

ADDITIONAL COVERAGES

Ref #	Description Increased employer's liability	Coverage Code INEL	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$15.00
Ref #	Description Adjst. to reconcile-exp mod. premium	Coverage Code AREM	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description Additional Prem to Equal Inc Limits	Coverage Code AILMP	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$60.00
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$175.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



ADDITIONAL REMARKS SCHEDULE

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

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: Arrowhead General Ins. Agency, Inc.
 Policy #: 26-25 Arrowhead TBD
 Policy Term: 01/01/2026-01/01-2027
 Building Limit: \$59,781,290
 \$10,000 Deductible except \$10,000 Water Damage Deductible; 2% Wind & Hail Deductible; Water Damage Deductible \$25,000

Ordinance or Law Coverage: Cov A is included up to the building limit; Cov B & Cov C. - 1 \$250,000
 Betterments & Improvements Coverage: No
 Cause of loss: Special Form
 Valuation: Replacement Cost
 Co-Insurance: Agreed Amount

EQUIPMENT BREAKDOWN: Travelers Casualty & Surety Co of America
 Policy #: BME1-C3181204-TCT-26
 Policy Term: 01/01/2026-01/01-2027
 Building Limit: \$59,781,290

WIND/HAIL DEDUCTIBLE BUYBACK:
 Policy #: B2429BW2402235- TBD
 Policy Term: 01/01/2026-01/01-2027
 Buyback Limit: \$1,185,626 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.

FIDELITY: Continental Casualty
 Policy #: 0251240304
 Policy Term: 01/01/2026-01/01-2027
 Crime Limit: \$700,000; \$5,000 Deductible
 Property Manager is an additional insured.

DIRECTORS & OFFICERS LIABILITY: Continental Casualty
 Policy #: 0250891448
 Policy Term: 01/01/2026-01/01/2027
 Liability Limit: \$2,000,000; \$2,500 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@deeleynsurance.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: 12/09/2025 (12:01 a.m.) to 12/09/2026 (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:

LOCATION AND PROPERTY INFORMATION

Date of Construction: 07/01/1974
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: \$ 69,975,000

Your property's NFIP flood claims history can affect your premium. Prior Claims counted are from April 1, 2023 and after.

COVERAGE AND PREMIUM INFORMATION

Rate Category: FEMA Rating Engine

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 41,250,000	\$ 1,250	\$ 12,890.00
Contents	\$ 0	\$ 0	\$ 0.00
			Increased Cost of Compliance: \$ 75.00
Coinsurance penalty may apply. See your Policy Form for Details.			Community Rating System Discount: \$ -2,554.00
			Full Risk Premium Excluding Fees and Surcharges: \$ 10,411.00

STATUTORY DISCOUNTS

\$ 0.00
Discounted Premium: \$ 10,411.00

FEES AND SURCHARGES

Reserve Fund Assessment: \$ 1,874.00
Homeowner Flood Insurance Affordability Act of 2014 (HFIAA) Surcharge: \$ 250.00
Federal Policy Fee: \$ 2,070.00

TOTAL PREMIUM, DISCOUNTS, FEES AND SURCHARGES PAID

\$ 14,605.00

Coverage limitations may apply. See your NFIP RCBAP Form for details.

To prevent delays in claim handling, it is important to make sure that your policy information is up to date and accurate. Contact your insurance agent or company to make changes to your policy or visit [floodsmart.gov/flood](https://www.floodsmart.gov/flood) to learn more about flood insurance.

NFIP POLICY NUMBER: 0165069802