ACORD [®]) ®	ACORD

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DATE	(MM/DD/YYYY)	
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RIVEBEN-01

			E	K 	FICATE OF LIA	BIL	IIY INS	SURAN	GE	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.											
lf	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).										
Ass 300	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 E-MAIL BDDRESS: Coi@assuredpartners.com							203-9577			
	C 111	aly, 1 2 021 40				ADDRE					NAIC #
						INSURE			nnity Insurance Co	npany	18058
INSU	IRED)				INSURE	к в : Greenw	vich Insurar	nce Company		22322
		River Bend Condominium A	ssoc	iatio	n of Brevard, Inc.	INSURE	R C : Pennsylva	ania Manufactur	ers' Association Insurance	Company	12262
		3360 South Atlantic Ave Cocoa Beach, FL 32931				INSURE	RD:First Pr	otective Ins	surance Company		10897
		Cocoa Beach, FE 52951				INSURE	RE:				
						INSURE	RF:				
					E NUMBER:				REVISION NUMBER:		
	IDIC ERT	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORE	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS	
A	X	COMMERCIAL GENERAL LIABILITY			PHPK2624530-023		11/14/2024	11/14/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G\$	2,000,000
Α	AU								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO		PHPK2624530-023			11/14/2024	11/14/2025	BODILY INJURY (Per persor) \$	
	X	AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	\$	
В	x	UMBRELLA LIAB X OCCUR								\$	15,000,000
		EXCESS LIAB CLAIMS-MADE	-		PPP744000211-PPP74910	081	11/14/2024	11/14/2025	EACH OCCURRENCE AGGREGATE	\$	15,000,000
С	wo	RKERS COMPENSATION	+						X PER OTH STATUTE ER	- \$	
		D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			202401-14-97-51-0Y		11/14/2024	11/14/2025	E.L. EACH ACCIDENT	\$	500,000
	OFI (Ma	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. DISEASE - EA EMPLOY		500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIM		500,000			
D	Pro	operty			3794301727		11/14/2024	11/14/2025	See Remarks		
REF	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										
						0				04110-	
	River Bend Condominium Association of Brevard, Inc. River Bend Condominium Association of Brevard, Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										

3360 South Atlantic Ave Cocoa Beach, FL 32931

AUTHORIZED REPRESENTATIVE

CLOCOLLO

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AGENCY CUSTOMER ID: RIVEBEN-01



