



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2025

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 Brown & Brown Insurance Services, Inc. P.O. Box 2412 Daytona Beach FL 32115-2412	CONTACT NAME: Audrey Freeborough PHONE (A/C, No, Ext): (386) 252-9601 FAX (A/C, No): (386) 239-5729 E-MAIL ADDRESS: Audrey.Freeborough@bbrown.com
INSURED The Bent Palm Club, Inc. 935 Ocean Shore Blvd Ormond Beach FL 32176	INSURER(S) AFFORDING COVERAGE INSURER A: Superior Specialty Insurance Company INSURER B: Citizens Property Insurance Corporation INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 16551 10064

COVERAGES**CERTIFICATE NUMBER:** 24-25 COI Updtd**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TLUCAP500382-00	08/21/2024	08/21/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	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 type="checkbox"/>	N / A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Property			13378971-1	09/11/2024	09/11/2025	Total Insured Value \$7,397,000

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

Additional Coverage details on Page #2

RE: PAUL NOVAK

935 OCEAN SHORE BLVD 201

ORMOND BEACH, FL 32176

LOAN # 8200531058

CERTIFICATE HOLDER**CANCELLATION**PNC BANK, NA ISAOA ATIMA
PO BOX 7433

SPRINGFIELD

OH 45501

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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AGENCY CUSTOMER ID: 00070258

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

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

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: \$7,589,101

Directors & Officers Liability: Superior Specialty Insurance Company #TLUCAP50038200 - \$1,000,000

Crime/Employee Dishonesty: Superior Specialty Insurance Company #TLUCAP50038200 - \$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		