GENERAL LIABILITY	CIUCAP101313	06/05/2023	06/05/2024	<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 C- FLOOD SEE SCHEDULE

CERTIFICATE HOLDER**CANCELLATION**

USA Management . 9000 Sheridan Street #166 Miami, 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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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: 07/30/2023 12:01 AM - 07/30/2024 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	INSURED NAME(S) AND MAILING ADDRESS
OMEGA CONDO 7 7501 NW 4TH ST STE 104 PLANTATION, FL 33317	OMEGA CONDO 7 7501 NW 4TH ST STE 104 PLANTATION, FL 33317

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 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)	ENTIRE RESIDENTIAL CONDOMINIUM BUILDING BUILDING DESCRIPTION DETAIL: 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:	\$4,977,900.00	01/01/2000	AH	0.7	ELEVATION CERTIFICATE
					LOAN NO: N/A
					LOAN NO: N/A
					LOAN NO: N/A
					CASE NO: N/A
					DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE	COVERAGE	DEDUCTIBLE	COMPONENTS OF TOTAL AMOUNT DUE
BUILDING:	\$4,978,000	\$5,000	BUILDING PREMIUM: \$1,784.00
CONTENTS:	N/A	N/A	CONTENTS PREMIUM: \$0.00

COVERAGES 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.

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: 29006435

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DocID: 220016051

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

Agency Phone: (954) 925-2590

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Company Policy Number: FLD2530587
Agent: HUB INTERNATIONAL MIDWEST LIMITED CORPORATION

Payor: INSURED
Policy Term: 07/30/2022 12:01 AM - 07/30/2023 12:01 AM
Policy Form: RCBAP

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

NEW FLOOD INSURANCE POLICY DECLARATIONS
NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
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RATING INFORMATION	BUILDING DESCRIPTION:	BUILDING DESCRIPTION DETAIL:
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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:	\$4,977,900	01/01/2000	AH	0.7	ELEVATION CERTIFICATE

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:	\$1,783.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$34.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$244.00)
FULL RISK PREMIUM:	\$1,573.00
ANNUAL INCREASE CAP DISCOUNT:	(\$0.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$1,573.00
RESERVE FUND ASSESSMENT:	\$283.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,140.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$3,246.00

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: 19620214

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