LOC #: 1

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

CARRIER NAIC CODE			
PALLEY NAMERS SEE PAGE 1 CARNUM ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Carlificate of Liability Insurance Additional Coverages General Liability policy includes separation of insureds provision PROPERTY COVERAGE Insurer: First Protective Insurance Company Policy #: 3784301727 FIRST Protective Insurance Company Policy #: 378450 Coverages #: Attantic Avenue, Building A, Cocca Beach, FL 32931 (12 Units) Building Limit: \$4,565,539 Location 1: 3380 South Atlantic Avenue, Building G, Cocca Beach, FL 32931 (12 Units) Building Limit: \$4,565,539 Location 4: 3380 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: \$4,565,539 Location 4: 3380 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: \$4,565,539 Location 4: 3380 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 Symming ProV Pool Equipment & Heaters Limit: \$115,000 Spa Limit: \$2,700 Patic Fercing Limit: \$4,880 Special Form Replacement Cost Coinsurance: Agreed Amount Deductibles Sy000 All Other Perils, Per Building, Per Occurrence Ordinance or Law: Course & Cocord Rege for Interior of Unit) ECUIPMENT BREAKDOWN COVERAGE Insure: Travelers Excess and Surplus Lines Company Policy #: BUFCANE Insure: Travelers Excess and Surplus Lines Company Policy #: BUFCANE Forker: 11/14/2024 - 11/14/2025 Total Limit Per Breakdown: \$18,057,018 Deductible: \$2,500 Per Occurrence CIME COVERAGE Insure: Travelers Excealing and Surety Company Policy #: BUFCANE Forker Streets Resolution and Surety Company Policy #: BUFCANE Forker Streets Resolution and Surety Company Policy #: BUFCANE For			River Bend Condominium Association of Brevard, Inc.
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 ROPERTY COVERAGE Insurer: First Protective Insurance Company Policy #: 3749401777 Effective: 11/14/2024 11/14/2025 Location 2: 3360 South Atlantic Avenue, Building A, Cocca Beach, FL 32931 (28 Units) Building Limit: 58,515,824 Location 2: 3380 South Atlantic Avenue, Building G, Cocca Beach, FL 32931 (12 Units) Building Limit: 54,565,39 Location 4: 3360 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: 54,566,599 Location 3: 3380 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: 54,566,599 Location 4: 3360 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: 54,566,599 Location 2: 3380 South Atlantic Avenue, Building C, Cocca Beach, FL 32931 (12 Units) Building Limit: 54,56,599 Location 2: 380 South Atlantic Avenue, Cocca Beach, FL 32931	POLICY NUMBER		Cocoa Beach, FL 32931
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FORM NUMBER: ACORD 22 FORM TTLE: Conflicted of Liability Insurance Additional Coverages General Lability policy includes separation of insureds provision	ADDITIONAL REMARKS		
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: \$4,852,155 Location 2: 3360 South Atlantic Avenue, Building B, Cocoa Beach, FL 32931 (12 Units) Building Limit: \$4,852,155 Location 2: 3360 South Atlantic Avenue, Building C, 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 Perils, Per Building, Per Occurrence 2% Hurricane, Per Calendar year, Per Building Walls-Out Coverage In Insterior of Unit) EQUIPMENT BREAKDOWN COVERAGE Insurer: Travelers Excess and Surplus Lines Company Policy #: BME1-7T16218-TX5-24 Effective: 11/14/2024 - 11/14/2025 Total Limit Per Breakdown: \$18,057,018 Deductible: \$2,500 Per Occurrence CRIME COVERAGE Insure: Travelers Casualty and Surety Company Policy #: DME1-7T16218-TX5-24 Effective: Travelers Casualty and Surety Company Policy #: DME1-7T16218-TX5-24 Effective: Travelers Casualty and Surety Company Policy #: DME1-7T16218-TX5-24	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,	
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: \$4,555,524 Location 2: 3360 South Atlantic Avenue, Building B, Cocoa Beach, FL 32931 (12 Units) Building Limit: \$4,552,155 Location 3: 3360 South Atlantic Avenue, Building C, Cocoa Beach, FL 32931 (12 Units) Building Limit: \$4,552,155 Location 3: 3360 South Atlantic Avenue, Building C, Cocoa Beach, FL 32931 (12 Units) Building Limit: \$4,552,6539 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 (12 Units) Building Limit: \$4,552,6539 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 South Atlantic Avenue, Cocoa Beach, FL 32931 Location 4: 3360 Special Form Replacement Cost Coinsurance: Agreed Annount Deductibles: S5,000 All Other Parils, Per Building, Per Occurrence Coverage A: Included Coverage N & Combined Limit: 10% Per Building Walls-Out Coverage (No Coverage for Interior of Unit) EOU/PMENT REAKDOWN COVERAGE Insure: Travelers Excess and Surplus Lines Company Policy #: BME1-77168218-7XS-24 Total Limit Per Breakdown: \$18,057,018 Deductible: \$2,500 Per Occurren	FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabi	lity Insurance	
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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	Coverage A: Included		
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	Coverage B & C Combined Limit: 10% Per Building		
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	Walls-Out Coverage (No Coverage for Interior of Unit)		
Total Limit Per Breakdown: \$18,057,018 Deductible: \$2,500 Per Occurrence CRIME COVERAGE Insurer: Travelers Casualty and Surety Company Policy #: 106018960	Insurer: Travelers Excess and Surplus Lines Company Policy #: BME1-7T166218-TXS-24	<i>y</i>	
CRIME COVERAGE Insurer: Travelers Casualty and Surety Company Policy #: 106018960			
Insurer: Travelers Casualty and Surety Company Policy #: 106018960	Deductible: \$2,500 Per Occurrence		
	Insurer: Travelers Casualty and Surety Company Policy #: 106018960		

