



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/10/2024

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 Key West Insurance 3152 Northside Drive, Suite #201 Key West, FL 33040		PHONE (A/C, No, Ext): 305-294-1096	COMPANY NAME AND ADDRESS Frontline Insurance Unlimited Company Frontline Insurance PO Box 631427 Cincinnati, OH 45263		NAIC NO:
FAX (A/C, No): 305-294-8016		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
License#: L100460					
CODE:	SUB CODE:		POLICY TYPE Property		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER 2373305666	
NAMED INSURED AND ADDRESS Duval Square Condominium Association, Inc. 1075 Duval Square C-24 Key West FL 33040		EFFECTIVE DATE 05/01/2024	EXPIRATION DATE 05/01/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

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

LOCATION / DESCRIPTION
Loc #1 Bldg #1 - 1075 Duval Street, C-7-23 / R1-30, Key West, Florida 33040
See Attached...

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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 13,454,301		DED: 5,000			
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			X	If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE			X	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE			X	Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE		X		If YES, 90%	
EQUIPMENT BREAKDOWN (If Applicable)			X	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X	If YES, LIMIT:	DED:
- Demolition Costs			X	If YES, LIMIT:	DED:
- Incr. Cost of Construction			X	If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)			X	If YES, LIMIT:	DED:
FLOOD (If Applicable)			X	If YES, LIMIT:	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X		If YES, LIMIT: 10%	DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

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			AUTHORIZED REPRESENTATIVE
INSURANCE PURPOSES ONLY			<i>Chad H. Lybick</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Key West Insurance		NAMED INSURED Duval Square Condominium Association, Inc. 1075 Duval Square C-24 Key West FL 33040	
POLICY NUMBER 2373305666		EFFECTIVE DATE: 05/01/2024	
CARRIER Frontline Insurance Unlimited Company	NAIC CODE		

ADDITIONAL REMARKS

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

REMARKS:

Flood Policy #09 1152044295 03 - Effective 04/23/2024 - 04/23/2025 (Bldg., D - Main Bldg) - Building Limits - \$500,000 - Contents - \$500,000 - Ded. \$1,250
 Flood Policy #09 1152044287 03 - Effective 04/23/2024 - 04/23/2025 (Bldg., B - Nail Bar) - Building Limits - \$165,000 - Contents - \$53,000 - Ded. \$1,250
 Flood Policy #09 1152044290 03 - Effective 04/23/2024 - 04/23/2025 (Bldg., C - Pasta Garden) - Building Limits - \$165,000 - Contents - \$53,000 - Ded. \$1,250
 Flood Policy #09 1152044293 03 - Effective 04/23/2024 - 04/23/2025 (Bldg., A - Circle K) - Building Limits - \$275,000 - Contents - \$53,000 - Ded. \$1,250
 Master Association Coverage for Unit Owners - C-1 through C23 - Residential Owners R-1 through R32 - 10 Day Notice of Cancellation

Unit Owner: Key West C10 LLC, 1075 Duval Square, C-10, Key West, Florida 33040

LOCATION/DESCRIPTION:

Loc #1 Bldg #2 - 1075 Duval Street, C-7-23 / R1-30, Key West, Florida 33040
 Loc #2 Bldg #1 - 1075 Duval Street, C-5/C-6, Key West, Florida 33040
 Loc #3 Bldg #1 - 1075 Duval Street, C-3/C-4 / R-31, Key West, Florida 33040
 Loc #4 Bldg #1 - 1075 Duval Street, C-1/C-2 / R1-32, Key West, Florida 33040