



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2021

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 Hays Companies Inc. 4399 Commons Drive Suite #200B Destin FL 32541 | CONTACT NAME: Crystal Langer PHONE (A/C, No, Ext): (850) 460-2500 E-MAIL ADDRESS: certrequest@hayscompanies.com | FAX (A/C, No): (850) 460-2435 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance INSURER B: Continental Casualty Company INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** CL2152713364 **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 | | | 78852037 | 06/01/2021 | 06/01/2022 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | OTHER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | Hired Non-Owned Auto | \$ 1,000,000 | |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | | |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | | |
| | <input type="checkbox"/> UMBRELLA LIAB | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> OCCUR | | | | | BODILY INJURY (Per person) | \$ | |
| | DED RETENTION \$ | <input type="checkbox"/> CLAIMS-MADE | | | | | BODILY INJURY (Per accident) | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / N | <input type="checkbox"/> N / A | | | | | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | \$ | |
| B | Crime/Employee Dishonesty | | | 618798665 | 06/01/2021 | 06/01/2022 | PER STATUTE OTHER | | |
| | | | | | | | E.L. EACH ACCIDENT | \$ | |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | Limit | 750,000 | |
| | | | | | | | Deductible | 5,000 | |

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

| | |
|---------------------------|--|
| CERTIFICATE HOLDER | 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  |



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/7/2021

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

| | | |
|---|---|------------------------------------|
| PRODUCER Hays Companies 4399 Commons Drive Suite #200B Destin FL 32541 | CONTACT NAME: Crystal Langer PHONE (A/C No. Ext): (850)460-2500 E-MAIL ADDRESS: certrequest@hayscompanies.com PRODUCER CUSTOMER ID: 00076573 | FAX (A/C, No): 850-460-2435 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED The Islander Owners Association, Inc 502 Gulf Shore Drive Destin FL 32541 | INSURER A: Certain Underwriters at Lloyds | |
| | INSURER B: Continental Casualty Company | |
| | INSURER C: Wright National Flood Insurance | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER: 21-22

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

502 Gulf Shore Drive Destin FL 32541
 Residential Condo Association

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 | Property including wind VETGF03225210 Replacement Cost Agreed Value Cottage Bldg - 1 Unit Condo Bldg - 63 Units Condo Bldg - 63 Units Equipment Breakdown | 06/01/2021 | 06/01/2022 | BUILDING | \$ |
| | CAUSES OF LOSS | | | | PERSONAL PROPERTY | \$ |
| | <input type="checkbox"/> BASIC | | | | BUSINESS INCOME | \$ |
| | <input type="checkbox"/> BROAD | | | | EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | RENTAL VALUE | \$ |
| | <input type="checkbox"/> EARTHQUAKE | | | | BLANKET BUILDING | \$ |
| | <input type="checkbox"/> WIND | | | | BLANKET PERS PROP | \$ |
| | <input type="checkbox"/> FLOOD | | | | BLANKET BLDG & PP | \$ |
| | <input checked="" type="checkbox"/> Named Storm | | | | Ordinance/Law: Coverage A | \$ |
| | <input checked="" type="checkbox"/> All Othe Wind | | | | Coverage B & C: Combined | \$ |
| | | | | | | Included 1,000,000 |
| | INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | CAUSES OF LOSS | POLICY NUMBER | | | | \$ |
| | <input type="checkbox"/> NAMED PERILS | | | | | \$ |
| B | <input checked="" type="checkbox"/> CRIME | 618798665 | 06/01/2021 | 06/01/2022 | Limit | \$ 750,000 |
| | TYPE OF POLICY Employee Dishonesty | Property Manager | Included | | Deductible | \$ 5,000 |
| | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| C | Flood 09115032488811 | Replacement Cost | 04/30/2021 | 04/30/2022 | Limit | \$ 26,586,700 |
| | | Coinurance 80% | | | Deductible | \$ 1,250 |

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**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

