



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/3/2025

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.

PRODUCER Acentria Insurance 501 W. 11th St. Panama City FL 324051 License#: L100460		CONTACT NAME: PHONE (A/C, No, Ext): 850-215-5331 FAX (A/C, No): 850-806-3475 E-MAIL ADDRESS: condocert@acentria.com PRODUCER CUSTOMER ID: SEAGHIG-01	
INSURED Seagrove Highlands Condo Assn 2153 Riverchase Office Road Birmingham AL 35244-1836		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds INSURER B: Travelers Casualty and Surety Company INSURER C: Southern-Owners Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 0 19038 10190	

COVERAGES

CERTIFICATE NUMBER: 2097177485

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
231 Somerset Bridge Rd, Santa Rosa Beach, FL 32459

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 A	<input checked="" type="checkbox"/>	PROPERTY	09-7590189690-S-01 JEMSWBB00366-01	2/17/2025 2/17/2025	2/17/2026 2/17/2026	BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
		BASIC				BUSINESS INCOME	\$
		BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
		EARTHQUAKE				BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				BLANKET PERS PROP	\$
		FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	Name Storm				X Building 1	\$ 9,475,273
						X Building 2	\$ 9,475,273
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
B	<input checked="" type="checkbox"/>	CRIME	107996423	2/17/2025	2/17/2026	X Limit	\$ 250,000
		TYPE OF POLICY				X Deductible	\$ 1,000
		Employee Dishonesty					\$
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	09-7590189690-S-01	2/17/2025	2/17/2026	X Limit	\$ 100000
						X Deductible	\$ 5,000
C		General Liability	78080718	2/16/2025	2/16/2026	X Per Occurrence	\$ 1,000,000
							\$

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

Hazard:
Replacement Cost - Agreed Value
No Inflation Guard
Coinsurance - N/A
Ordinance or Law - A Included BC Combined 10% \$250K max
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Acentria Insurance		NAMED INSURED Seagrove Highlands Condo Assn 2153 Riverchase Office Road Birmingham AL 35244-1836	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE**SPECIAL CONDITIONS:**FL Statue 718 - Walls Out (up to dry wall)
Total Units: 82Crime:
Include Designated Agents as Employees - Property ManagerGeneral Liability:
Form CG0001 12/07
Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.