



ANCHCON-01

SERIAGARDNER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2024

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 Anchorage Condominium Association of Brevard, Inc. c/o Precision Property Management Solutions, Inc. 137 S Courtenay Parkway #592 Merritt Island, FL 32952	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Southern-Owners Insurance Company	NAIC # 10190
	INSURER B : Midvale Indemnity Company	27138
	INSURER C : Travelers Casualty and Surety Co of America	31194
	INSURER D : First Protective Insurance Company	10897
	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:			20793229	6/28/2024	6/28/2025	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) \$								
							\$	
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			PRP-229824000-00-1910150	6/28/2024	6/28/2025	EACH OCCURRENCE \$ 5,000,000	
							AGGREGATE \$ 5,000,000	
								\$
								\$
	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 \$	
C	Fidelity			107866820	6/28/2024	6/28/2025	\$1,000 Deductible 160,000	
D	Property / Wind			3560973100	6/28/2024	6/28/2025	See Remarks 7,397,221	

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

Anchorage Condo Association of Brevard, Inc.
c/o Precision Property Mgmt Solutions
137 S Courtenay Parkway #592
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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida, LLC - Melbourne		NAMED INSURED Anchorage Condominium Association of Brevard, Inc. c/o Precision Property Management Solutions, Inc. 137 S Courtenay Parkway #592 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 Association (21 units)

Property Coverage:
420 Moore Park Lane Merritt Island, FL 32952 (21 Units)
Building Limit: \$6,717,468
Common Amenities: \$679,753

Deductibles:
\$5,000 All Other Peril
5% Calendar Year Hurricane
\$5,000 All Other Wind / Hail

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

Ordinance or Law:
Coverage A - Included
Coverage B/C - 2.5% Combined

Equipment Breakdown Coverage:
Travelers E&S - Pol #1X393882 - Eff 6/28/24-6/28/25

General Liability Coverage:
Policy includes the ISO form Separation of Insured's clause.

Fidelity Coverage:
Property Manager is included as Employee

Directors & Officers Liability:
Travelers Casualty & Surety - Pol#107866820 - Eff 6/28/24-6/28/25
\$1,000,000 Limit / \$1,000 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 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.