





# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> RSC Insurance Brokerage, Inc.		<b>NAMED INSURED</b> Surfside Palms Condo Association Inc	
<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:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Crime  
 Carrier: Philadelphia Indemnity Insurance Company  
 Effective Dates: 06/01/2025 - 06/01/2026  
 Policy No. PCAC023981-0125

Employee Dishonesty: \$200,000  
 Deductible: \$250

Property  
 Carrier: Arrowhead Program  
 Effective Dates: 06/01/2025 - 06/01/2026  
 Policy No. TSAHPR0007795-01

Location - 8888 Collins Avenue, Surfside, FL 33154

Special Form / Replacement Cost / Agreed Amount

Ordinance or Law - Coverage A: \$16,294,958  
 Ordinance or Law - Coverage B/C Combined: \$250,000

\$10,000 All Other Perils Deductible  
 5% Calendar-Year Hurricane Deductible  
 5% Wind-Driven Rain Deductible  
 \$100,000 All Other Wind Deductible  
 \$25,000 Water Damage Deductible

Building 1 Limit: \$7,558,454  
 Building 2 Limit: \$8,289,104  
 Swimming Pool Limit: \$80,000  
 Spa Limit: \$23,500

Equipment Breakdown  
 Carrier: Liberty Mutual Fire Insurance Company  
 Effective Dates: 06/01/2025 - 06/01/2026  
 Policy No. YB2-L9L-480252-015

Limit Per Breakdown: \$16,294,958  
 Property Damage Limit: Included  
 Extra Expense Limit: \$100,000  
 Spoilage Damage Limit: \$25,000  
 Water Damage Limit: \$100,000