



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/31/2022

**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.**

<b>PRODUCER</b> BXS Insurance 633 Delmas Avenue Suite A Pascagoula MS 39567  License#: PC-1092395	<b>CONTACT NAME:</b> Sara Hollis <b>PHONE (A/C No. Ext):</b> 228-366-8740 <b>E-MAIL ADDRESS:</b> sara.hollis@bxsi.com <b>PRODUCER CUSTOMER ID:</b> CRYSTOW-02	<b>FAX (A/C, No):</b> 228-863-1957
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Crystal Tower Condominium Association, Inc. 1010 West Beach Blvd. Gulf Shores AL 36542	<b>INSURER A:</b> Underwriters at Lloyd's London	<b>NAIC #</b> 32727
	<b>INSURER B:</b> CNA Insurance Company Limited	
	<b>INSURER C:</b> Gotham Insurance Company	25569
	<b>INSURER D:</b> Arch Specialty Insurance Co	21199
	<b>INSURER E:</b> James River Insurance Co	12203
	<b>INSURER F:</b> Hartford Steam Boiler Inspec & Ins Co	29890

### COVERAGES

**CERTIFICATE NUMBER:** 1643757714

**REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
1010 West Beach Blvd. Gulf Shores, AL 36542

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 C D E	<input type="checkbox"/> <b>PROPERTY</b>	AQS221168 PR202200001771 VETEF07150220 001311830	5/25/2022 5/25/2022 5/25/2022 5/25/2022	5/25/2023 5/25/2023 5/25/2023 5/25/2023	X	BUILDING	\$40,120,000	
	<input type="checkbox"/> CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					5,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					see below	BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	<input type="checkbox"/> CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
B	<input type="checkbox"/> <b>CRIME</b>	618677974	5/25/2022	5/25/2023	X	Emp Dishonesty	\$ \$400,000	
	TYPE OF POLICY						\$	
	Crime						\$	
F	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	20220525-363	5/25/2022	5/12/2023	X	Equip Breakdown	\$ \$38,720,000	
							\$	
A	Wind Deductible Buy Back	MCD220270	5/25/2022	5/25/2023	X	Wind Deductible	\$ \$25,000	
							\$	

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

Property Deductibles:  
All Other Perils: \$5,000  
Named Storm: \$25,000  
All Other Wind or Hail: \$25,000

See Attached...

### CERTIFICATE HOLDER

Bank of Commerce  
427 Main Street  
Columbus MS 39701

### CANCELLATION

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**

AGENCY BXS Insurance		NAMED INSURED Crystal Tower Condominium Association, Inc. 1010 West Beach Blvd. Gulf Shores AL 36542	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

**SPECIAL CONDITIONS:**

PLEASE NOTE: THE ABOVE LISTED COVERAGES DO NOT INCLUDE FLOOD.

Coinsurance waived. Valuation at Replacement Cost. Coverage includes Ordinance or Law. Coverage excludes unit owners improvements and betterments.

Outdoor Property includes Pools and Skywalk.

Per Building Coverage: \$38,200,000  
 Total Number of Units: 170

Crime includes severability clause. The management company is defined as a Named Entity Insured.