



## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Ordinance or Law			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10%				
Ref #	Description	Coverage Code	Form No.	Edition Date
1				
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,123,958			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Defender			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
2,953,847			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building Courageous			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
2,386,088			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1				
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
2,377,076			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1				
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,903,176			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1				
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
2,076,798			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1		SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
2,616,566			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1	tor & System			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
738,653			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Restroom/Cabana	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
49,498			*\$2,500/3%	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Maintenance/Storage			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
66,640			*\$2,500/3%	Flat



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Marshall & Sterling St. Croix, Inc. 5021 Anchor Way Gallows Bay Christiansted VI 00820		PHONE (A/C. No. Ext): (340) 773-2170	COMPANY Island Heritage Insurance - 75% Participation	
FAX (A/C. No): (340) 773-9550	E-MAIL ADDRESS: rnelthropp@marshallsterling.com			
CODE: AGENCY CUSTOMER ID #: 00003915	SUB CODE:			
INSURED Schooner Bay Condominium Association & Schooner Bay Recreation P.O. Box 25531 Christiansted VI 00824		LOAN NUMBER	POLICY NUMBER CPIHG19945	
		EFFECTIVE DATE 5/21/2024	EXPIRATION DATE 5/21/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
52A, 64E, 64B, 64AA, 64G, 64H & 64A, Mt. Welcome, Christiansted, St. Croix V.I. 00820  
Residential Condominium Association with site amenities.

See Attached Overflow Pages

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	25,578	*\$2,500/3%
Extra Expense	50,000	*\$2,500/3%
Flood Limit \$1,000,000. Theft Limit \$100,000. Valuation: Replacement Cost Coinsurance: 80%		

## REMARKS (Including Special Conditions)

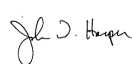
Policy Numbers: CPIHG19945 - 75% placement participation (Special Form including Windstorm, Flood, Earthquake & Volcanic Eruption.

\*Deductibles: 3% of the Total Sum Insured, per building, any one loss occurrence, in respect of Hurricane, Windstorm, Earthquake, Volcanic Eruption and Flood. \$2,500 any one Loss Occurrence in respect of all other perils

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Insured's Copy	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE John Harper, CIC/MPER 		

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Ordinance or Law			
<b>Limit 1</b> 100,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00001, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 998,606	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00002, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 2,658,109	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00003, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 2,120,891	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00004, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 2,128,807	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00005, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,705,462	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00006, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 1,870,939	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00007, 52A,64E,64B,64AA,64G,64H , Building	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 2,360,839	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00008, 52A,64E,64B,64AA,64G,64H , Building- Office including generators	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 711,522	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00009, 52A,64E,64B,64AA,64G,64H , Building- Restroom	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 46,962	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>
<b>Ref #</b> 1	<b>Description</b> 00010, 52A,64E,64B,64AA,64G,64H , Building - Maintenance/Storage	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 60,935	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> *\$2,500/3%	<b>Deductible Type</b> Flat
				<b>Premium</b>