



RIVEBEN-01

SE71SHYATT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2024

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 AssuredPartners of Florida LLC - LM1 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME:		
	PHONE (A/C, No, Ext): (407) 203-9577	FAX (A/C, No): (407) 203-9577	
	E-MAIL ADDRESS: coi@assuredpartners.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
INSURED River Bend Condominium Association of Brevard, Inc. 3360 South Atlantic Ave Cocoa Beach, FL 32931	INSURER B : Greenwich Insurance Company		22322
	INSURER C : Pennsylvania Manufacturers' Association Insurance Company		12262
	INSURER D : First Protective Insurance Company		10897
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK2624530-023	11/14/2024	11/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2624530-023	11/14/2024	11/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP744000211-PPP7491081	11/14/2024	11/14/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	202401-14-97-51-0Y	11/14/2024	11/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property			3794301727	11/14/2024	11/14/2025	See Remarks

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

CERTIFICATE HOLDER

CANCELLATION

River Bend Condominium Association of Brevard, Inc. 3360 South Atlantic Ave Cocoa Beach, FL 32931	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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED River Bend Condominium Association of Brevard, Inc. 3360 South Atlantic Ave Cocoa Beach, FL 32931 Brevard	
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 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages
General Liability policy includes separation of insureds provision

PROPERTY COVERAGE

Insurer: First Protective Insurance Company
Policy #: 3794301727
Effective: 11/14/2024 – 11/14/2025

Location 1: 3360 South Atlantic Avenue, Building A, Cocoa Beach, FL 32931 (28 Units)
Building Limit: \$8,515,824

Location 2: 3360 South Atlantic Avenue, Building B, Cocoa Beach, FL 32931 (12 Units)
Building Limit: \$4,852,155

Location 3: 3360 South Atlantic Avenue, Building C, Cocoa Beach, FL 32931 (12 Units)
Building Limit: \$4,566,539

Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931
Swimming Pool/ Pool Equipment & Heaters Limit: \$115,000
Spa Limit: \$2,700
Patio Fencing Limit: \$4,800

Special Form
Replacement Cost

Coinsurance: Agreed Amount

Deductibles:
\$5,000 All Other Perils, Per Building, Per Occurrence
2% Hurricane, Per Calendar year, Per Building
\$5,000 All Other Wind/Hail, Per Building, Per Occurrence

Ordinance or Law:
Coverage A: Included
Coverage B & C Combined Limit: 10% Per Building

Walls-Out Coverage (No Coverage for Interior of Unit)

EQUIPMENT BREAKDOWN COVERAGE

Insurer: Travelers Excess and Surplus Lines Company
Policy #: BME1-7T166218-TXS-24
Effective: 11/14/2024 – 11/14/2025

Total Limit Per Breakdown: \$18,057,018

Deductible: \$2,500 Per Occurrence

CRIME COVERAGE

Insurer: Travelers Casualty and Surety Company
Policy #: 106018960
Effective: 11/14/2024 – 11/14/2025



ADDITIONAL REMARKS SCHEDULE

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AGENCY AssuredPartners of Florida LLC - LM1		NAMED INSURED River Bend Condominium Association of Brevard, Inc. 3360 South Atlantic Ave Cocoa Beach, FL 32931 Brevard	
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 25 FORM TITLE: Certificate of Liability Insurance

Employee Theft Limit: \$500,000 Deductible: \$2,500
Forgery or Alteration Limit: \$500,000 Deductible: \$2,500
On Premises Limit: \$500,000 Deductible: \$2,500
In Transit Limit: \$500,000 Deductible: \$2,500
Money Orders & Counterfeit Money Limit: \$500,000 Deductible: \$2,500
Computer Fraud Limit: \$500,000 Deductible: \$2,500
Funds Transfer Fraud Limit: \$500,000 Deductible: \$2,500
Personal Accounts Forgery or Alteration Limit: \$500,000 Deductible: \$2,500
Telecommunication Fraud Limit: \$100,000 Deductible: \$1,000
Social Engineering Fraud Limit: \$100,000 Deductible: \$5,000
Claim Expense Limit: 10,000 Deductible: \$0

