



VILLATE-01

ROSENSTEINA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2025

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.

**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).

<b>PRODUCER</b> Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	<b>CONTACT NAME:</b> Amy Rosenstein <b>PHONE (A/C, No, Ext):</b> (561) 961-2523 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Amy.Rosenstein@ioausa.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : <b>Southern-Owners Insurance Company</b> <b>10190</b>	
INSURER B : <b>Travelers Casualty and Surety Company of America</b> <b>31194</b>	
INSURER C : <b>Heritage Property and Casualty Insurance Company</b> <b>14407</b>	
INSURER D :	
INSURER E :	
INSURER F :	

<b>INSURED</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72372520	8/6/2025	8/6/2026	EACH OCCURRENCE \$ <b>1,000,000</b>	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>	
							MED EXP (Any one person) \$ <b>10,000</b>	
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
							GENERAL AGGREGATE \$ <b>2,000,000</b>	
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
							\$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$	
								AGGREGATE \$
							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below    N / A						PER STATUTE    OTH-ER	
								E.L. EACH ACCIDENT \$
								E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$
B	Crime			107138731	8/6/2025	8/6/2026	<b>Employee Theft</b> <b>3,000,000</b>	
C	Property			HCP004821-10	8/6/2025	8/6/2026	<b>Building(s) Limit</b> <b>88,439,267</b>	

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

486 Units; Cause of Loss: Special Building Valuation: Replacement Cost;

Co-Insurance- Agreed Value

Equipment Breakdown Included; Deductible: 5% Hurricane – Calendar – Per Building;

\$5,000 All Other Perils; Inflation Guard 2%.

6418 Emerald Dunes Dr., West Palm Beach, FL 33411      \$ 3,775,393    20 Units

6426 Emerald Dunes Dr., West Palm Beach, FL 33411      \$ 3,775,393    20 Units

6458 Emerald Dunes Dr., West Palm Beach, FL 33411      \$ 3,775,393    20 Units

SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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The Villas at Emerald Dunes Condominium Assoc., Inc 6442 Emerald Dunes Drive West Palm Beach, FL 33411	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Insurance Office of America</b>		NAMED INSURED <b>The Villas at Emerald Dunes Condominium Assoc., Inc 6442 Emerald Dunes Drive West Palm Beach, FL 33411 Palm Beach</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

6510 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,775,393	20 Units
6434 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,343,566	10 Units
6370 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,343,566	10 Units
6378 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,343,566	10 Units
6400 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,343,566	10 Units
6450 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,343,566	10 Units
6394 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6410 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6482 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6530 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6386 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6466 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6492 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6556 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,821,012	18 Units
6475 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6559 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6565 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,636,891	22 Units
6505 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 2,821,012	18 Units
6511 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,775,393	20 Units
6521 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,775,393	20 Units
6529 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6533 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,434,411	22 Units
6573 Emerald Dunes Dr., West Palm Beach, FL 33411	\$ 3,139,493	16 Units

Crime Coverage includes Property Manager

This certificate regarding coverage for The Villas at Emerald Dunes Condo Association is issued to the certificate holder in regard to: