

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/13/2025

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).												
PRODUCER						CONTACT Darnell Esannason						
Marshall & Sterling St. Croix, Inc.					PHONE (340) 773-2170 FAX (A/C, No): (340) 773-9550							
5021 Anchor Way					E-MAIL ADDRES	doconnoc	on@marshalls	terling.vi	(A/C, NO).			
Gallows Bay						INSURER(S) AFFORDING COVERAGE NAIC #						
Christiansted VI 00820					INSURERA: Lloyd's Syndicate #1969 (Apollo)							
INSURED					INSURER B:							
Schooner Bay Condominium Association & Schooner Bay Recreation												
P.O. Box 25531					INSURER C:							
1.0. 50% 20001				INSURER D:								
Christiansted				VI 00824	INSURER E:							
		TIFICATE NUMBER: CL256132286			INSURER F:							
				NOMBER.	REVIOLOTI NOMBER.							
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 REDITIONS. IADDLISUBRI												
	INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
COMMERCIAL GENERAL LIABILITY								EACH OCCURREN		Ψ	00,000	
CLAIMS-MADE OCCUR						05/01/2025	05/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 2,00	00,000	
								MED EXP (Any one	person)	\$ 15,0	000	
Α				B1230PC02647A25				PERSONAL & ADV INJURY		\$ 2,00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		\$ 2,00	00,000	
POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG		\$ 2,000,000		
OTHER:								DEDUCTIBLE		\$ 5,000		
AUTOMOBILE LIABILITY								COMBINED SINGL (Ea accident)	E LIMIT	\$ 1,00	00,000	
ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS								BODILY INJURY (Per person)		\$		
								BODILY INJURY (Per accident)		\$		
HIRED AUTOS ONLY	D NON-OWNED							PROPERTY DAMAGE (Per accident)		\$		
AO TOO ONET	AO TOO GIVET							(i di doordent)		\$		
UMBRELLA LIAB OCCUR								EACH OCCURREN	ICF	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE \$				
DED RETENTION \$								7.00.1.207.1.2		\$		
WORKERS COMPENS	ATION							PER STATUTE	OTH- ER	, v		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDE	_	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A								\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT		\$		
BESCHI HON OF SELENATIONS BEIOW								E.L. DISEASE - PC	LICT LIVIT	φ .		
DESCRIPTION OF OPERATI	ONS / LOCATIONS / VEHICL	ES (A	ORD 1	 01. Additional Remarks Schedule.	mav be a	ttached if more sr	ace is required)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Residential Condominium Association												
Tooldonida Condominian Foodolida II												
CERTIFICATE HOLDER						CANCELLATION						
Proof of Insurance					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							