



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2023

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> Deeley Insurance Group LLC 7171 Bent Pine Road P.O. Box 770 Willards MD 21874	<b>CONTACT NAME:</b> Melissa Esham <b>PHONE (A/C, No, Ext):</b> (410) 213-5600 <b>E-MAIL ADDRESS:</b> mesham@deeleyinsurance.com	<b>FAX (A/C, No):</b> (410) 835-2036
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 9400 Ocean Highway Condo Assoc, Inc. 9400 Ocean Highway Ocean City MD 21842-0000	<b>INSURER A:</b> Mount Vernon Speciality Insurance Company <b>NAIC #</b> 14420	
	<b>INSURER B:</b> Great Point Insurance	
	<b>INSURER C:</b> EMPLOYERS	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 23-24 Master COI

REVISION NUMBER:

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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP2584629	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Hired & Non-Owned Auto \$ Included
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NPP2584629	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0313-5686-1728423	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EIG5086061-00	10/01/2022	10/01/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

9400 Ocean Highway, Ocean City, MD 21842

Please see attached comments page for additional insurance policy information and condominium association overview.

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only

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

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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Deeley Insurance Group LLC		<b>NAMED INSURED</b> 9400 Ocean Highway Condo Assoc, Inc.	
<b>POLICY NUMBER</b>			
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Condominium Master Policy coverage includes the buildings and units as originally built.  
This is a single entity association. This Condominium Association has 165 units. The policy includes a Separation of Insureds clause.

**PROPERTY:** NSM Arch  
**Policy #:** CHE1EC-00568-01  
**Policy Term:** 01/01/2023-01/01-2024  
**Building Limit:** \$53,595,150  
 \$10,000 Deductible except \$15,000 Water Damage Deductible and 2% Wind & Hail Deductible

**Ordinance or Law Coverage:** Cov A is included up to the building limit; Cov B; Cov C.  
**Equipment Breakdown:** Yes; up to the building limit.  
**Betterments & Improvements Coverage:** No  
**Cause of loss:** Special Form  
**Valuation:** Replacement Cost  
**Agreed Amount**

**WIND/HAIL DEDUCTIBLE BUYBACK:**  
**Policy #:** WBB-0408-14  
**Policy Term:** 01/01/2023-01/01-2024  
**Buyback Limit:** \$1,061,903 down to \$10,000 per occurrence

Hazard policy is a replacement cost policy. Coverage is provided up to the building limit of the policy OR the replacement cost of the building whichever is lesser.

**FLOOD:** American Bankers  
**Policy #:** 9901650698  
**Policy Term:** 12/9/22-12/9/23  
**Building Limit:** \$41,250,000; \$1,250 Deductible

Coverage is written on a Residential Condominium Building Association Policy (RCBAP). Coverage is provided up to the building limit of the policy OR the replacement cost of the building whichever is lesser.

**FIDELITY:** Continental Casualty  
**Policy #:** 0251240304  
**Policy Term:** 01/01/2023-01/01-2024  
**Crime Limit:** \$700,000; \$5,000 Deductible  
 Property Manager is an additional insured.

**DIRECTORS & OFFICERS LIABILITY:** Continental Casualty  
**Policy #:** 0250891448  
**Policy Term:** 01/01/2023-01/01-2024.  
**Liability Limit:** \$1,000,000; \$1,000 Deductible

10 days' notice on non-payment; 30 days' notice of cancellation

To obtain copies of insurance policies or if you require additional assistance, please send an email request to [certificates@deeleeyinsurance.com](mailto:certificates@deeleeyinsurance.com).



**ASSURANT®**

**American Bankers Insurance Company of Florida  
Scottsdale, AZ**

**Renewal Flood Insurance Policy Declarations**

This Declarations Page is part of your Policy.

**Policy Term: 12/09/2022 (12:01 a.m.) to 12/09/2023 (12:01 a.m.)**

NAIC: 10111

**Policy Number:** 9901650698

**First Mortgagee / Lender Name:**

**Named Insured and Mailing Address:**

9400 OCEAN HIGHWAY CONDOMINIUM  
9400 COASTAL HWY  
OCEAN CITY, MD 21842-2656

**Loan Number:**

**Producer Number:** 67535-00100-024

**Second Mortgagee / Lender Name:**

**Premium Payor:** INSURED

**Property Location:**

9400 COASTAL HWY  
OCEAN CITY, MD 21842-2656

**Loan Number:**

**Other / Loss Payee:**

**For Service Please Contact:**

DEELEY INSURANCE GROUP, LLC  
PO BOX 770  
WILLARDS, MD 21874-0770  
410-213-5600

**Loan Number:**

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**LOCATION AND PROPERTY INFORMATION**

Date of Construction: 07/01/1973

Building Occupancy: Residential Condo Building

Method Used to Determine First Floor Height: FEMA determined

Building Description: Entire Residential Condo Building

Property Description: ELEVATED WITHOUT ENCLOSURE, THREE OR MORE FLOORS

Number Of Units: 165

Primary Residence: No

Prior NFIP Claims: 0 claim(s)

First Floor Height: 1.00 ft

Replacement Cost: \$ 51,043,000

*Your property's NFIP flood claims history can affect your premium.*

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**COVERAGE AND PREMIUM INFORMATION**

**Rate Category:** FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 41,250,000	\$ 1,250	\$ 23,571.00
Contents	\$ 0	\$ 0	\$ 0.00
		Increased Cost of Compliance:	\$ 75.00
		Community Rating System Discount:	\$ -4,762.00
		<b>Full Risk Premium Excluding Fees and Surcharges:</b>	<b>\$ 18,884.00</b>

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**STATUTORY DISCOUNTS**

**Discounted Premium:** \$ 18,884.00

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**FEES AND SURCHARGES**

Reserve Fund Assessment: \$ 3,399.00  
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00  
Federal Policy Fee: \$ 2,070.00

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**TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID** \$ 24,603.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.  
Refer to [www.FloodSmart.gov/floodcosts](http://www.FloodSmart.gov/floodcosts) for more information about flood risk and policy rating.

NFIP POLICY NUMBER: 0165069802