

DATE (MM/DD/YYYY)
5/21/2026

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 Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134	CONTACT NAME: USI Insurance Services National, Inc.	
	PHONE (A/C, No, Ext): 305-443-4886	FAX (A/C, No):
	E-MAIL ADDRESS: miagcerts@usi.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Crum and Forster Specialty Ins Co	44520
INSURED Alexander Towers Condominium Association, Inc 3505 S. Ocean Drive Hollywood, FL 33019	INSURER B : See attached	
	INSURER C : Houston Specialty Insurance Company	12936
	INSURER D : Zenith Insurance Company	13269
	INSURER E : Liberty Mutual Fire Insurance Co	23035
	INSURER F :	

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	X	COMMERCIAL GENERAL LIABILITY						GLO327424	5/18/2026	5/18/2027	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE	X	OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000					
						MED EXP (Any one person)	\$ 5,000					
						PERSONAL & ADV INJURY	\$ 1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000						
		POLICY		PRO-JECT		LOC	PRODUCTS - COMP/OP AGG				\$ 1,000,000	
		OTHER:					\$					
A	AUTOMOBILE LIABILITY						GLO327424	5/18/2026	5/18/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANY AUTO			SCHEDULED AUTOS ONLY	BODILY INJURY (Per person)				\$		
		OWNED AUTOS ONLY		NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$						
	X	HIRED AUTOS ONLY	X		PROPERTY DAMAGE (Per accident)	\$						
						\$						
C		UMBRELLA LIAB		X	OCCUR	ESB-HS-UCX-0000918-01	5/18/2026	5/18/2027	EACH OCCURRENCE	\$ \$5Mill		
	X	EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$ \$5Mill		
		DED		RETENTION \$						\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N ☐ N / A	Z072313684	10/31/2025	10/31/2026	☐ PER STATUTE	☐ OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.I. EACH ACCIDENT	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.I. DISEASE - EA EMPLOYEE	\$ 500,000		
									E.I. DISEASE - POLICY LIMIT	\$ 500,000		
E	Boiler & Machinery					YB2-L9L-476109-015	5/18/2026	5/18/2027	Limit \$62,295,428 Ded: \$10,000			

Unit Owner Name: MASTER CERTIFICATE OF INSURANCE
Address: .

The Alexander Towers Condominium Association
3505 South Ocean Drive
Hollywood, FL 33019

AUTHORIZED REPRESENTATIVE

Amal G. Sinapali

This certificate replaces certificate# 779672 issued on 5/21/2026

CRIME / EMPLOYEE DISHONESTY

INSURANCE CARRIER: Hanover Insurance Company
POLICY NUMBER: BDJ-D585534-08
POLICY PERIOD: Effective Date: 5/18/2026 Expiration Date: 5/18/2027
Limit: \$ 750,000

Bldg	Location	Total # Units
1	3505 S. Ocean Drive, Hollywood, Fl 33019	277

DIRECTORS & OFFICERS LIABILITY

INSURANCE CARRIER: Houston Specialty Insurance Company
POLICY NUMBER: PDO750274703
POLICY PERIOD: Effective Date: 5/18/2026 Expiration Date: 5/18/2027
Limit: \$ 2,000,000

Bldg	Location	Total # Units
1	3505 S. Ocean Drive, Hollywood, Fl 33019	277

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/21/2026

THIS EVIDENCE OF 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.

AGENCY Commercial Lines - (305) 669-6000 USI Insurance Services LLC 201 Alhambra Circle, Ste 1401 Coral Gables, FL 33134		PHONE (A/C, No, Ext):		COMPANY MS Transverse Specialty Ins Co	
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:					
INSURED Alexander Towers Condominium Association, Inc 3505 S. Ocean Drive Hollywood, FL 33019				LOAN NUMBER	
				POLICY NUMBER 1281216	
EFFECTIVE DATE 5/18/2026		EXPIRATION DATE 5/18/2027		☐ CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Bldg: 1 Location: 3505 S. Ocean Drive, Hollywood, FI 33019 Total # Units: 277
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 INFORMATIONPERILS INSURED ☐ BASIC ☐ BROAD ☐ SPECIAL ☐

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

see attached for coverage information.

REMARKS (Including Special Conditions)Unit Owner Name: MASTER CERTIFICATE OF INSURANCE
Address: .**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

NAME AND ADDRESS The Alexander Towers Condominium Association 3505 South Ocean Drive Hollywood, FL 33019	☐	ADDITIONAL INSURED	☐	LENDER'S LOSS PAYABLE	☐	LOSS PAYEE
	☐	MORTGAGEE	☐			
	LOAN #					
AUTHORIZED REPRESENTATIVE 						

PROPERTY/HAZARD SCHEDULE

INSURANCE CARRIER: MS Transverse Specialty Ins Co
POLICY NUMBER: 1281216
POLICY PERIOD: Effective Date: 5/18/2026 Expiration Date: 5/18/2027
Business Income: Extra Expense:
[] Blanket Limit Applies
[X] Replacement Cost [X] Special [] Basic
Remark(s):
Agreed Value - Ordinance or Law Coverage A-Included, B&C-\$1,000,000 Combined

Bldg	Location	Limit	Total # Units	Hurricane Ded	AOP Ded	Coins %
1	3505 S. Ocean Drive, Hollywood, Fl 33019	\$ 62,295,428	277	3%	\$ 10,000	Agreed Value

WINDSTORM

INSURANCE CARRIER: ---
POLICY NUMBER:
[X] Coverage Included in Property/Hazard Policy [] See Property/Hazard Schedule for Locations & Limits [X] Replacement Cost

FLOOD

INSURANCE CARRIER: Imperial Fire and Casualty Insurance Co, [X] Replacement Cost, Flood Zone: VE

Bldg	Location	Limit	Total # Units	Policy#	Deductible	Policy Period
1	3505 S. Ocean Drive, Hollywood, Fl 33019	\$ 65,222,000	277	0002569008	\$ 1,250	10/17/2025-10/17/2026

WRAP AROUND

INSURANCE CARRIER: ---
POLICY NUMBER:
POLICY PERIOD: Effective Date: Expiration Date:
[] See Property/Hazard Schedule for Location & Limits [] Special

EXCESS FLOOD

Not Covered