



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/17/2019

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Marshall & Sterling St. Croix 5021 Anchor Way Gallows Bay Christiansted VI 00820	CONTACT NAME: Monica Robinson PHONE (A/C, No, Ext): (340) 773-2170 FAX (A/C, No): (340) 773-9550 E-MAIL ADDRESS: mrobinson@marshallsterling.vi PRODUCER CUSTOMER ID: 00003915	
	INSURER(S) AFFORDING COVERAGE	
INSURED Schooner Bay Condominium Association & Schooner Bay P.O. Box 25531 Christiansted VI 00824	INSURER A: Island Heritage Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CP1951002490

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc#00001: 52A,64E,64B,64AA,64G,64H ,64A Estate Mount Welcome, Christiansted V.I. 00820
 Residential Condominium Association/ 62 Units 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	CPIHG15333	5/14/2019	5/14/2020	<input checked="" type="checkbox"/> BUILDING	\$ 11,178,249	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				*\$2,500/3%	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				*\$2,500/3%	<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				3%	<input checked="" type="checkbox"/> BLANKET PERS PROP	\$ 25,578
	<input checked="" type="checkbox"/> FLOOD				3%	<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> VALUATION	AGREED VALUE	<input checked="" type="checkbox"/> Extra Expense	\$ 50,000			
			<input checked="" type="checkbox"/> ORDINANCE/ LAW	\$ 100,000			
	<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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

UNIT OWNER/PURCHASER: Thomas Yaegel

UNIT NUMBER: 109

CERTIFICATE HOLDER**CANCELLATION**

United Fidelity Bank, fsb
 It's Successors and/or Assigns
 P.O. Box 1347
 Evansville, IN 47706

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

J Harper, CIC/JPAUL

COMMENTS/REMARKS

*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.

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00000,52A,64E,64B,64AA,64G,64H, Building			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
803,042			*\$2,500/3%	
				Premium
1	00001,52A,64E,64B,64AA,64G,64H, Building	SPC		
2,110,482			*\$2,500/3%	
1	00002,52A,64E,64B,64AA,64G,64H, Building	SPC		
1,701,857			*\$2,500/3%	
1	00003,52A,64E,64B,64AA,64G,64H, Building	SPC		
1,695,302			*\$2,500/3%	
1	00004,52A,64E,64B,64AA,64G,64H, Building	SPC		
1,358,435			*\$2,500/3%	
1	00005,52A,64E,64B,64AA,64G,64H, Building	SPC		
1,483,661			*\$2,500/3%	
1	00006,52A,64E,64B,64AA,64G,64H, Building	SPC		
1,871,175			*\$2,500/3%	
1	00007,52A,64E,64B,64AA,64G,64H, Building - Office	SPC		
,72,029			*\$2,500/3%	
1	00008,52A,64E,64B,64AA,64G,64H, Building - Restroom/Cabana/Pool	SPC		
35,783			*\$2,500/3%	
1	00009,52A,64E,64B,64AA,64G,64H, Building - Maintenance Storage	SPC		
46,483			*\$2,500/3%	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium