



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2019

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 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 Whitehaven Insurance Services, LLC 2201 Oyster Bay Lane Gulf Shores AL 36542	CONTACT NAME: PHONE (A/C. No. Ext): 251-967-3323	FAX (A/C. No): 251-967-3324
	E-MAIL ADDRESS: kelly.henderson@whitehaveninsurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Aspen Specialty Insurance Company		10717
INSURER B : Greenwich Insurance Company		22322
INSURER C : Wesco Insurance Company		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED BOARCON-01
 BOARDWALK CONDOMINIUM OWNERS ASSN, INC.
 PO BOX 2839
 GULF SHORES AL 36547

COVERAGES

CERTIFICATE NUMBER: 1187928064

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			CIUCAP001528-05	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 HIRED & NON OWNED \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7445617	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
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/A	WWC3414049	5/1/2019	5/1/2020	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	DIRECTORS & OFFICERS			CIUCAP001528-05	5/1/2019	5/1/2020	LIMIT: \$1,000,000 DED: \$1,000
A	CRIME/FIDELITY			CIUCAP001528-05	5/1/2019	5/1/2020	LIMIT: \$200,000 DED: \$1,000

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

LOCATION INSURED: 409 EAST BEACH BLVD. GULF SHORES AL 36542

1 BUILDING; 10 STORIES; 70 UNITS TOTAL; RESIDENTIAL CONDOMINIUM ASSOCIATION

GENERAL LIABILITY POLICY INCLUDES SEPARATION OF INSURED;
 FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

AS RESPECTS: UNIT OWNER NAME AND UNIT #

CERTIFICATE HOLDER**CANCELLATION**

FOR ASSOCIATION USE ONLY
 PLEASE CALL 251-967-3323 IF
 YOU NEED EVIDENCE OF INSURANCE
 FOR YOUR MORTGAGE COMPANY

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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FLOOD POLICY DECLARATIONS
New Hampshire Insurance Company

Standard Policy

Type: Renewal

Policy Period: 06/05/2018 To 06/05/2019

Original New Business Effective Date: 06/05/1997

Reinstatement Date:

Form: RCBAP

For payment status, call: (888) 245-7274

These Declarations are effective

as of: 06/05/2018 at 12:01 AM

Address Info

Producer Name and Mailing Address:

WHITEHAVEN INSURANCE SERVICES LLC
PO BOX 378
GULF SHORES, AL 36547-0378

Insured Name and Mailing Address:

BOARDWALK CONDO ASSN INC
PO BOX 2839
GULF SHORES, AL 36547-2839

NFIP Policy Number: 0120086097

Agent/Agency #: 03600-00981-000

Reference #:

Phone #: (251)967-3323

NAIC Number: 23841

Processed by:

Flood Insurance Processing Center

P.O. Box 2057 Kalispell MT 59903-2057

Property Info

Property Location:

409 E BEACH BLVD
GULF SHORES, AL 36542

Building Description:

Other Residential
Three or More Floors
Elevated With Enclosure
High Rise

Primary Residence: N

Premium Payor: Insured

Flood Risk/Rated Zone: AE **Current Zone:**

Community Number: 01 5005 1081 L

Community Name: GULF SHORES, CITY OF

Grandfathered: No

Post-Firm Construction

Program Type: Regular

Newly Mapped into SFHA:

Elev Diff: 0

Elevated Building: Y

Includes Addition(s) and Extension(s)

Replacement Cost: \$11,250,300

Number of Units: 70

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation	
Building:	11,250,300	1.440 / .075	1,250	13-	10,813.00	Premium Subtotal:	10,813.00
Contents:						Multiplier:	
Contents						ICC Premium:	6.00
Location:						CRS Discount:	1,082.00
THIS IS AN ELEVATED BUILDING. COVERAGE IS LIMITED BELOW THE LOWEST ELEVATED FLOOR. SEE PROPERTY NOT COVERED IN STANDARD FLOOD INSURANCE POLICY.						Reserve Fund Assmt:	1,461.00
						HFIAA Surcharge:	250.00
						Federal Policy Fee:	2,000.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	13,448.00

Coverage Limitations May Apply. See Your Policy Form for Details.

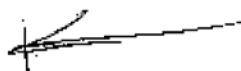
Mortgage Info

First Mortgage:

Loss Payee:

Second Mortgage:

Disaster Agency:


President


Secretary