



**ADDITIONAL REMARKS SCHEDULE**

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|--|-----------------------------|--|--|
| AGENCY<br><b>AssuredPartners of Florida, LLC - Melbourne</b> |                             | NAMED INSURED<br><b>The Association of Pelican Point, Inc.<br/>c/o Clover Key Inc<br/>110 Imperial Street<br/>Merritt Island, FL 32952</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>                           |                             | EFFECTIVE DATE: <b>SEE PAGE 1</b>  |  |
| CARRIER<br><b>SEE PAGE 1</b>                                 | NAIC CODE<br><b>SEE P 1</b> |  |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Remarks****Residential Condominium (131 Units)****Property Coverage:**

Location 1: 2465 S Washington Ave, Titusville, FL 32780 (43 Units)  
Building Limit - \$5,539,266  
Location 2: 2467 S Washington Ave, Titusville, FL 32780 (44 Units)  
Building Limit - \$5,415,437  
Location 3: 2469 S Washington Ave, Titusville, FL 32780 (44 Units)  
Building Limit - \$5,473,445  
Common Amenities: \$255,818

**Deductibles:**

\$5,000 All Other Peril  
3% Calendar Year Hurricane, per building  
1% All Other Wind / Hail

**Special Form / Replacement Cost / Co-Insurance: Agreed Amount**

**Ordinance or Law:**

Coverage A - Full  
Coverage B&C Combined - 5%

**Equipment Breakdown Coverage:**

Travelers E&S - Pol# 1X393636 - Eff 6/28/23-6/28/24

**General Liability Coverage:**

Policy includes the ISO form Separation of Insured's clause

**Fidelity Coverage:**

Property Manager is included as Employee



## How to Request a Certificate of Insurance

Proof of Insurance for this Association is available for lenders working on **new loans** and **refinancing loans**. To request a certificate of insurance, please have your lender forward a request to [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) or fax to (321) 722-2158 with the following information:

- Name of the Association
- Unit Owners Full Name(s)
- Owners Address & Unit Number (if applicable)
- Loan Number
- Mortgage Clause that Includes the Name and Address of Bank

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) or fax to (321) 722-2158.

If you are a **property manager** and need a “**For Information Only**” Certificate of Insurance, please email [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) and provide them with the name of the association and request a “**For Information Only Certificate.**”

Should you have any issues, please contact our team at [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) for assistance.