



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2024

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 AssuredPartners of Florida, LLC - Melbourne 1694 W Hibiscus Blvd Ste. B Melbourne, FL 32901	CONTACT NAME: PHONE (A/C, No, Ext): (321) 722-2338	FAX (A/C, No): (321) 722-2158	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Club Hacienda Condominium Association, Inc c/o Clover Key, Inc. 110 Imperial Street Merritt Island, FL 32952	INSURER A : Southern-Owners Insurance Company		10190
	INSURER B : Frontline Insurance Unlimited Company		10074
	INSURER C : Travelers Casualty and Surety Co of America		31194
	INSURER D :		
	INSURER E :		
INSURER F :			

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. 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			202382-20744521-24	3/7/2024	3/7/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							HNOA	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Property / Wind			4827301311	3/7/2024	3/7/2025	See Remarks	17,368,293
C	Fidelity			106256325	3/7/2024	3/7/2025	\$2,500 Ded	250,000

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

CERTIFICATE HOLDER

CANCELLATION

For Information Only Club Hacienda Condominium Association, Inc c/o Clover Key, Inc. 110 Imperial Street 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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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida, LLC - Melbourne		NAMED INSURED Club Hacienda Condominium Association, Inc c/o Clover Key, Inc. 110 Imperial 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 - 108 Units

Property Coverage:

Location 1: 955-977 Country Club Dr, Titusville, FL 32780 (12 Units)
Building Limit - \$1,830,093
Location 2: 979-1001 Country Club Dr, Titusville, FL 32780 (12 Units)
Building Limit - \$1,830,093
Location 3: 1003-1017 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Location 4: 1019-1041 Country Club Dr, Titusville, FL 32780 (12 Units)
Building Limit - \$1,830,093
Location 5: 1043-1057 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Location 6: 1059-1073 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Location 7: 1075-1097 Country Club Dr, Titusville, FL 32780 (12 Units)
Building Limit - \$1,830,093
Location 8: 1099-1113 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Location 9: 1115-1137 Country Club Dr, Titusville, FL 32780 (12 Units)
Building Limit - \$1,830,093
Location 10: 1139-1153 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Location 11: 1155-1169 Country Club Dr, Titusville, FL 32780 (8 Units)
Building Limit - \$1,328,323
Poolhouse/Restroom Bldg - \$49,689
Pool & Equipment - \$106,365
Perimeter Fence - \$91,836

Deductibles:

\$10,000 All Other Peril
\$5,000 All Other Peril Pool & Fence Only
3% Calendar Year Hurricane, per building

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

Ordinance or Law:

Coverage A - Included
Coverage B&C combined - 5%

Directors & Officers Liability

Travelers Ins - Pol #106256325 - Eff 3/7/24-3/7/25
\$1,000,000 Limit subject to \$1,000 Ded

General Liability:

Policy includes the ISO form separation of insured's clause.



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**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 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 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 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 for assistance.