



TOPAOCE-01

SERIECOLON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2024

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 <b>AssuredPartners of Florida, LLC - Melbourne</b> 1694 W Hibiscus Blvd Ste. B Melbourne, FL 32901	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(321) 722-2338</b>	FAX (A/C, No): <b>(321) 722-2158</b>
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Southern-Owners Insurance Company</b>	<b>10190</b>
	INSURER B : <b>Greenwich Insurance Company</b>	<b>22322</b>
	INSURER C : <b>Travelers Casualty and Surety Co of America</b>	<b>31194</b>
	INSURER D : <b>Frontline Insurance Unlimited Company</b>	<b>10074</b>
	INSURER E :	
	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
<b>A</b>	<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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>20638537</b>	<b>6/1/2024</b>	<b>6/1/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>HNOA</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <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>B</b>	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>PPP7487353</b>	<b>6/1/2024</b>	<b>6/1/2025</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>C</b>	<b>Fidelity</b>			<b>105944900</b>	<b>6/1/2024</b>	<b>6/1/2025</b>	<b>\$1,000 Deductible</b> <b>110,000</b>
<b>D</b>	<b>Property / Wind</b>			<b>9942797043</b>	<b>6/1/2024</b>	<b>6/1/2025</b>	<b>See Remarks</b> <b>10,100,490</b>

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

**CERTIFICATE HOLDER**                                  **CANCELLATION**

<p>*** FOR INFORMATION ONLY *** <b>Topaz Oceanfront Condominium Association, Inc.</b> c/o M&amp;M Management Plus 371 Brightwaters Drive Cocoa Beach, FL 32931</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE </p>



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AssuredPartners of Florida, LLC - Melbourne</b>		NAMED INSURED <b>Topaz Oceanfront Condominium Association, Inc. c/o M&amp;M Management Plus 371 Brightwaters Drive Cocoa Beach, FL 32931</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

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

## Remarks

**Residential Condominium Association (28 units)**

**Property Coverage:**  
735 N Highway A1A, Indialantic, FL 32903 (28 units)  
Building Limit: \$9,979,194  
Common Amenities: \$121,296

**Deductibles:**  
\$5,000 All Other Perils  
3% Calendar Year Hurricane

**Special Form / Replacement Cost / Co-Insurance: Agreed Amount**

**Ordinance or Law:**  
Coverage A - Included  
Coverage B/C - 5% Combined Limit

**Equipment Breakdown Coverage:**  
Travelers E&S - Pol# 8W362685 - Eff 6/1/2024-6/1/2025

**General Liability Coverage:**  
Policy includes the ISO form Separation of Insureds clause

**Fidelity Coverage:**  
Property Manager is included as Employee

**Directors & Officers Coverage:**  
Travelers Casualty & Surety - Pol#105944900 - Eff 6/1/2024-6/1/2025  
\$1,000,000 Limit / \$1,000 Deductible



## How to Request a Certificate of Insurance

Proof of Insurance for this Association is available for lenders working on **new loans** and **refinancing loans**. To request a certificate of insurance, please have your lender forward a request to [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) or fax to (321) 722-2158 with the following information:

- Name of the Association
- Unit Owners Full Name(s)
- Owners Address & Unit Number (if applicable)
- Loan Number
- Mortgage Clause that Includes the Name and Address of Bank

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) or fax to (321) 722-2158.

If you are a **property manager** and need a “**For Information Only**” Certificate of Insurance, please email [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) and provide them with the name of the association and request a “**For Information Only Certificate.**”

Should you have any issues, please contact our team at [certsmib@assuredpartners.com](mailto:certsmib@assuredpartners.com) for assistance.