



# EVIDENCE OF PROPERTY INSURANCE

COXEN

DATE (MM/DD/YYYY)  
4/15/2026

THIS EVIDENCE OF 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.

|   |                    |   |  |   |
|---|--------------------|---|--|---|
| AGENCY<br>Insurance Office of America<br>Abacoa Town Center<br>1200 University Blvd, Suite 200<br>Jupiter, FL 33458 |                    | PHONE<br>(A/C, No, Ext): (561) 776-0660 | COMPANY<br>American Coastal Insurance Company<br>351 SW 136th Avenue<br>Suite 201<br>Davie, FL 33325 |   |
| FAX<br>(A/C, No): (561) 776-0670  | E-MAIL<br>ADDRESS: |   |  |   |
| CODE:   | SUB CODE:          |   |  |   |
| AGENCY<br>CUSTOMER ID #: <b>SCHOBAY-01</b>  |                    | LOAN NUMBER                             |  | POLICY NUMBER<br><b>AMC36227-07</b>                               |
| INSURED<br><b>Schooner Bay Condominium, Inc.</b><br>2101 Centrepark W Dr #110,<br>West Palm Beach, FL 33409         |                    | EFFECTIVE DATE<br><b>3/26/2026</b>      | EXPIRATION DATE<br><b>3/26/2027</b>  | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:   |                    |   |  |   |

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loe # 1, Bldg # 1, 109 Paradise Harbour Boulevard, North Palm Beach, FL 33408, 69 Unit Residential Condominium  
Loe # 1, Bldg # 2, 109 Paradise Harbour Boulevard, North Palm Beach, FL 33408, Pool Equipment 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

| COVERAGE / PERILS / FORMS   | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| <b>Loe # 1, Bldg # 1</b>  |                     |            |
| Building, Special (Including theft), Replacement Cost                   | \$10,245,028        | 10,000     |
| Business Personal Property, Special (Including theft), Replacement Cost | \$20,000            | 10,000     |
| Swimming Pools, Special (Including theft), Replacement Cost             | \$87,500            | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$12,100            | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$5,260             | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$1,725             | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$9,200             | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$29,350            | 10,000     |
| Outdoor Property, Special (Including theft), Replacement Cost           | \$9,200             | 10,000     |
| <b>Loe # 1, Bldg # 2</b>  |                     |            |
| Building, Special (Including theft), Replacement Cost                   | \$9,158             | 10,000     |

## REMARKS (Including Special Conditions)

Special Conditions:  
5% Calendar Year Hurricane Deductible  
\$10,000 All Other Perils Deductible, per occurrence  
\$10,000 Sinkhole Deductible, per occurrence  
Coinsurance: N/A Agreed Amount  
Valuation: Replacement Cost

SEE ATTACHED ACORD 101

## 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

|                  |                    |                       |            |
|------------------|--------------------|-----------------------|------------|
| NAME AND ADDRESS | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | LOSS PAYEE |
|                  |                    |                       |            |

AGENCY CUSTOMER ID: SCHOBAY-01

COXEN

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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|  |                           |   |  |
|--|---------------------------|---|--|
| AGENCY<br><b>Insurance Office of America</b>         |                           | NAMED INSURED<br><b>Schooner Bay Condominium, Inc.<br/>2101 Centrepark W Dr #110,<br/>West Palm Beach, FL 33409</b> |  |
| POLICY NUMBER<br><b>AMC36227-07</b>                  |                           |   |  |
| CARRIER<br><b>American Coastal Insurance Company</b> | NAIC CODE<br><b>12968</b> | EFFECTIVE DATE: <b>03/26/2026</b>   |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

**Special Conditions:**  
**Ordinance or Law:**  
**Coverage A: Full Limit**  
**Coverage B/C: Combined: \$260,215**  
**Equipment Breakdown: Included**