



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED The Bent Palm Club, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Property Coverage:
 Replacement Cost; Basic Form; \$5,000 Deductible for All Other Perils and 2% for Wind/Hail

41 Units

Equipment Breakdown: Travelers Excess and Surplus Lines Company - Limit: \$7,689,101

Directors & Officers Liability: Superior Specialty Insurance Company #TLUCAP50038201 - \$1,000,000

Crime/Employee Dishonesty: Superior Specialty Insurance Company #TLUCAP50038201 - \$200,000

SCHEDULE OF PROPERTY VALUES & LOCATIONS

Loc - Bldg:	Address:	Building:	Contents:	Outdoor Property:
	935 Ocean Shore Boulevard			
1-1	Ormond Beach, FL 32176 Residential Condominium – 9 Units 935 Ocean Shore Boulevard	\$1,082,614	\$0	\$0
1-2	Ormond Beach, FL 32176 Residential Condominium – 7 Units 935 Ocean Shore Boulevard	\$1,082,614	\$0	\$0
1-3	Ormond Beach, FL 32176 Residential Condominium – 6 Units 935 Ocean Shore Boulevard	\$1,387,422	\$0	\$0
1-4	Ormond Beach, FL 32176 Residential Condominium – 13 Units 935 Ocean Shore Boulevard	\$2,371,144	\$0	\$0
1-5	Ormond Beach, FL 32176 Residential Condominium – 6 Units	\$1,459,254	\$0	\$0
Total Insured Building Values		\$7,383,048		