



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY The Hilb Group of Florida		NAMED INSURED East Lake Woodlands Condominium Unit Seven Association, 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

COVERAGE CONTINUED:

Directors & Officers @ \$1,000,000 // Carrier: USLI // Policy #: CAP1565395C // Eff: 01/01/2025-2026

PROPERTY:

Basic Form Hazard Including Wind @ Replacement Cost // Carrier: Citizens // Policy #: 09714922-1 // Eff: 5/14/2024-2025 // Total Insured Value \$12,850,000 // \$1,000 AOP Deductible // 3% Hurricane Deductible // Ordinance of Law Coverage Excluded // 92 Units

Basic Form Excluding Wind @ ACV // Carrier: Scottsdale // Policy #: CPS799654101 // Eff: 5/14/2024 -2025 // Total Insured Value \$ \$40,126 // 80% Coinsurance // \$500 Deductible // Pool House Only

Differences in Conditions @ \$17,307,694 // Carrier: Trisura // Policy #: CIUDIC400506-2 // Eff: 5/14/2024-2025

Equipment Breakdown @ \$13,053,678 // Carrier: Travelers Casualty & Surety Co // Policy #: BME1-8W358900-TXS-24 // Eff: 5/14/2024-2025

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, Notices 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.

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.