



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2023

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. P.O. Box 2412 Daytona Beach FL 32115-2412	CONTACT NAME: Renee Robinson PHONE (A/C, No, Ext): (386) 239-7207 E-MAIL ADDRESS: Renee.Robinson@bbrown.com	FAX (A/C, No): (386) 323-9148	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Admiralty Club Condominium Association, Inc. C/O Sentry Management 4188 South Atlantic Avenue New Smyrna Beach FL 32169	INSURER A: Western World Insurance Company		
	INSURER B: Citizens Property Insurance Corporation		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 23-24

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:			NPP8899921	05/05/2023	05/05/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							Hired&Non-Owned Auto	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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) 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	Wind			094980001	05/05/2023	05/05/2024	Total Insured Value:	\$18,555,000

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

FOR INFORMATION ONLY

CERTIFICATE HOLDER**CANCELLATION**
 ADMIRALTY CLUB CONDOMINIUM ASSOCIATION INC
 C/O SENTRY MANGEMENT
 4188 SOUTH ATLANTIC AVE
 NEW SMYRNA BEACH FL 32169

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED Admiralty Club Condominium Association, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

WIND CONTINUED

Valuation: Replacement Cost
 Coinsurance: Agreed Value
 Calendar Year Hurricane Deductible: 10%
 Other Windstorm or Hail Deductible: 1%

PROPERTY X-WIND

Effective: 05/05/2023-05/05/2024
 Carrier: Wilshire Insurance Company
 Policy Number: IMP400103200
 Valuation: Replacement Cost
 Coinsurance: 90%
 Causes of Loss: Special Form
 Total Insured Value: \$19,047,326
 Ordinance Or Law Coverage A: Included
 Ordinance Or Law Coverage B&C: \$1,000,000 Combined
 All Other Perils Deductible: \$10,000
 Water Damage Deductible: \$25,000

EQUIPMENT BREAKDOWN

Effective: 05/05/2023-05/05/2024
 Carrier: Travelers Casualty & Surety Company of America
 Policy Number: 8W357374
 Limit: \$19,047,326
 Deductible: \$5,000

CRIME

Effective: 05/05/2023-05/05/2024
 Carrier: Travelers Casualty & Surety Company of America
 Policy Number: 106513053
 Employee Theft Limit: \$250,000
 Deductible: \$2,500

DIRECTORS & OFFICERS

Effective: 05/05/2023-05/05/2024
 Carrier: Travelers Casualty & Surety Company of America
 Policy Number: 106513053
 Limit: \$1,000,000
 Deductible: \$1,000

Number of Units: 101



Occidental Fire & Casualty of NC

Agent Contact Information
Brown & Brown Of Florida Inc
Po Box 2412
Daytona Beach, FL 32115-2412
(386) 252-9601
Insurer NAIC Number 23248

Policy Number 87059274572022
NFIP Policy Number 8705927457
Policy Term 06/06/2022 12:01 AM - 06/06/2023 12:01 AM
Policy Form RCBAP
Policy Declarations Type Renewal Policy Declarations
Payor Insured
Rate Category Rating Engine

Flood Insurance Policy Declarations

THIS IS NOT A BILL

Insured Name and Mailing Address
ADMIRALTY CLUB CONDO ASSOC
4188 S ATLANTIC AVE
C/O SENTRY MANAGEMENT
NEW SMYRNA BEACH, FL 32169-3711

Property Location
3606 S PENINSULA DR
PORT ORANGE, FL 32127-4699

COVERAGE AND RATING

	Coverage	Deductible	Premium Details	
Building	\$17,203,000	\$25,000	Building Premium	\$82,479
Contents	\$53,000	\$25,000	Contents Premium	\$1,416
			ICC Premium	\$75
			Mitigation Discounts	(\$0)
			CRS Discount	(\$20,927)
			Full-Risk Premium	<u>\$63,043</u>

PROPERTY INFORMATION

Flood Zone	X
Primary Residence	No
Building Occupancy	Res. Condo Building
Building Description	Res. Condo Building
Building Description Detail	
First Floor Height	0.8000000256 Feet
Method Used for 1st Floor Height	EC
Property Description	Slab on Grade, 3 Floors, Other
Date of Const/Substantial Imp	01/01/1973
Replacement Cost Value	\$17,202,900
Prior NFIP Claims	0 claims
Number of Units	101

<u>Statutory Discounts</u>	
Annual Increase Cap Discount	(\$52,501)
Pre-FIRM Discount	(\$0)
Newly Mapped Discount	(\$0)
Other Statutory Discounts	(\$0)
Discounted Premium	<u>\$10,542</u>
<u>Fees and Surcharges</u>	
Reserve Fund Assessment	\$1,898
HFIAA Surcharge	\$250
Federal Policy Fee	\$1,942
Probation Surcharge	\$0
Total Annual Premium	\$14,632

Effective 4/1/2022, the NFIP implemented a new pricing methodology, Risk Rating 2.0 Phase II Renewals. Some property information on your policy may have been updated. Please contact your flood insurance agent to ensure you have the most accurate and up to date property information.

Your property's NFIP flood claims history can affect your premium.

MORTGAGE INFORMATION

Coverage limitations may apply. See your policy form for details.

For Questions about your flood insurance policy rating, contact your agent or insurance company. To learn more about your flood risk please visit [FloodSmart.gov/floodcosts](https://www.floodsmart.gov/floodcosts).

Policy Issued By: Occidental Fire And Casualty Company Of Nc

Printed: 05/18/2022