

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,742 Bayside Dr,Building,7,215,327 24 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001,752 Bayside Dr,Building,7,215,327 24 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001,762-766 Bayside Dr,Building,788,399 3 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
5	00001,770-774 Bayside Dr,Building,788,399 3 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
6	00001,778-780 Bayside Dr,Building,568,334	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
7	00001,784-786 Bayside Dr,Building,568,334 3 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
8	00001,790-794 Bayside Dr,Building,788,399 3 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001,800-802 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
10	00001,806-808 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
11	00001,812-814 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
12	00001,700-702 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
13	00001,706-708 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
14	00001,712-714 Bayside Dr,Building,568,334 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
15	00001,718-722 Bayside Dr,Building,788,399 2 Units	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
16	00001,741 Bayside Dr,Building,72,979	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
16	00001,741 Bayside Dr,Business Personal Pr,10,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
17	741 Bayside Dr,Fencing,0	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
0				
Ref #	Description	Coverage Code	Form No.	Edition Date
17	00001,741 Bayside Dr,Swimming Pools,79,416	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2022

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 Brown & Brown of Florida, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		CONTACT NAME: PHONE (A/C, No, Ext): (321) 757-8686 FAX (A/C, No): (321) 757-8687 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Aspen Specialty Insurance Company	
		INSURER B: Liberty Insurance Underwriters, Inc.	
		INSURER C: Technology Insurance Company, Inc.	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Bayside Condominiums Association of Brevard, Inc. C/o Clover Key Inc 110 Imperial St Merritt Island FL 32952			

COVERAGES

CERTIFICATE NUMBER: 21-22 Liability

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 Unit Owners Addl Insd <input checked="" type="checkbox"/> Sep of Insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUHOA100564-00	12/31/2021	12/31/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUHOA100564-00	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			MCREA-11574-03	12/31/2021	12/31/2022	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC4035742	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Directors & Officers Liability			CIUHOA003972-03	12/31/2021	12/31/2022	Per Occurrence	1,000,000
							Aggregate	1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Bayside Condominium Assoc of Brevard c/o Clover Key Inc 110 Imperial St Merritt Island FL 32952	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

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