



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/27/2022

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.

PRODUCER Acentria Insurance 1418 W 23rd Street, #200 Panama City FL 32405 License#: L100460	CONTACT NAME: PHONE (A/C No. Ext): 850-215-5331 FAX (A/C, No): 850-215-5360	
	E-MAIL ADDRESS: condocert@acentria.com PRODUCER CUSTOMER ID: ISLACOV-01	
INSURED Island Cove Condominium Associ c/o Clover Key, Inc 110 Imperial Street Merritt Island FL 32952	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Independent Specialty Insurance Company	NAIC # 39640
	INSURER B: Continental Casualty Co.	NAIC # 10717
	INSURER C: Southern-Owners Insurance Company	NAIC # 10190
	INSURER D:	
	INSURER E:	

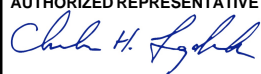
COVERAGES **CERTIFICATE NUMBER:** 1197160117 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
343 N Tropical Trl, Merritt Island, FL 32953 = 31 Units \$6,687,600
333 N Tropical Trl, Merritt Island, FL 32953 = 11 Units \$2,596,200

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	2020-808137-03	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> BUILDING	\$ 9,283,800		
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					2500	<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					25000	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Named Strm	2%		\$					
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
B	<input checked="" type="checkbox"/> CRIME	618942022	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> Limit	\$ 300,000		
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 2,000		
	Employee Dishonesty					\$		
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	2020-808137-03	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> Limit	\$ 11,130,700		
					<input checked="" type="checkbox"/>	\$ 2,500		
C	General Liability	78928006	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000		
						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hazard:
Replacement Cost - Agreed Value
No Inflation Guard
Coinsurance = NIL
Ordinance or Law = Coverage A Included; B 10%, C 5%, \$250K Max
See Attached...

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION 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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ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance		NAMED INSURED Island Cove Condominium Associ c/o Clover Key, Inc 110 Imperial Street Merritt Island FL 32952	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

SPECIAL CONDITIONS:

FL Statue 718 - Walls Out (up to dry wall)

Flood:
See attached flood declaration page
Total Units: 42

Crime:
Include Designated Agents as Employees - Property Manager

General Liability:
Separation of Insureds



THE HARTFORD
FOUNDATION RISK PARTNERS CORP
1418 W 23RD ST STE 200
PANAMA CITY, FL 32405

Agency Phone: (850) 215-5331

NFIP Policy Number: 9903032093
Company Policy Number: 99030320932019
Agent: FOUNDATION RISK PARTNERS CORP

Policy Term: 05/15/2021 12:01 AM through 05/15/2022 12:01 AM
Renewal Billing Payor: INSURED

To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>
(800) 787-5677

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS	INSURED NAME(S) AND MAILING ADDRESS
THE ISLAND COVE CONDO ASSN I C/O RECONCILABLE DIFFERENCES 2560 PALM LAKE DR MERRITT ISLAND, FL 32952-5474	THE ISLAND COVE CONDO ASSN I C/O RECONCILABLE DIFFERENCES 2560 PALM LAKE DR MERRITT ISLAND, FL 32952-5474

COMPANY MAILING ADDRESS	PROPERTY LOCATION
Hartford Insurance Company of the Midwest PO BOX 913385 DENVER, CO 80291-3385	333 N TROPICAL TRL MERRITT ISLAND, FL 329536083

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

DESCRIPTION: N/A

RATING INFORMATION		DATE OF CONSTRUCTION:	
ORIGINAL NEW BUSINESS DATE:	01/01/2000	DATE OF CONSTRUCTION:	09/23/1972
REINSTATEMENT DATE:	N/A	COMMUNITY NUMBER:	125092 0430 G REGULAR PROGRAM
BUILDING OCCUPANCY:	OTHER RESIDENTIAL	COMMUNITY NAME:	BREVARD COUNTY
CONDOMINIUM INDICATOR:	RCBAP LOW RISE	CURRENT FLOOD ZONE:	X
NUMBER OF UNITS:	11	GRANDFATHERED:	YES
PRIMARY RESIDENCE:	NO	FLOOD RISK/RATED ZONE:	AE
ADDITIONS/EXTENSIONS:	N/A	ELEVATION DIFFERENCE:	4
BUILDING TYPE:	TWO FLOORS	ELEVATED BUILDING TYPE:	NON-ELEVATED
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE:	NO BASEMENT	REPLACEMENT COST:	\$2,954,800

