



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2025

PRODUCER Phone: (305) 792-7260 Fax: (305) 792-7261 MATRIX INSURANCE GROUP 21355 E DIXIE HIGHWAY #104 AVENTURA FL 33180	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED SIXTH MOORINGS CONDOMINIUM ASSOCIATION INC C/O ASSOCIATION MANAGEMENT SERVICES 9000 SHERIDAN STREET, SUITE 166 PEMBROKE PINES FL 33024	INSURER A:	Shield Indemnity Incorporated
	INSURER B:	Lexington Insurance Co
	INSURER C:	Lloyds Of London
	INSURER D:	Philadelphia Indemnity Insurance Co
	INSURER E:	Greenwich Insurance Company

COVERAGES


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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	02-CGL-105064-03	07/06/25	07/06/26	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ Included
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
							\$
							\$
							\$
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
B		OTHER BUILDING - HAZARD - SPECIAL REPLACEMENT COST - 72 UNITS	WKFCC 09956-00	07/06/25	07/06/26	\$7,900,000 / \$5,000 DED EXCLUDES WINDSTORM AND HAIL	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
SEE SUPPLEMENTAL CERTIFICATE INFORMATION

CERTIFICATE HOLDER

CANCELLATION

SIXTH MOORINGS CONDOMINIUM ASSOCIATION INC C/O ASSOCIATION MANAGEMENT SERVICES 9000 SHERIDAN STREET, SUITE 166 PEMBROKE PINES FL 33024 Attention: William Maldonado	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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SUPPLEMENT TO CERTIFICATE OF LIABILITY INS # 119529

DATE
Dec 17 2025

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES

COMPANY C: WIND & HAIL - BUILDING - \$7,492,093 / 5% ALL OTHER WIND AND HAIL- POLICY #TP251201RC55
EFFECTIVE 12/13/25 TO 12/13/26

COMPANY D: FIDELITY BOND - \$250,000 / \$250 DEDUCTIBLE - POLICY # PCAC006705-0719 - EFFECTIVE 7/06/25 TO 7/06/26
MANAGING AGENT IS INCLUDED IN FIDELITY BOND COVERAGE

COMPANY E: DIRECTORS & OFFICERS - \$1,000,000 / \$2500 DEDUCTIBLE - POLICY # PDO7507814-00 - EFFECTIVE 7/06/25 TO 7/06/26

***** ALL POLICIES COVER 72 UNITS AT REPLACEMENT COST *****

SIXTH MOORINGS CONDOMINIUM, 18555 NE 14TH AVE, NORTH MIAMI BEACH, FL 33179
CERTIFICATE HOLDER IS MORTGAGEE FOR UNIT OWNER AND UNIT NUMBER LISTED ABOVE ONLY