



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY The Hilb Group of Florida		NAMED INSURED 9th Fairway Condominium At Green Dolphin Park, 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

Coverages Continued:

Special Form Hazard Excluding Wind @ Replacement Cost // Carrier: Superior Specialty Insurance Co // Policy #: TLUCAP502924-00 // Eff: 5/19/2025-26 // Total Insured Value \$12,902,246 // Coinsurance Agreed Amount // \$10,000 AOP Deductible // Ordinance of Law Included // 96 Units

Basic Form Hazard including Wind @ Replacement Cost // Carrier: Citizens // Policy #: 10820045 // Eff: 5/19/25-26 // Total Insured Value \$5,741,700 // Coinsurance Waived // \$2,500 AOP Deductible // 5% Named Hurricane Deductible Per Calendar Year // Building Ordinance or Law Not Included in Coverage // 1711 Golfview Dr & Swimming Pool Only

Directors & Officers @ \$1,000,000 // Carrier: Superior Specialty Insurance Co // Policy #: TLUCAP501803-01 // Eff: 5/19/2025-5/19/2026

Equipment Breakdown @ \$11,220,000 // Carrier: Travelers Casualty & Surety Co of America // Policy #: BME1-8X491558-TXS-25 // Eff: 3/20/2025-5/19/2026 // \$5,000 Deductible

Differences in Conditions @ \$6,596,495 // Carrier: Superior Specialty Insurance // Policy #: TLUDIC500634-1 // Eff: 5/19/2025 - 5/19/2026 // \$5,000 Deductible

Coverage Remarks:

Insurance provided as required by FL Statute 718.111. Master policy covers from drywall to the outside of the building. From the paint to the inside of the unit is each individual Owner's responsibility.

Per florida Statute 627.4133, Notice of Cancellation shall be given 45 days prior to the Effective Date of the Cancellation, except, 10 day Notice of Cancellation for Non-payment of Premium.