AGENCY CUSTOMER ID: RIVEBEN-01

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

Page <u>2</u> of <u>2</u>

POLICY NUMBER SEE PAGE 1 CARRIER NAIC CODE S500 SOUTH Attaille Ave Brevard Brevard S000 SOUTH Attaille Ave Brevard S000 SOUTH Attaille Ave S000 SOUTH Attaile Ave	AGENCY		NAMED INSURED
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THE			NFIP Policy Company I Agent:		0152700701 990152700720 DAWSON OF FL		
DAWSON OF FLORIDA 300 COLONIAL CT PARKWAY 270 LAKE MARY, FL 32746			Payor: Policy Term: Policy Form:		INSURED 11/14/2024 12:01 AM - 11/14/2025 12:01 AM RCBAP		
Agency P	Phone: (407) 203-9510		To report a visit or cal		https://TheHartf (800) 787-5677	ord.ManageFlood.com	
	RENEWAL F	LOOD INSURA		OLICY DE	CLARATI	ONS	
DELIVERY ADDRESS				INSURED NAME(S) AND MAILING		
RIVER BE	ND CONDOMINIUM ASSC	CIATION OF BREVARD IN		RIVER BEND C 3360 S ATLAN		ASSOCIATION OF BE	REVARD INC
3360 S	ATLANTIC AVE				H, FL 32931-219	99	
COCOA	A BEACH, FL 32931-2	2199					
COMPANY MAILING ADDR				INSURED PROPE			
Hartford Insurance Comp PO BOX 913385	any of the Midwest			3360 S ATLANT COCOA BEACH	TC AVE 1, FL 329312199	1	
DENVER, CO 80291-338	5				,		
				BUILDING DESCI BUILDING DESCI	RIPTION: RIPTION DETAIL:	ENTIRE RESIDENTIAL CONDOM	INIUM BUILDING
					0007.001.05	404 040 000 00	
BUILDING OCCUPANCY: NUMBER OF UNITS:	RESIDENTIAL CONDOMIN			REPLACEMENT		\$21,813,906.00 11/13/2001	
PRIMARY RESIDENCE:	NO			CURRENT FLOO		AE	
PROPERTY DESCRIPTION	: SLAB ON GRADE (NON-E CONSTRUCTION	LEVATED), 4 FLOOR(S), MAS	SUNKT	FIRST FLOOR HE		0.3	
PRIOR NFIP CLAIMS:	0 CLAIM(S)			FIRST FLOOR HE	EIGHT METHOD:	ELEVATION CERTIFICATE	
	AL 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/	Ά
RATE CATEGORY — RAT	AGE DEDUCTIBLE				OOMBONEN		
BUILDING: \$13,000),000 \$10,000				COMPONEN	TS OF TOTAL AM BUILDING PREMIUM:	\$183,081.00
	I,000 \$10,000 IAY APPLY. SEE YOUR POLICY	FORM FOR DETAILS.				CONTENTS PREMIUM:	\$1,590.00
Please review this declaration p Notes: The "FULL RISK PREMI change in the rating elements."	bage for accuracy. If any changes a UM" is for this policy term only. If Your property's NFIP flood claims	are needed, contact your agent. t is subject to change annually if t history can affect your premium,	for questions		N	IANCE (ICC) PREMIUM: IITIGATION DISCOUNT: SYSTEM REDUCTION:	\$75.00 (\$0.00)
	ITIGATION DISCOUNTS" may app ated appropriately. To learn more a					FULL RISK PREMIUM:	(\$18,303.00) \$166,443.00
Ū		-				EASE CAP DISCOUNT: ATUTORY DISCOUNTS:	(\$156,828.00) (\$0.00)
					SCOUNTED PREMIUM:	\$9,615.00	
					RESERV	E FUND ASSESSMENT: HFIAA SURCHARGE:	\$1,731.00 \$250.00
AssuredPartners						EDERAL POLICY FEE:	\$1,460.00 \$0.00
						AL ANNUAL PREMIUM:	\$13,056.00
In witness whereof, we, as officers attested. If required by state law, t	of the stock Company declared on the his policy shall not be valid unless cou	Declarations Page, have caused this p ntersigned by our authorized represen	policy to be execu ntative.	uted and			
hunde Thompson		Terme Aliella					
Melinda Thompson, SVP, Head of	Personal Lines	Terence Shields, Secretary					
This declarations page along w	ith the Standard Flood Insurance	Policy Form constitutes your floo	od insurance po	blicy.	Zero Balan	ce Due - This Is No	ot A Bill
Policy issued by: Har	rtford Insurance Company o	of the Midwest			In	surer NAIC Number:	37478

Policy issued by: Hartford Insurance Company of the Midwest

File: 31227264 Page 1 of 1 Insurer NAIC Number:

DocID: 246647026



How to Request a Certificate of Insurance

Proof of insurance for this association is available for convenient **immediate download** at <u>www.icerts.com</u> 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 <u>cs@icerts.com</u>.

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 <u>cs@icerts.com</u> and provide them with the name of the association and request a "generic certificate."

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