



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2025

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.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Avante Insurance Group 8700 West Flagler Street Suite 402 Miami FL 33174	CONTACT NAME: Denise Hernandez PHONE (A/C, No, Ext): (305) 221-2400 E-MAIL ADDRESS: dhernandez@avanteins.com FAX (A/C, No): (305) 221-2411
INSURED Westwind Lakes Garden Homes Condominium Association Inc. c/o Trust Management Services Group 8051 West 24th Avenue Suite# 10 Hialeah FL 33013	INSURER(S) AFFORDING COVERAGE INSURER A: Colony Specialty Insurance Co INSURER B: Philadelphia Indemnity Insurance Company INSURER C: Philadelphia Indemnity Insurance INSURER D: American Coastal Insurance INSURER E: INSURER F:
	NAIC # 36927 18058 18058 12831

COVERAGES **CERTIFICATE NUMBER:** CL2561317340 **REVISION NUMBER:**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			103 GL 0219387-00	05/17/2025	06/19/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		PCAC021583-0224	07/06/2025	06/19/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors and Officers			PCAP044447-0224	07/06/2025	06/19/2026	Directors & Officers of \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Westwind Lakes Garden Homes Condominium Association , Inc
c/o Trust Management Services
8051 West 24th Ave Suite # 10
Hialeah FL 33013

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sabrina Dominguez

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ADDITIONAL REMARKS SCHEDULE

AGENCY Avante Insurance Group		NAMED INSURED Westwind Lakes Garden Homes Condominium Association Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

CO C. Crime
Effective: 7/6/2025 to 6/19/2026
Employee Dishonesty: 100,000

CO D. Property
Effective: 06/19/2025 to 06/19/2026
Policy: TBD
6551 SW 152nd PI
Building limit: 280,000
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6531 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6511 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6491 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6471 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6441 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6401 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6400 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
15231 SW 64th Ter
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6401 SW 152nd Circle PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6400 SW 152nd Circle PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6440 SW 152nd Circle PI
Building limit: 470,700

AGENCY CUSTOMER ID: 00028211

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Avante Insurance Group		NAMED INSURED Westwind Lakes Garden Homes Condominium Association Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6610 SW 152nd Pl - Building 2
Building limit:90,000
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Avante Insurance Group		NAMED INSURED Westwind Lakes Garden Homes Condominium Association Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6601 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6591 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6590 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6600 SW 152nd Ct
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6695 SW 152nd PI
Building limit: 280,000
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6705 SW 152nd PI
Building limit: 280,000
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6721 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6791 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6790 SW 152nd Ct
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6720 SW 152nd Ct
Building limit: 471,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6700 SW 152nd Ct
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6690 SW 152nd Ct
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6610 SW 152nd PI - Building 1
Building limit: 82,600



ADDITIONAL REMARKS SCHEDULE

AGENCY Avante Insurance Group		NAMED INSURED Westwind Lakes Garden Homes Condominium Association Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6690 SW 152nd Pl
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6700 SW 152nd Pl
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6720 SW 152nd Pl
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6790 SW 152nd Pl
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6830 SW 152nd Pl
Building limit: 541,000
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
15250 SW 68th St
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
15240 SW 68th St
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
15230 SW 68th St
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6831 SW 152nd Ct
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6801 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6791 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6701 SW 152nd Ct
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6691 SW 152nd Ct
Building limit: 490,200



ADDITIONAL REMARKS SCHEDULE

AGENCY Avante Insurance Group		NAMED INSURED Westwind Lakes Garden Homes Condominium Association Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6460 SW 152nd Circle PI
Building limit: 470,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6470 SW 152nd Circle PI
Building limit: 470,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6480 SW 152nd Circle PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6490 SW 152nd Circle PI
Building limit: 490,200
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6500 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6520 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6550 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AO
6470 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6471 SW 152nd Circle PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6441 SW 152nd Circle PI
Building limit: 470,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6440 SW 152nd PI
Building limit: 538,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6590 SW 152nd PI
Building limit: 537,700
Replacement Cost
5% Hurricane Deductible (Calendar Year)
AOP \$10,000
6600 SW 152nd PI
Building limit: 537,700