



ANCHCON-01

SERIAGARDNER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2025

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 : Massachusetts Bay Insurance Co	22306
	INSURER D : Travelers Casualty and Surety Co of America	31194
	INSURER E : First Protective Insurance Company	10897
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:			72793229	6/28/2025	6/28/2026	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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			PRP-229824000-01-1910150	6/28/2025	6/28/2026	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
C	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 checked="" type="checkbox"/> N	N / A	WDY-D965768-06	6/28/2025	6/28/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Fidelity			107866820	6/28/2025	6/28/2026	\$1,000 Deductible 160,000
E	Property / Wind			3560973100	6/28/2025	6/28/2026	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 Condominium Association of Brevard, Inc.
c/o Precision Property Management Solutions, Inc.
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

Residential Condominium Association (21 units)**Property (Walls Out) Coverage:****420 Moore Park Lane Merritt Island, FL 32952****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*****All covered items are insured to the full replacement cost as per state-mandated appraisal****Inflation Guard: Not Available****Catastrophic Ground Collapse Coverage Included****Ordinance or Law:****Coverage A - Included****Coverage B/C - 2.5% Combined****Equipment Breakdown Coverage:****Travelers E&S - Pol #1X393882 - Eff 6/28/25-6/28/26****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 6/28/25-6/28/26****\$1,000,000 Limit / \$1,000 Deductible**

STOP AND READ!!

FREQUENTLY ASKED QUESTIONS RELATING TO PROOF OF INSURANCE

<i>Question</i>	<i>Response</i>
<i>Is Hazard Insurance written on a Replacement Cost Basis?</i>	All covered items are insured to the full replacement cost as per State mandated appraisal
<i>Will you provide a copy of the Appraisal/Valuation Report?</i>	<i>No, due to privacy reasons. Please contact the Association</i>
<i>Is Building Ordinance or Law Coverage Included?</i>	<i>See Certificate of Insurance</i>
<i>Is there a Coinsurance Clause or Agreed Amount Endorsement?</i>	<i>See Certificate of Insurance</i>
<i>Does the Hazard Insurance provide Walls-In or Walls-Out Coverage?</i>	<i>Condominium coverage is provided as per the Florida Condominium Statute 718. For all other Associations, coverage is provided per the Association's By-Laws</i>
<i>Is Inflation Guard covered or excluded?</i>	<i>See Certificate of Insurance</i>
<i>Is Equipment Breakdown Coverage included?</i>	<i>See Certificate of Insurance</i>
<i>Cancellation Clause</i>	<i>Applies per Florida Law</i>
<i>Is there a Separation of Insureds/Severability of Interests clause in the policy?</i>	<i>See Certificate of Insurance</i>
<i>Is the Property Manager covered under the Association's Crime/Fidelity Policy?</i>	<i>See Certificate of Insurance</i>