



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/03/2024

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Florida Condominium & Apartment Insurance, Inc. 1360 S. Patrick Drive, Suite 11 Satellite Beach, FL 32937		PHONE (A/C, No, Ext): (321)775-1777		COMPANY NAME AND ADDRESS Citizens Property Insurance Corporation 301 W Bay Street Jacksonville FL 32202		NAIC NO:	
FAX (A/C, No): (321)600-2076		E-MAIL ADDRESS: balkire@fcains.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE:		SUB CODE:		POLICY TYPE PROPERTY - WIND			
AGENCY CUSTOMER ID #: 00002182				LOAN NUMBER		POLICY NUMBER 09978907-2	
NAMED INSURED AND ADDRESS XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931				EFFECTIVE DATE 06/01/2024		EXPIRATION DATE 06/01/2025	
ADDITIONAL NAMED INSURED(S)				CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>			
				THIS REPLACES PRIOR EVIDENCE DATED:			


PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 750 N ATLANTIC AVENUE COCOA BEACH FL 32931	Total of 108 Units in the Building
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		PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/> WIND ONLY
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		DED:				
	YES	NO	N/A			
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>		If YES, LIMIT:		Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>				
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE		<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:
EARTH MOVEMENT (If Applicable)				If YES, LIMIT:		DED:
FLOOD (If Applicable)				If YES, LIMIT:		DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: \$37,482,000		DED: 1%
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: \$37,482,000		DED: 5%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>			

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		LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS	
CONTRACT OF SALE MORTGAGEE					
NAME AND ADDRESS FOR INFORMATIONAL PURPOSES ONLY XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931				AUTHORIZED REPRESENTATIVE 	

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AGENCY CUSTOMER ID: 00002182

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ___ of ___

AGENCY Florida Condominium & Apartment Insurance, Inc.		NAMED INSURED XANADU CONDOMINIUM ASSOCIATION, INC.	
POLICY NUMBER 09978907-2		750 N ATLANTIC AVENUE COCOA BEACH, FL 32931	
CARRIER Citizens Property Insurance Corporation	NAIC CODE	EFFECTIVE DATE: 06/01/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

PARKING GARAGE \$2,062,000
 SWIMMING POOL \$88,000
 SPA \$20,000
 PERGOLAS \$35,000
 POOL FENCING \$20,000
 TENNIS COURT FENCING \$35,000
 FENCES \$45,000
 DUMPSTER ENCLOSURE \$7,000



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/03/2024

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PRODUCER NAME, CONTACT PERSON AND ADDRESS Florida Condominium & Apartment Insurance, Inc. 1360 S. Patrick Drive, Suite 11 Satellite Beach, FL 32937		PHONE (A/C, No, Ext): (321)775-1777		COMPANY NAME AND ADDRESS Wilshire Insurance Company		NAIC NO:	
FAX (A/C, No): (321)600-2076		E-MAIL ADDRESS: balkire@fcains.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE:		SUB CODE:		POLICY TYPE PROPERTY - EXCLUDING WIND/HAIL			
AGENCY CUSTOMER ID #: 00002182				LOAN NUMBER		POLICY NUMBER IMP4002630 00	
NAMED INSURED AND ADDRESS XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931				EFFECTIVE DATE 06/01/2024		EXPIRATION DATE 06/01/2025	
ADDITIONAL NAMED INSURED(S)				CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>			
				THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION **Total of 108 Units in the Building**
750 N ATLANTIC AVENUE
COCOA BEACH FL 32931

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 PERILS INSURED BASIC BROAD SPECIAL EXCLUDING WIND/HAIL


COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ **37,566,532** DED: **\$10,000**

	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>		If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: \$1,000,000 Combined B,C DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: \$1,000,000 Combined B,C DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>		

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

CONTRACT OF SALE <input type="checkbox"/>	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/>	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			AUTHORIZED REPRESENTATIVE 
NAME AND ADDRESS FOR INFORMATIONAL PURPOSES ONLY XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931			

AGENCY CUSTOMER ID: 00002182

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ___ of ___

AGENCY Florida Condominium & Apartment Insurance, Inc.		NAMED INSURED XANADU CONDOMINIUM ASSOCIATION, INC.	
POLICY NUMBER IMP4002630 00		750 N ATLANTIC AVENUE COCOA BEACH, FL 32931	
CARRIER WILSHIRE INSURANCE COMPANY	NAIC CODE	EFFECTIVE DATE: 06/01/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

PARKING GARAGE \$2,065,911
 POOL & EQUIPMENT \$87,500
 SPA \$20,000
 POOL ENCLOSURES \$20,000
 PERGOLAS \$35,000
 DUNE CROSSING \$14,250
 ENTRANCE SIGNS \$5,200
 PERIMETER CHAIN LINK FENCE \$45,000
 TENNIS COURT LIGHTING & FENCING \$45,000
 DUMPSTER ENCLOSURE \$7,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2024

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 Florida Condominium & Apartment Insurance, Inc. 1360 S. Patrick Drive, Suite 11 Satellite Beach, FL 32937	CONTACT NAME: Brittany Alkire PHONE (A/C, No, Ext): (321)775-1777 E-MAIL ADDRESS: balkire@fcains.com	FAX (A/C, No): (321)247-4809
	INSURER(S) AFFORDING COVERAGE	
INSURED XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931	INSURER A : TRISURA SPECIALTY INSURANCE COMPANY	
	INSURER B : Travelers Excess & Surplus	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 00002182-230472

REVISION NUMBER: 19


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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP401804-02	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A E	CRIME EQUIPMENT BREAKDOWN			CIUCAP401804-02 8W362335	06/01/2024 06/01/2024	06/01/2025 06/01/2025	EMPLOYEE THEFT \$1,000,000 \$39,901,393

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

750 N ATLANTIC AVENUE
 COCOA BEACH FL 32931

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY XANADU CONDOMINIUM ASSOCIATION, INC. 750 N ATLANTIC AVENUE COCOA BEACH, FL 32931	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  (BAN)
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