



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).

PRODUCER Brown & Brown Insurance Services, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		CONTACT NAME: PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446 E-MAIL ADDRESS: help@eoidirect.com														
INSURED Regency Island Dunes Association, Inc. 8640 S Ocean Drive Jensen Beach FL 34957		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Mt. Hawley Insurance Company</td><td>17103</td></tr><tr><td>INSURER B: Midvale Indemnity Company</td><td>27138</td></tr><tr><td>INSURER C: Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER D: Travelers Casualty & Surety Company of America</td><td>31194</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			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				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							EBLI \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			MGL0199411	09/06/2024	09/06/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
		<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PRP229824000	09/06/2024	09/06/2025	EACH OCCURRENCE \$ 25,000,000
			AGGREGATE \$ 25,000,000				
			\$				
		DED <input checked="" type="checkbox"/> RETENTION \$ 0					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 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 _____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Regency Island Dunes 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

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% Calendar 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 5/29/25 to 5/29/26 - 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 _____

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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