



CERTIFICATE OF PROPERTY 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.

PRODUCER Marshall & Sterling St. Croix, Inc. 5021 Anchor Way Gallows Bay Christiansted VI 00820	CONTACT NAME: O'Neil Canton PHONE (A/C, No, Ext): (340) 773-2170 FAX (A/C, No): (340) 773-9550 E-MAIL ADDRESS: ocanton@marshallsterling.vi PRODUCER CUSTOMER ID: 00003915
INSURED Schooner Bay Condominium Association & Schooner Bay Recreation Association P.O. Box 25531 Christiansted VI 00824	INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyd's INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CP2561305527

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Premise - Mt. Welcome, Christiansted, St. Croix V.I. 00820 - Residential Condominium Association with site amenities.
See Attached Overflow Pages

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	<input checked="" type="checkbox"/> PROPERTY	B1230GP06403A25/B25/C25/D25	05/21/2025	05/21/2026	<input checked="" type="checkbox"/> BUILDING	\$ SEE PAGE 2-3
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 25,578
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> AGREED				<input type="checkbox"/>	\$
	<input type="checkbox"/> VALUE				<input checked="" type="checkbox"/> Extra Expense	\$ 50,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
						\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

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

UNIT NUMBERS: 101-102, 201-202, 109-113, 209-213, 114-118, 214-218, 103-108, 203-208, 119-122, 219-222, 139-143, 239-243, 144-147, 244-247

*DEDUCTIBLE: Three percent (3%) deductible of the Total Sum insured, per building, in any one occurrence for the peril of Windstorm, Earthquake, Volcanic Eruption and Flood each and every loss. \$2,500. All Other Perils, each and every loss.

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

M. R. B. et

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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	America Building (Units 101-202)			
Limit 1 1,151,925	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Defender Building (Units 109-213)			
Limit 1 3,065,166	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Courageous Building (Units 103-208)			
Limit 1 2,445,764	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Enterprise Building (Units 114-218)			
Limit 1 2,454,902	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Freedom Building (Units 119-222)			
Limit 1 1,966,325	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Vigilant Building (Units 139-243)			
Limit 1 2,157,687	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Weatherly Building (Units 144-247)			
Limit 1 2,722,690	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Office Building & Generators			
Limit 1 794,707	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Pools & Restrooms & Cabanas			
Limit 1 54,217	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Maintenance Building & Workshop			
Limit 1 70,339	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type

AGENCY CUSTOMER ID: 00003915

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Marshall & Sterling St. Croix, Inc.		NAMED INSURED Schooner Bay Condominium Association & Schooner Bay Recreation Association
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance: Notes

*DEDUCTIBLE: Three percent (3%) deductible of the Total Sum insured, per building, in any one occurrence for the peril of Windstorm, Earthquake, Volcanic Eruption and Flood each and every loss. \$2,500. All Other Perils, each and every loss.

Municipal Ordinance Extension - Limit 10% of the total building sum insured.
 Replacement Cost Values based on 2025 Appraisal