



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY The Hilb Group of Florida		NAMED INSURED Fareham Square Condominium 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

COVERAGES CONTINUED...

Directors & Officers @ \$1,000,000 // Carrier: United States Liability Insurance Company // Policy #: CAP1563721D // Eff: 11/8/2024-25

PROPERTY:

Property with Wind Basic Form @ Replacement Cost // Carrier: Condo Owners Reciprocal Exchange // Policy #: 18-6304056-01 // Eff: 11/28/2024-25 // Total Insured Value \$4,840,900 // \$1,000 AOP Deductible // 3% Hurricane Deductible // Ordinance of Law & Equipment Breakdown Coverage N/A // Inflation Guard Included // 19 Units

Difference in Condition @ \$4,840,876 // \$5,000 Deductible // Carrier: Superior Specialty Insurance Co // Policy #: TLUDIC500262-1 // Eff: 11/28/2024-25

Common Elements are Included in Coverage.

Coverage Based on Most Recent Appraisal Performed Within The Last 36 Months.

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, Notice 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.

7. 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.