



SERESHO-01

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2026

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 - Melbourne 1694 W Hibiscus Blvd Ste. B Melbourne, FL 32901	CONTACT NAME:		
	PHONE (A/C, No, Ext): (321) 722-2338	FAX (A/C, No): (321) 722-2158	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Southern-Owners Insurance Company		10190
INSURED Serena Shores Condominium of Indian Harbour Beach Condominium Association Inc c/o A&E Property Solutions 351 Coconut Dr Indialantic, FL 32903	INSURER B : Midvale Indemnity Company		27138
	INSURER C : Massachusetts Bay Insurance Co		22306
	INSURER D : Frontline Insurance Unlimited Company		10074
	INSURER E : Hartford Fire Insurance Company		19682
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			72467273	3/4/2026	3/4/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							HNOA \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
							\$
B	☐ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			PRP-229824000-02-2243350	3/4/2026	3/4/2027	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WDYA570057	3/4/2026	3/4/2027	☒ PER STATUTE ☐ OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property / Wind			8193931050	3/4/2026	3/4/2027	See Remarks 12,295,528
E	Fidelity			21BDDGY0434	3/4/2026	3/4/2027	\$2,600 Ded 260,000

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

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION ONLY

Serena Shores Condominium of Indian Harbour Beach
c/o A&E Property Solutions
351 Coconut Dr
Indialantic, FL 32903

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 - Melbourne		NAMED INSURED Serena Shores Condominium of Indian Harbour Beach Condominium Association Inc	
POLICY NUMBER SEE PAGE 1		c/o A&E Property Solutions 351 Coconut Dr Indialantic, FL 32903	
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

Remarks

Property (Walls-Out) Coverage:

Residential Condo 33 Units

Location 1: 1965 Highway A1A, Indian Harbour Beach, FL 32937 (17 Units)

Building Limit - \$6,094,999

Location 2: 2035 Highway A1A, Indian Harbour Beach, FL 32937 (16 Units)

Building Limit - \$6,105,529

Common Amenities - \$95,000

Deductibles:

\$5,000 All Other Peril

3% Calendar Year Hurricane, per building

Special Form / Replacement Cost* / Co-Insurance - Agreed Amount

*All covered items are insured to the full replacement cost as per State mandated appraisal

Inflation Guard - Not Available

Catastrophic Ground Collapse Included

Ordinance or Law:

Coverage A - Included

Coverage B&C combined - 5%

Equipment Breakdown Coverage:

Liberty Mutual Ins - Pol #YB2-L9L-482094-016 - Eff 3/4/26-3/4/27

Directors & Officers Liability

Travelers Ins - Pol # 106067659 - Eff 3/4/26-3/4/27

Limit - \$1,000,000 subject to \$1,000 Ded

General Liability:

Policy includes the ISO form separation of insured's clause.

Fidelity Coverage:

Property Manager is included as Employee

STOP AND READ!!

FREQUENTLY ASKED QUESTIONS RELATING TO PROOF OF INSURANCE

<i>Question</i>	<i>Response</i>
<i>Is Hazard Insurance written on a Replacement Cost Basis?</i>	All covered items are insured to the full replacement cost as per State mandated appraisal
<i>Will you provide a copy of the Appraisal/Valuation Report?</i>	<i>No, due to privacy reasons. Please contact the Association</i>
<i>Is Building Ordinance or Law Coverage Included?</i>	<i>See Certificate of Insurance</i>
<i>Is there a Coinsurance Clause or Agreed Amount Endorsement?</i>	<i>See Certificate of Insurance</i>
<i>Does the Hazard Insurance provide Walls-In or Walls-Out Coverage?</i>	<i>Condominium coverage is provided as per the Florida Condominium Statute 718. For all other Associations, coverage is provided per the Association's By-Laws</i>
<i>Is Inflation Guard covered or excluded?</i>	<i>See Certificate of Insurance</i>
<i>Is Equipment Breakdown Coverage included?</i>	<i>See Certificate of Insurance</i>
<i>Cancellation Clause</i>	<i>Applies per Florida Law</i>
<i>Is there a Separation of Insureds/Severability of Interests clause in the policy?</i>	<i>See Certificate of Insurance</i>
<i>Is the Property Manager covered under the Association's Crime/Fidelity Policy?</i>	<i>See Certificate of Insurance</i>



How to Request a Certificate of Insurance

Proof of Insurance for this Association is available for lenders working on **new loans** and **refinancing loans**. To request a certificate of insurance, please have your lender forward a request to certsmib@assuredpartners.com or fax to (321) 722-2158 with the following information:

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

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 certsmib@assuredpartners.com or fax to (321) 722-2158.

If you are a **property manager** and need a “**For Information Only**” Certificate of Insurance, please email certsmib@assuredpartners.com and provide them with the name of the association and request a “**For Information Only Certificate.**”

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