EVIDENCE OF PROPERTY INSURANCE DATE (MM/DD/YY) ACORD OPID MP 07/22/09 THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY. PHONE/FAX (A/C, No, Ext): 340-773-2170 /340-773-9550 COMPANY Marshall & Sterling Insurance 5021 Anchor Way Island Heritage Ins. Co. Gallows Bay Marketplace Christiansted VI 00820-4671 John W. Harper CODE: SUB CODE: AGENCY CUSTOMER ID #: SCHOO-2 LOAN NUMBER POLICY NUMBER INSURED IHG40239 Schooner Bay Condominium Assc EFFECTIVE DATE EXPIRATION DATE & Schooner Bay Recreation Assc CONTINUED UNTIL P.O. Box 25531 TERMINATED IF CHECKED 05/01/09 05/01/10 Christiansted VI 00824 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 001 Residential Condominium Association Estate Mount Welcome consisting of 62 units Christiansted VI 00820 COVERAGE INFORMATION COVERAGE/PERILS/FORMS AMOUNT OF INSURANCE **DEDUCTIBLE** Premises 001 Building - American 638,831 2,500 Building - Defender 2,500 1,587,337 Building - Courageous 1,369,115 2,500 Building - Enterprises Building - Freedom 1,359,619 2,500 1,088,680 2,500 Building - Weatherly 1,129,433 2,500 Building - Vigilant 1,371,461 2,500 Office Building 2,500 56,137 Pool#1, Jacuzzi/Deck 85,376 2,500 2,500 Pavillion/Restroom 28,220 Pool#2, with Deck 72,970 2,500 Tennis Court 46,719 2,500 2,500 Exterior Lighting, Sidewalks & Signs 225,896 Personal Property of the Association 25,578 2,500 REMARKS (Including Special Conditions) Form: Special Form including Earthquake, Windstorm, Flood and Theft with a sub-limit of \$20,000. per building 90% Coinsurance; Replacement Cost Valuation Deductible: \$2,500. All Other Perils, except Earthquake, Windstorm and Flood which is 3% of the total insured value per building, per location. INTT OWNER: UNIT NUMBER: **CANCELLATION** THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ 15_ WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW. ADDITIONAL INTEREST NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN # Insured's Copy Dem D. Hagen ACORD 27 (3/93) © ACORD CORPORATION 1993