



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/10/2022

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Smith & Associates Insurance Agency, Inc. PO Box 1578 New Smyrna Beach, FL 32170		CONTACT NAME: Autumn Scarsella PHONE (A/C, No. Ext): 386-409-8004 E-MAIL ADDRESS: Autumn@smithinsagencyinc.com PRODUCER CUSTOMER ID: BAHAMIANCLUB													
INSURED Bahamian Club Owners Association, Inc. 4150 South Atlantic Avenue New Smyrna Beach, FL 32169		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Frontline Insurance Unlimited</td><td>NAIC # 10074</td></tr><tr><td>INSURER B: Trisura Specialty Insurance Company</td><td>16188</td></tr><tr><td>INSURER C: Travelers Property & Casualty Insurance Company</td><td>36161</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Frontline Insurance Unlimited	NAIC # 10074	INSURER B: Trisura Specialty Insurance Company	16188	INSURER C: Travelers Property & Casualty Insurance Company	36161	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)112 Unit Residential Homeowners Association Located at 4150 South Atlantic Avenue, New Smyrna Beach, FL 32169
Unit #: Unit Owner(s): Loan #:

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	2172788280	05/19/2022	05/19/2023	<input checked="" type="checkbox"/> BUILDING	\$ 679,507 Each Bldg	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				\$5,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$	
	<input checked="" type="checkbox"/> WIND				3%	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$	
	<input type="checkbox"/>					<input type="checkbox"/>	\$
	<input type="checkbox"/>					<input type="checkbox"/>	\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	CIUHOA401177-00	05/19/2022	05/19/2023	<input checked="" type="checkbox"/> Theft/Fidelity	\$ 500,000	
	TYPE OF POLICY				<input type="checkbox"/>	\$	
	Fidelity/Employee Theft				<input type="checkbox"/>	\$	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	7K04057-A	05/19/2022	05/19/2023	<input checked="" type="checkbox"/> Limit	\$ FULL TIV	
	<input type="checkbox"/>				\$		
	<input type="checkbox"/>				\$		
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is "Walls-Out". Property Manager is included under crime coverage. No Inflation Guard, policy values based on 2020 Replacement Cost Appraisal. 30 Day Cancellation Notice except 10 days for Non Payment of Premium.

CERTIFICATE HOLDER**CANCELLATION****FOR INFORMATION ONLY**XXXXXXXXXXXX
XXXXXXXXXXXX

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

Autumn Scarsella

W056088

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2022

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 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 Smith & Associates Insurance Agency, Inc. PO Box 1578 New Smyrna Beach, FL 32170	CONTACT NAME: Autumn Scarsella		
	PHONE (A/C, No. Ext): 386-409-8004	FAX (A/C, No): 386-409-0012	
	E-MAIL ADDRESS: Autumn@smithinsagencyinc.com		
INSURED Bahamian Club Owners Association, Inc. 4150 South Atlantic Avenue New Smyrna Beach, FL 32169	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Trisura Specialty Insurance Company		16188
	INSURER B: Allied World Insurance Company		22730
	INSURER C: Technology Insurance Company		42376
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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			CIUHOA401177-00	05/19/2022	05/19/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			CIUHOA401177-00	05/19/2022	05/19/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			0313-0691-1869852	05/19/2022	05/19/2023	EACH OCCURRENCE	\$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE				\$ 15,000,000	
	<input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC4094818	05/15/2022	05/15/2023	PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Directors & Officers			CIUHOA401177-00	05/19/2022	05/19/2023	Limit: \$1,000,000	

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

112 Unit Residential Homeowners Association Located at 4150 South Atlantic Avenue New Smyrna Beach, FL 32169
Unit #:
Unit Owner(s):
Loan #:

General Liability policy contains Separation of Insured clause. 30 Day Cancellation Notice except 10 days for Non Payment of Premium

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION ONLY

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