



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/06/2024

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).

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 776-2222 <b>FAX (A/C, No):</b> (954) 776-4446 <b>E-MAIL ADDRESS:</b> help@eoidirect.com																					
<b>INSURED</b> Regency Island Dunes Association, Inc. 8640 S Ocean Drive Jensen Beach FL 34957	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Mt. Hawley Insurance Company</td><td>17103</td></tr><tr><td>INSURER B:</td><td>Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER C:</td><td>Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER D:</td><td>Travelers Casualty &amp; Surety Company of America</td><td>31194</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Mt. Hawley Insurance Company	17103	INSURER B:	Midvale Indemnity Company	27138	INSURER C:	Greenwich Insurance Company	22322	INSURER D:	Travelers Casualty & Surety Company of America	31194	INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 24-25 COI**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MGL0199411	09/06/2024	09/06/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBLI \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MGL0199411	09/06/2024	09/06/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PRP229824000	09/06/2024	09/06/2025	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> 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	Directors & Officers			PDO7504240	09/06/2024	09/06/2025	Aggregate \$1,000,000

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

Residential Condominium Association located at: 8600 & 8650 S Ocean Drive Jensen Beach, FL 34957 144 Units Property Manager included as Employee on Crime/Fidelity (Emp Theft Only) See attached for Property, Flood and Equipment Breakdown Information

**CERTIFICATE HOLDER****CANCELLATION**

Regency Island Dunes Association, Inc.  
8640 South Ocean Drive

Jesen Beach

FL 34957

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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

<b>AGENCY</b> Brown & Brown Insurance Services, Inc.		<b>NAMED INSURED</b> Regency Island Dunes Association, Inc.	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

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

### PROPERTY - QBE Insurance Corporation

Effective 9/6/24 to 9/6/25

Policy #: QFW591210

Valuation: Replacement Cost Cause of Loss: Special

Coinurance: Agreed Value

Building Ordinance or Law:

Full Cov A

\$2,000,000 B&C Sublimit Per Bldg

Deductibles:

Hurricane - 5% Calender Year Per Building

All Other Perils: \$10,000 Per Occurrence

Water Damage - \$25,000 Per Occurrence

TOTAL INSURABLE VALUE: \$88,129,113

North Tower - \$40,120,024 Contents: \$100,000

South Tower - \$40,368,898 Contents: \$100,000

North Garage - \$2,759,048

South Garage - \$2,759,048

Clubhouse \$701,115 - Contents \$50,000

Pool- \$130,190

Misc Property -\$1,040 ,790 (Wind Excluded on Carports, Car Wash Equipment, Area Lighting, Flag Poles, Security Gates, Wood Pool Deck, Signs)

### FLOOD - Wright National Flood Insurance Company

Effective 5/29/24 to 5/29/25 - 8600 S. Ocean Drive

Policy #: 091151237729 Form: RCBAP

Valuation: Replacement Cost

Building Limit: \$18,000,000

Contents Limit: \$100,000

Deductible: \$1,250

Grandfathered: Yes

Zone: AE

Units: 72

Effective 6/28/24 to 6/28/25 - 8650 S. Ocean Drive

Policy #: 091151245343 Form: RCBAP

Valuation: Replacement Cost

Building Limit: \$18,000,000

Contents Limit: \$100,000

Deductible: \$1,250

Grandfathered: Yes

Zone: AE

Units: 72

Effective 6/28/24 to 6/28/25 - 8640 S. Ocean Drive (Cabana Building)

Policy #: 091151245331 Form: General

Valuation: Replacement Cost

Building Limit: \$500,000

Contents Limit: \$500,000

Deductible: \$1,250

Grandfathered: Yes

Zone: AE

### EQUIPMENT BREAKDOWN - Federal Insurance Company

Effective: 9/6/24 to 9/6/25

Policy #: 76438802

Limit: \$75,028,441

Deductible: \$5,000



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Brown & Brown Insurance Services, Inc.		<b>NAMED INSURED</b> Regency Island Dunes Association, Inc.	
<b>POLICY NUMBER</b>			
<b>CARRIER</b>	<b>NAIC CODE</b>		
		<b>EFFECTIVE DATE:</b>	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Crime/FIDELITY  
Travelers Casualty & Surety Co of America  
Effective 09/06/24 to 09/06/25  
Policy #: 105801979

Employee Theft Limit: \$1,500,000



A Stock Company  
P.O. Box 33003  
St. Petersburg, FL 33733-8003  
Customer Service: 1-800-820-3242  
Claims: 1-800-725-9472