Property Manager Included as Employee

DIRECTORS & OFFICERS COVERAGE

I Insurer: Travelers Casualty and Surety Company
Policy #: 106018960
Effective: 11/14/2024 – 11/14/2025

Each Claim/Aggregate Limit: \$1,000,000

Deductible: \$1,000 per claim



DAWSON OF FLORIDA
300 COLONIAL CT PARKWAY 270
LAKE MARY, FL 32746

Agency Phone: (407) 203-9510

NFIP Policy Number: 0152700701
Company Policy Number: 99015270072019
Agent: DAWSON OF FLORIDA

Payor: INSURED
Policy Term: 11/14/2024 12:01 AM - 11/14/2025 12:01 AM
Policy Form: RCBAP

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

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

RIVER BEND CONDOMINIUM ASSOCIATION OF BREVARD INC
3360 S ATLANTIC AVE
COCOA BEACH, FL 32931-2199

INSURED NAME(S) AND MAILING ADDRESS

RIVER BEND CONDOMINIUM ASSOCIATION OF BREVARD INC
3360 S ATLANTIC AVE
COCOA BEACH, FL 32931-2199

COMPANY MAILING ADDRESS

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

INSURED PROPERTY LOCATION

3360 S ATLANTIC AVE
COCOA BEACH, FL 329312199

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 52 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 4 FLOOR(S), MASONRY CONSTRUCTION
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

REPLACEMENT COST VALUE: \$21,813,906.00
DATE OF CONSTRUCTION: 11/13/2001

CURRENT FLOOD ZONE: AE
FIRST FLOOR HEIGHT (FEET): 0.3
FIRST FLOOR HEIGHT METHOD: ELEVATION CERTIFICATE

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: N/A

RATE CATEGORY — RATING ENGINE

BUILDING: **COVERAGE** **DEDUCTIBLE**
\$13,000,000 \$10,000
CONTENTS: \$41,000 \$10,000

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.
Please review this declaration page for accuracy. If any changes are needed, contact your agent.
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit FloodSmart.gov/floodcosts.



COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$183,081.00
CONTENTS PREMIUM:	\$1,590.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$75.00
MITIGATION DISCOUNT:	(\$0.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$18,303.00)
FULL RISK PREMIUM:	\$166,443.00
ANNUAL INCREASE CAP DISCOUNT:	(\$156,828.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$9,615.00
RESERVE FUND ASSESSMENT:	\$1,731.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY FEE:	\$1,460.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$13,056.00

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.

Melinda Thompson

Melinda Thompson, SVP, Head of Personal Lines

Terence Shields

Terence Shields, Secretary

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

Policy issued by: Hartford Insurance Company of the Midwest

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 37478



File: 31227264

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DocID: 246647026

Printed 11/24/2024



How to Request a Certificate of Insurance

Proof of insurance for this association is available for convenient **immediate download** at www.icerts.com for **lenders** working on **new loans** and **refinancing loans**. This website allows for 24/7 access to certificates with no wait time.

If you are a **unit owner** and received a letter from your lender requesting a **renewal certificate of insurance on an existing loan**, please forward a copy of the letter from your lender to cs@icerts.com.

In order to request a certificate of insurance, the following information will be required so please make sure to have it ready:

- Name of the Association
- Unit Owners Name(s)
- Owners Address & Unit number (if applicable)
- Loan Number
- Mortgagee Clause that Includes the Name and Address of Bank

If you are a **property manager** and need a **generic certificate of insurance**, please email cs@icerts.com and provide them with the name of the association and request a “generic certificate.”

Should you have any issues, please contact our team at coi@assuredpartners.com for assistance.