



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2024

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: Southern-Owners Insurance Company	NAIC # 10190
INSURED Bayside Condominiums Association of Brevard, Inc. C/o Clover Key Inc 110 Imperial St Merritt Island FL 32952		INSURER B: Midvale Indemnity Co/Navigators Insurance Co.	
		INSURER C: Technology Insurance Company, Inc.	
		INSURER D: Trisura Specialty Insurance Company	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 23-24 LIAB

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			72960707	12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> Separation of Instds						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Unit Owners Addl Insd						PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input checked="" type="checkbox"/> OTHER: 100 Units								\$
A	AUTOMOBILE LIABILITY			72960707	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PRP-229824000-00-2126303	12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 15,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> CLAIMS-MADE					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC4336645	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Directors and Officers			CIUHOA403699-01	12/31/2023	12/31/2024	General Aggregate	\$1,000,000
							Each Occurrence	\$1,000,000

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

For Informational Purposes

CERTIFICATE HOLDER**CANCELLATION**

Bayside Condominium Association of Brevard, Inc. 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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CERTIFICATE OF PROPERTY INSURANCE

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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: PRODUCER CUSTOMER ID: 00243633	
INSURED Bayside Condominiums Association of Brevard, Inc. C/o Clover Key Inc 110 Imperial St Merritt Island FL 32952		INSURER(S) AFFORDING COVERAGE INSURER A: Citizens Property Insurance Corporation INSURER B: Philadelphia Indemnity Insurance Company INSURER C: Travelers Excess and Surplus Lines Company INSURER D: Trisura Specialty Insurance Company INSURER E: INSURER F:	
		NAIC # 10064	

COVERAGES **CERTIFICATE NUMBER:** 23-24 PROP **REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 00001 Bldg# 00001: 732 Bayside Dr Cape Canaveral FL 32920
See Attached Overflow Pages 100 Units

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/> PROPERTY	10699958	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> BUILDING	\$ 8,953,300		
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input checked="" type="checkbox"/> BASIC					BUILDING 2,500	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL						<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					5% CYD Hurr	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Repl Cost	Agreed Amt		\$					
<input checked="" type="checkbox"/> Walls Out			\$					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
B	<input checked="" type="checkbox"/> CRIME	PCAC020171-0123	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> Policy Limits	\$		
	TYPE OF POLICY					Fidelity/Prop Mgr Incl	\$ See Attached	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	3X455546	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> Per Breakdown	\$ 35,469,929		
D	Difference in Conditions (Repl Cost, Agreed Amt)	CIUDIC401127-1	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> Policy Limits	\$ See Attached		
						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For Informational Purposes

CERTIFICATE HOLDER**CANCELLATION**

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	AUTHORIZED REPRESENTATIVE <i>Jason Santos</i>

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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,742 Bayside Dr, Building	BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
8,953,300			2,500	
3	00001,752 Bayside Dr, Building	BASIC		
8,953,300			2,500	
4	00001,762-766 Bayside Dr, Building	BASIC		
858,700			2,500	
5	00001,770-774 Bayside Dr, Building	BASIC		
858,700			2,500	
6	00001,778-780 Bayside Dr, Building	BASIC		
623,300			2,500	
7	00001,784-786 Bayside Dr, Building	BASIC		
623,300			2,500	
8	00001,790-794 Bayside Dr, Building	BASIC		
858,700			2,500	
9	00001,800-802 Bayside Dr, Building	BASIC		
623,300			2,500	
10	00001,806-808 Bayside Dr, Building	BASIC		
623,300			2,500	
11	00001,812-814 Bayside Dr, Building	BASIC		
623,300			2,500	
12	00001,700-702 Bayside Dr, Building	BASIC		
623,300			2,500	

ADDITIONAL COVERAGES

Ref #	Description				Coverage Code	Form No.	Edition Date
13	00001,706-708 Bayside Dr, Building				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
623,300			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
14	00001,712-714 Bayside Dr, Building				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
623,300			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
15	00001,718-722 Bayside Dr, Building				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
858,700			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
16	00001,741 Bayside Dr, Building				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
83,700			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
16	00001,741 Bayside Dr, Business Personal Property				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
10,000			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
17	00001,741 Bayside Dr, Swimming Pools				BASIC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
95,000			2,500				
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		



ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED Bayside Condominiums Association of Brevard, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance: Notes

Crime - Insurer B: Philadelphia Indemnity Insurance Company

Policy Limits -
 Employee Theft and Client Property: \$750,000
 ERISA Fidelity: \$750,000
 Forgery or Altercation: \$25,000
 Inside the Premises: \$25,000
 Outside the Premises: \$25,000
 Computer Fraud and Funds Transfer Fraud: \$750,000
 Money Orders and Counterfeit Paper Currency: \$25,000

Difference in Conditions - Insurer D: Trisura Specialty Insurance Company

Covered Cause: Special, Excluding Basic Perils
 Valuation: Replacement Cost
 Agreed Amount
 Deductible: \$5,000

Mold Remediation/Sewer Backup: \$25,000 Per Occurrence/\$50,000 Aggregate
 Ordinance or Law: Coverage A - \$1,000,000 Sublimit; \$100,000 Coverage B&C Blanket for all Buildings