FFL99.001 1124  
0702834  
11/21/24  
2000 11523 FLD RCBP

**FLOOD DECLARATIONS PAGE**  
AMENDED EFFECTIVE: 5/29/24

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151237729 09	1151237729	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 5/29/24 To: 5/29/25 12:01 am Standard Time	11/21/2024	0702834	1151237729

Insured  
REGENCY ISLAND DUNESASSN INC  
8640 S OCEAN DR  
JENSEN BEACH FL 34957-2109

BROWN & BROWN INSURANCE  
SERVICES INC  
PO BOX 5727  
FT LAUDERDALE FL 33310-5727  
EDOC.S.NULL@BBROWN.COM

Property Location (if other than above)  
8600 S OCEAN DR, JENSEN BEACH FL 34957

Address may have been changed in accordance with USPS standards.

**Rating Information**

Rate Category: Rating Engine  
Primary Residence: N  
Building Occupancy: Residential Condominium Building  
Building Description: Entire Residential Condo Building

Flood Risk: AE  
First Floor Height: 1.7 ft  
Method Used to Determine First Floor Height: Elevation Certificate  
Date of Construction: 05/01/1997  
Prior NFIP Claims: 0  
Number of Units: 72  
Replacement Cost Value: 47,324,478

Property Description: Slab on Grade, 14 floors

Coverage	Deductible	Annual Premium
BUILDING	\$18,000,000	\$1,250
CONTENTS	\$100,000	\$1,250

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00  
Community Rating Discount: \$20,813.00  
FULL RISK PREMIUM: \$62,631.00  
Statutory Discounts  
Annual Increased Cap Discount: \$49,815.00  
DISCOUNTED PREMIUM: \$12,816.00  
Reserve Fund Assessment: \$2,307.00  
Federal Policy Service Fee: \$1,660.00  
HFIAA Surcharge: \$250.00

REVISED TOTAL ANNUAL PAYMENT \$17,033.00

**THIS IS NOT A BILL**

Premium Paid by: Insured

**Forms and Endorsements:**

FFL 99.310 0224 0224 WFL 99.ARN 1021 1021 WFL 99.416 1117 1117 FFL 99.117 1021 1021

This policy is issued by NAIC company 11523  
Wright National Flood Insurance Company A stock company  
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones, President

070283409115123772924326

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Agent





A Stock Company  
P.O. Box 33003  
St. Petersburg, FL 33733-8003  
Customer Service: 1-800-820-3242  
Claims: 1-800-725-9472

FFL99.001 1124  
0702834  
11/21/24  
2000 11523 FLD RCBP

**FLOOD DECLARATIONS PAGE**  
AMENDED EFFECTIVE: 6/28/24

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
09 1151245343 09	1151245343	Residential Condominium Building Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 6/28/24 To: 6/28/25 12:01 am Standard Time	11/21/2024	0702834	1151245343

Agent (954)776-2222  
BROWN & BROWN INSURANCE  
SERVICES INC  
PO BOX 5727  
FT LAUDERDALE FL 33310-5727  
EDOC.S.NULL@BBBROWN.COM

REGENCY ISLAND DUNES ASSOCIATION  
8640 S OCEAN DR  
JENSEN BEACH FL 34957-2109

Property Location (if other than above)  
8650 S OCEAN DR, JENSEN BEACH FL 34957

Address may have been changed in accordance with USPS standards.

**Rating Information**

Rate Category: Rating Engine  
Primary Residence: N  
Building Occupancy: Residential Condominium Building  
Building Description: Entire Residential Condo Building

Flood Risk: AE  
First Floor Height: 1.1 ft  
Method Used to Determine First Floor Height: FEMA Determined  
Date of Construction: 09/02/1996  
Prior NFIP Claims: 0  
Number of Units: 72  
Replacement Cost Value: 47,573,352

Property Description: Slab on Grade, 14 floors

Coverage	Deductible	Annual Premium
BUILDING	\$18,000,000	\$1,250
CONTENTS	\$100,000	\$1,700.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

ICC Premium: \$75.00  
Community Rating Discount: \$20,984.00  
FULL RISK PREMIUM: \$63,144.00  
Statutory Discounts  
Annual Increased Cap Discount: \$50,328.00  
DISCOUNTED PREMIUM: \$12,816.00  
Reserve Fund Assessment: \$2,307.00  
Federal Policy Service Fee: \$1,660.00  
HFIAA Surcharge: \$250.00

REVISED TOTAL ANNUAL PAYMENT \$17,033.00

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Patricia Templeton-Jones, President

070283409115124534324326

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Company

