



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/05/2025

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<br>Florida Condominium & Apartment Insurance, Inc.<br>1360 S. Patrick Drive, Suite 11<br>Satellite Beach, FL 32937 |   | PHONE (A/C, No, Ext): (321)775-1777 | COMPANY NAME AND ADDRESS<br>Princeton Excess & Surplus Lines Insurance Company<br>3DA3CM0004703-00 | 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<br>PROPERTY  |  |
| AGENCY CUSTOMER ID #: 00002182   | NAMED INSURED AND ADDRESS<br>XANADU CONDOMINIUM ASSOCIATION, INC.<br>750 N ATLANTIC AVENUE<br>COCOA BEACH, FL 32931 |                                     | LOAN NUMBER<br>As assigned   | POLICY NUMBER<br>As above & below                              |
| ADDITIONAL NAMED INSURED(S)  |   | EFFECTIVE DATE<br>01/20/2025        | EXPIRATION DATE<br>03/20/2026  | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
|  |   | 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.

|   |                                     |                                     |       |   |   |  |
|---|-------------------------------------|-------------------------------------|-------|---|---|--|
| <b>COVERAGE INFORMATION</b>   |                                     | PERILS INSURED                      | BASIC | BROAD   | <input checked="" type="checkbox"/> SPECIAL |  |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 45,555,758   |                                     | DED: \$10,000                       |       | \$25,000 Water Damage   |   |  |
|   | 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"/> |       | ACV roofs over 12 years old   |   |  |
| 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: FULL LIMITS DED:                                     |   |  |
| - Demolition Costs  | <input checked="" type="checkbox"/> |                                     |       | If YES, LIMIT: \$500,000 Combined B&C DED:                          |   |  |
| - Incr. Cost of Construction  | <input checked="" type="checkbox"/> |                                     |       | If YES, LIMIT: \$500,000 Combined B&C 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: \$45,555,758 DED: \$50,000                           |   |  |
| NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | <input checked="" type="checkbox"/> |                                     |       | If YES, LIMIT: \$45,555,758 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**

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

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AGENCY CUSTOMER ID: 00002182

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Florida Condominium & Apartment Insurance, Inc. |           | NAMED INSURED<br>XANADU CONDOMINIUM ASSOCIATION, INC. |  |
| POLICY NUMBER<br>3DA3CM0004703-00                         |           | 750 N ATLANTIC AVENUE<br>COCOA BEACH, FL 32931        |  |
| CARRIER<br>Princeton E&S Lines Insurance Company          | NAIC CODE | EFFECTIVE DATE: 01/20/2025                            |  |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

CONDO BUILDING & CONTENTS \$42,865,177  
PARKING GARAGE \$2,421,631  
SWIMMING POOL \$87,500  
SPA \$20,000  
PERGOLAS \$35,000  
POOL FENCING \$20,000  
TENNIS COURT FENCING \$35,000  
PERMITER FENCE \$45,000  
DUMPSTER ENCLOSURE \$7,000  
DUNE CROSSING \$14,250  
ENTRANCE SIGNS \$5,200

AGENCY CUSTOMER ID: 00002182

LOC #:

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Florida Condominium & Apartment Insurance, Inc. |           | NAMED INSURED<br>XANADU CONDOMINIUM ASSOCIATION, INC. |  |
| POLICY NUMBER<br>3DA3CM0004703-00                         |           | 750 N ATLANTIC AVENUE<br>COCOA BEACH, FL 32931        |  |
| CARRIER<br>Princeton E&S Lines Insurance Co               | NAIC CODE | EFFECTIVE DATE: 01/20/2025                            |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

**CARRIER**

Princeton E&S Lines Insurance Co 3DA3CM0004703-00  
Steadfast Insurance Company CPP6998185  
1934 Certain Underwriters at Lloyds RNR Syndicate 1458 B1180D2519343584  
MS Transverse Specialty Insurance Company TSARPR0000827-01  
Emerald Bay Specialty Insurance Company EBS1CAR00326  
2185 Convex Insurance UK Limited B1180D2521850033  
2175 Certain Underwriters at Lloyd's Chaucer Syndicate 1084 B1180D2521750034  
Lexington Insurance Company 012067430



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2025

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).

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


**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | TLUCAP503122-00 | 06/01/2025              | 03/20/2026              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N / A    |                 |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | <b>CRIME</b>   |           |          | TLUCAP503122-00 | 06/01/2025              | 03/20/2026              | <b>EMPLOYEE THEFT</b> \$ <b>\$1,000,000</b>   |
| B        | <b>EQUIPMENT BREAKDOWN</b>   |           |          | 28W362335       | 06/01/2025              | 03/20/2026              | <b>\$39,901,393</b>   |

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**

|   |  |
|---|--|
| <b>FOR INFORMATIONAL PURPOSES ONLY</b><br><b>XANADU CONDOMINIUM ASSOCIATION, INC.</b><br><b>750 N ATLANTIC AVENUE</b><br><b>COCOA BEACH, FL 32931</b> | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><b>(BAN)</b> |
|---|--|

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