



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2024

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.

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.

Table with 2 main sections: PRODUCER (AssuredPartners of Florida, LLC) and INSURED (The Oaks of Country Club Condominium Association, Inc.). Includes contact information for both and a list of insurers: Westchester Surplus Lines Insurance Company, Greenwich Insurance Company, Travelers Casualty and Surety Company, and Frontline Insurance Unlimited Company.

COVERAGES CERTIFICATE NUMBER: 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.

Main coverage table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Fidelity, and Property/Wind.

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

CERTIFICATE HOLDER CANCELLATION

Table with 2 columns: CERTIFICATE HOLDER (The Oaks of Country Club Condominium Association, Inc.) and 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. Includes signature of authorized representative).



ADDITIONAL REMARKS SCHEDULE

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|--|-----------------------------|--|--|
| AGENCY AssuredPartners of Florida, LLC - Melbourne | | NAMED INSURED The Oaks of Country Club Condominium Association, Inc. c/o Clover Key, Inc. 110 Imerpial Street Merritt Island, FL 32952 | |
| POLICY NUMBER SEE PAGE 1 | | EFFECTIVE DATE: SEE PAGE 1 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | | |

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 (36 Units Total)**Property Coverage:**

#4101-#4206 - 1600 Woodland Drive, Rockledge, FL 32955 (12 units)

Building Limit: \$1,800,224

#8101-#8216 - 1600 Woodland Drive, Rockledge, FL 32955 (24 units)

Building Limit: \$4,247,919

Common Amenities: \$390,277

Deductibles:

\$2,500 All Other Perils

5% Calendar Year Hurricane

1% All Other Wind/Hail

Special Form / Replacement Cost / Co-Insurance: 100%**Ordinance or Law:**

Coverage A - Full

Coverage B/C - 2.5% Combined Limit

General Liability Coverage:

Policy includes the ISO form Separation of Insureds clause

Fidelity Coverage:

Property Manager is included as Employee

Directors & Officers Coverage:

Travelers Casualty & Surety - Pol#107999014 - Eff 2/24/24-2/24/25

\$1,000,000 Limit / \$1,000 Deductible