James Hays/CSWEEN 



A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FFL99.001 0519
0731075
4/05/21
2000 11523 FLD RCBP

FLOOD DECLARATIONS PAGE
RENEWAL

| Policy Number | NFIP Policy Number | Product Type: Standard Policy |
|------------------|--------------------|--|
| 09 1150324888 11 | 1150324888 | Residential Condominium Building Association Policy Form |

| Policy Period | Date of Issue | Agent Code | Prior Policy Number |
|--|---------------|------------|---------------------|
| From: 4/30/21 To: 4/30/22 12:01 am Standard Time | 04/05/2021 | 0731075 | 09 1150324888 10 |

Insured
ISLANDER OWNERS ASSN INC
502 GULF SHORE DR
DESTIN FL 32541-5076

HAYS COMPANIES - DESTIN
4399 COMMONS DR E STE 200B
DESTIN FL 32541-8438

Property Location (if other than above)
502 GULF SHORE DR, DESTIN FL 32541

Address may have been changed in accordance with USPS standards.

Rating Information

| | | |
|---|------------------------------------|--------------------|
| Original New Business Effective Date: 4/30/2004 | Flood Risk/Rated Zone: AE | Grandfathered: Yes |
| Building Occupancy: Other Residential | Current Flood Zone: VE | |
| Primary Residence: N | Number of Floors: 3 or more | |
| Condo Type: High Rise Number of Units: 126 | Building Indicator: Non-Elevated | |
| Community #: 125158 Map Panel/Suffix: 0005 D | Basement/Enclosure/Crawlspace: | |
| Community Rating: 06 / 20% Program Status: Regular | No Basement | |
| Community Name: DESTIN, CITY OF | Elevation Difference: 3 | |
| | Replacement Cost Value: 26,586,700 | |

| Coverage | Deductible | Annual Premium |
|----------|------------|----------------|
|----------|------------|----------------|

| | | | |
|--------------------------|--------------|---------------------------------|--------------|
| BUILDING | \$26,586,700 | \$1,250 | \$13,378.00 |
| CONTENTS | \$100,000 | \$1,250 | \$185.00 |
| | | ANNUAL SUBTOTAL: | \$13,563.00 |
| | | DEDUCTIBLE DISCOUNT/SURCHARGE: | - \$14.00 |
| | | ICC PREMIUM: | \$8.00 |
| | | COMMUNITY RATING DISCOUNT: | - \$2,712.00 |
| | | SUB-TOTAL: | \$10,845.00 |
| | | RESERVE FUND ASSESSMENT: | \$1,952.00 |
| | | PROBATION SURCHARGE: | \$0.00 |
| | | FEDERAL POLICY SERVICE FEE: | \$2,000.00 |
| | | HFIAA SURCHARGE: | \$250.00 |
| Premium Paid by: Insured | | TOTAL WRITTEN PREMIUM AND FEES: | \$15,047.00 |

THIS IS NOT A BILL

DEAR MORTGAGEE
The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: Residential Condominium Building Association Policy Form
No Additions and Extensions

Forms and Endorsements:

FFL 99.310 0120 0120 WFL 99.416 1117 1117 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
Patricia Templeton-Jones, President

073107509115032488821095

00009

Agent



09 1150324888 11

Agent (850)460-2503
HAYS COMPANIES - DESTIN
4399 COMMONS DR E STE 200B
DESTIN FL 32541-8438

The Residential Condominium Building Association Policy will not list a mortgagee for any individual unit owner on the declaration page due to National Flood Insurance Program guidelines. The *Mandatory Purchase of Flood Insurance Guidelines*, pages 45-51 provides additional information on this subject.

A mortgagee may be listed on the declaration page if the condominium association is required to obtain flood insurance as part of the security for a loan under the name of the condominium association. Please contact the agent for additional information.

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

Claims Information:

Please contact your agent or go to www.wrightflood.com to enter your claim as well as receive important information to mitigate the damage to your property. If you need to reach the insurance company the number is 1-800-725-9472.