MORTGAGEE / ADDITIONAL INTEREST INFORMATION		DISASTER AGENCY:
FIRST MORTGAGEE:	LOAN NO: N/A	CASE NO: N/A
SECOND MORTGAGEE:	LOAN NO: N/A	DISASTER AGENCY:
ADDITIONAL INTEREST:	LOAN NO: N/A	
DISASTER AGENCY:		

PREMIUM CALCULATION – Pre-FIRM Elevation Rated							Prefirm Elevation Rated	
	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$2,750,000	\$1,250	\$660,000	0.270	\$2,090,000	0.080	(\$17.00)	\$3,437.00
CONTENTS	\$0	\$0	\$0	0.310	\$0	0.120	\$0.00	\$0.00

Coverage limitations may apply. See your policy form for details.

ANNUAL SUBTOTAL:	\$3,437.00
INCREASED COST OF COMPLIANCE:	\$8.00
COMMUNITY RATING DISCOUNT: 15%	(\$517.00)
RESERVE FUND ASSESSMENT: 18.0%	\$527.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$3,455.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$800.00
TOTAL:	\$4,505.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Doug Elliot, President

Terence Shields, Secretary

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC: 37478



File: 17533007

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DocID: 143213482



FOUNDATION RISK PARTNERS CORP
1418 W 23RD ST STE 200
PANAMA CITY, FL 32405

Agency Phone: (850) 215-5331

NFIP Policy Number: 9902833057
Company Policy Number: 99028330572019
Agent: FOUNDATION RISK PARTNERS CORP

Policy Term: 08/18/2021 12:01 AM through 08/18/2022 12:01 AM
Renewal Billing Payor: INSURED

To report a claim visit or call us at: <https://TheHartford.ManageFlood.com>
(800) 787-5677

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS
RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

ISLAND COVE CONDO ASSN INC
C/O RECONCILABLE DIFFERENCES
2560 PALM LAKE DR
MERRITT ISLAND, FL 32952-5474

INSURED NAME(S) AND MAILING ADDRESS

ISLAND COVE CONDO ASSN INC
C/O RECONCILABLE DIFFERENCES
2560 PALM LAKE DR
MERRITT ISLAND, FL 32952-5474

COMPANY MAILING ADDRESS

Hartford Insurance Company of the Midwest
PO BOX 913385
DENVER, CO 80291-3385

PROPERTY LOCATION

343 N TROPICAL TRL 31 UNIT HIGH RISE
MERRITT ISLAND, FL 329530000

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 01/01/2000
REINSTATEMENT DATE: N/A
BUILDING OCCUPANCY: OTHER RESIDENTIAL
CONDOMINIUM INDICATOR: RCBAP HIGH RISE
NUMBER OF UNITS: 31
PRIMARY RESIDENCE: NO
ADDITIONS/EXTENSIONS: N/A
BUILDING TYPE: THREE OR MORE FLOORS
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DESCRIPTION: N/A

DATE OF CONSTRUCTION: 01/01/1975
COMMUNITY NUMBER: 125092 0427 H REGULAR PROGRAM
COMMUNITY NAME: BREVARD COUNTY
CURRENT FLOOD ZONE: X
GRANDFATHERED: YES
FLOOD RISK/RATED ZONE: AE
ELEVATION DIFFERENCE: 3
ELEVATED BUILDING TYPE: NON-ELEVATED
REPLACEMENT COST: \$7,516,100

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NO: N/A

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A
DISASTER AGENCY:

PREMIUM CALCULATION —

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$7,516,100	\$1,250	\$175,000	0.400	\$7,341,100	0.048	(\$13.00)	\$4,211.00
CONTENTS	\$0	\$0	\$0	0.380	\$0	0.120	\$0.00	\$0.00

Coverage limitations may apply. See your policy form for details.

Standard

ANNUAL SUBTOTAL:	\$4,211.00
INCREASED COST OF COMPLIANCE:	\$8.00
COMMUNITY RATING DISCOUNT: 15%	(\$633.00)
RESERVE FUND ASSESSMENT: 18.0%	\$645.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM :	\$4,231.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$2,000.00
TOTAL:	\$6,481.00

In witness whereof, we, as officers of the stock Company declared on the Declarations Page, have caused this policy to be executed and attested. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Douglas Elliot
Doug Elliot, President

Terence Shields
Terence Shields, Secretary

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Hartford Insurance Company of the Midwest

Company NAIC: 37478



File: 17860734

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