



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/25/2022
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**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> Marshall & Sterling St. Croix 5021 Anchor Way Gallows Bay Christiansted VI 00820	<b>CONTACT NAME:</b> Monica Robinson <b>PHONE (A/C, No, Ext):</b> (340) 773-2170 <b>FAX (A/C, No):</b> (340) 773-9550 <b>E-MAIL ADDRESS:</b> mrobinson@marshallsterling.vi <b>PRODUCER CUSTOMER ID:</b> 00003915														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Island Heritage Insurance Co.</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Island Heritage Insurance Co.		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															
<b>INSURED</b> Schooner Bay Condominium Association & Schooner Bay Recreation Association P.O. Box 25531 Christiansted VI 00824															

**COVERAGES** **CERTIFICATE NUMBER:** CP2272204227 **REVISION NUMBER:**

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

Premises Address: 52A,64E,64B,64AA,64G,64H, Estate Mount Welcome, Christiansted, VI 00820  
See Attached Overflow Pages : Residential Condominium Association with site amenities

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"/> <b>PROPERTY</b>	CPIHG18407	05/14/2022	05/14/2023	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING *\$2,500/3%	BUSINESS INCOME	\$
	BROAD				CONTENTS *\$2,500/3%	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				3%	RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				3%	BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				3%	BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> FLOOD				3%	BLANKET BLDG & PP	\$
	Valuation Agreed Value			<input checked="" type="checkbox"/> Business Personal	\$ 25,578		
				<input checked="" type="checkbox"/> Extra Expense	\$ 50,000		
	<b>INLAND MARINE</b>	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	NAMED PERILS				\$		
	<b>CRIME</b>				\$		
	TYPE OF POLICY				\$		
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				\$		
					\$		
					\$		

**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

### 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

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001: Building/American			
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
1,086,611			*\$2,500/3%	Flat
<b>Premium</b>				
1	00002: Building/Defender			
2,857,218			*\$2,500/3%	Flat
<b>Premium</b>				
1	00003: Building/Courageous			
2,306,101			*\$2,500/3%	Flat
<b>Premium</b>				
1	00004: Building/Enterprise			
2,297,498			*\$2,500/3%	Flat
<b>Premium</b>				
1	00005: Building/Freedom			
1,839,835			*\$2,500/3%	Flat
<b>Premium</b>				
1	00006: Bilding/Weatherly			
2,008,354			*\$2,500/3%	Flat
<b>Premium</b>				
1	00007: Building/Vigilant			
2,531,099			*\$2,500/3%	Flat
<b>Premium</b>				
1	00008: Building/Office Building			
330,096			*\$2,500/3%	Flat
<b>Premium</b>				
1	00009: Building/Generator & System			
452,385			*\$2,500/3%	Flat
<b>Premium</b>				
1	00010: Building/Restroom			
48,204			*\$2,500/3%	Flat
<b>Premium</b>				
1	00011: Building/Maintenance, Strorage Building			
64,952			*\$2,500/3%	Flat
<b>Premium</b>				



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Marshall & Sterling St. Croix		<b>NAMED INSURED</b> Schooner Bay Condominium Association & Schooner Bay Recreation Association	
<b>POLICY NUMBER</b> _____		<b>EFFECTIVE DATE:</b> _____	
<b>CARRIER</b> _____	<b>NAIC CODE</b> _____		

**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.  
 Flood with a sub-limit of \$1,000,000.  
 Theft with a sub-limit of \$100,000.  
 Ordinance or Law Coverage \$100,000.