



CERTIFICATE OF PROPERTY INSURANCE

TRINGALIB

 DATE (MM/DD/YYYY)
 04/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Insurance Office of America 435 S Yonge Street Suite 1 Ormond Beach, FL 32174	CONTACT NAME: Brian Mort	
	PHONE (A/C. No. Ext): (386) 671-3080	FAX (A/C. No.): (386) 671-3003
	E-MAIL ADDRESS: Brian.Mort@ioausa.com	
	PRODUCER CUSTOMER ID: OCEAVIE-04	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Wilshire Insurance Company	13234	
INSURER B: Philadelphia Indemnity Insurance Company	18058	
INSURER C: Travelers Excess and Surplus Lines Company	29696	
INSURER D: The Cincinnati Specialty Underwriters Insurance Company	13037	
INSURER E: StarNet Insurance Company	40045	
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 1 1 3600 S Ocean Shore Blvd, Flagler Beach, FL, 32136		
3600 S Ocean Shore Blvd, Flagler Beach, FL 32136-4100		
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	PROPERTY	IMP4000855 02	04/10/2025	04/10/2026	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING 10,000	BUSINESS INCOME	\$
	BROAD					EXTRA EXPENSE	\$
	X SPECIAL				CONTENTS 10,000	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$	
	FLOOD				BLANKET BLDG & PP	\$	
X X-WIND	Hazard TIV	\$					
						25,220,111	
	INLAND MARINE	TYPE OF POLICY POLICY NUMBER				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS					\$	
						\$	
B	CRIME	PCAC021024-0224	04/10/2025	04/10/2026	Employee Theft	\$	
	TYPE OF POLICY						
	Crime						
C	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	4W29256A	04/10/2025	04/10/2026	Per Breakdown	\$	
D	General Liability	CSU 0228974	04/10/2025	04/10/2026	X Each Occurrence	\$	
E	Directors & Officers					QDO0006205-00	04/10/2025
						1,000,000	
						1,000,000	
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This certificate regarding coverage for Ocean View Manor Management Corporation, Inc. is issued to the certificate holder in regard to:							

CERTIFICATE HOLDER	CANCELLATION
For Information Only	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 <i>[Signature]</i>



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insurance Office of America	NAMED INSURED Ocean View Manor Management Corporation, Inc. 3600 S Ocean Shore Blvd Flagler Beach, FL 32136
POLICY NUMBER SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1
	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Additional Information

Property:

Ordinance or Law – Coverage A – Included in Building Limit

Ordinance or Law – Coverage B&C – \$1,000,000 Combined

Replacement Cost as per the latest appraisal on file

Liability:

112 Units

Additional Insured- Condominium Unit Owners

Waiver of Transfer of Rights of Recovery Against Others to Us- Per Contract

Umbrella - Greenwich Ins. Co. (Pol. #PENDING) - \$15,000,000 Limit

Workers Comp - Zenith Ins. Co. (Pol. #Z127114411) - \$500k/500k/500k Limit



CERTIFICATE OF LIABILITY INSURANCE

04/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS 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	612-333-3323	CONTACT NAME: Dawn Heinemann or Sara McWethy
Brown & Brown Insurance Services, Inc.		PHONE (A/C No. Ext): 612-333-3323 FAX (A/C No):
901 Marquette Avenue Suite 1800 Minneapolis, MN 55402 USA		E-MAIL ADDRESS: SFPHolding@bbrown.com
INSURED	INSURER(S) AFFORDING COVERAGE NAIC #	
SFP Holding, Inc. Summit Fire & Security LLC 1950 S McCarran, Unit 170	INSURER A: GREENWICH INS CO	22322
Reno, NV 89502 USA	INSURER B: STARR IND & LIAB CO	38318
	INSURER C: XL SPECIALTY INS CO	37885
	INSURER D: MIDWEST EMPLOYERS CAS CO/THE BUILDERS GROUP	12612
	INSURER E: VANTAGE RISK SPECIALTY INS CO	16275
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 751918105** **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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X SIR: \$250,000	X	X	CGE742900703	05/01/25	05/01/26	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	CAH742900803	05/01/25	05/01/26	COMBINED SINGLE LIMIT (EA accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	1000585091251	05/01/25	05/01/26	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X	CWD7478155 (AOS)	05/01/25	05/01/26	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under: DESCRIPTION OF OPERATIONS below	N	X EWC010188/160001518 MN-ELWC	05/01/25	05/01/26	E.L. EACH ACCIDENT	\$ 1,000,000		
C		N/A	X CGW742900603 (WI)	05/01/25	05/01/26	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
E	Professional Liability		P03CP0000081220	05/01/25	05/01/26	Per Claim/Agg	5M/5M		
E	Pollution Liability		P03CP0000081220	05/01/25	05/01/26	Occ/Agg	5M/5M		

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

RE: ALL Projects/Work Performed by the Named Insured.

General, Automobile & Excess liability policies include Additional Insured & Primary & Non-contributory coverage when there is a written contract in place that requires this coverage. General, Automobile & Excess liability & Workers Compensation policies include Waiver of Subrogation coverage when there is a written contract in place that requires this coverage. All coverages apply where applicable by law & subject to the policy(s) terms, conditions & exclusions.

CERTIFICATE HOLDER

05-0200

Ocean View Manor Condominium

3600 S. Ocean Shore Blvd.

Flagler Beach, FL 32136

USA

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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