



SEASPR-01

SERIECOLON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2024

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
INSURED Sea Spray Townhomes Condominium Association, Inc. c/o M&M Management Plus 371 Brightwaters Drive Cocoa Beach, FL 32931	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Southern-Owners Insurance Company	NAIC # 10190
	INSURER B : Continental Casualty Company	20443
	INSURER C : American Coastal Insurance Company	12968
	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:			202382-20468877-24	3/18/2024	3/18/2025	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
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
							AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	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		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Fidelity			618783745	3/18/2024	3/18/2025	\$500 Deductible 105,000
C	Property / Wind			AMC-37426-04	3/18/2024	3/18/2025	See Remarks 6,109,324

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*** Sea Spray Townhomes Condominium Association, Inc. c/o M&M Management Plus 371 Brightwaters Drive Cocoa Beach, FL 32931	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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AssuredPartners of Florida, LLC - Melbourne</b>		NAMED INSURED <b>Sea Spray Townhomes Condominium Association, Inc.</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		c/o M&M Management Plus 371 Brightwaters Drive Cocoa Beach, FL 32931 Cocoa Beach	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 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 (30 units total)

## Property Coverage:

Bldg A - 107 Anchorage Avenue, Cape Canaveral, FL 32920 (7 units)  
Buidling Limit - \$1,435,250  
Bldg B - 117 Anchorage Avenue, Cape Canaveral, FL 32920 (8 units)  
Building Limit - \$1,619,412  
Bldg C - 127 Anchorage Avenue, Cape Canaveral, FL 32920 (8 units)  
Building Limit - \$1,619,412  
Bldg A - 137 Anchorage Avenue, Cape Canaveral, FL 32920 (7 units)  
Buidling Limit - \$1,435,250

## Deductibles:

\$10,000 All Other Perils  
5% Hurricane per Occurrence

## Equipment Breakdown Coverage Included

Special Form / Replacement Cost / Co-Insurance: 100%

## Ordinance or Law:

Coverage A - Included  
Coverage B/C - 2.5% Combined

## General Liability Coverage:

Policy includes the ISO form Separation of Insureds clause.

## Fidelity Coverage:

Property Manager is included as Employee

## Directors &amp; Officers Liability Coverage:

Continental Casualty Co - Pol# 618783745 - Eff 3/18/24-3/18/25  
\$1,000,000 Limit Subject to a \$5,000 Deductible



## 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.