



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

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 Marshall & Sterling St. Croix, Inc. 5021 Anchor Way Gallows Bay Christiansted VI 00820	PHONE (A/C, No, Ext): (340) 773-2170	COMPANY Lloyd's Syndicates - 25% Participation 107 Leadenhall Street London, EC3A 4AF
FAX (A/C, No): (340) 773-9550	E-MAIL ADDRESS: rnelthropp@marshallsterling.com	
CODE: AGENCY CUSTOMER ID #: 00003915	SUB CODE:	
INSURED Schooner Bay Condominium Association & Schooner Bay Recreation P.O. Box 25531 Christiansted VI 00824	LOAN NUMBER	POLICY NUMBER B1230GP06403A24/B24
	EFFECTIVE DATE 5/21/2024	EXPIRATION DATE 5/21/2025
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION 52A, 64E, 64B, 64AA, 64G, 64H & 64A, Mt. Welcome, Christiansted, St. Croix V.I. 00820 Residential Condominium Association with site amenities. See Attached Overflow Pages
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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	25,578	*\$2,500/3%
Extra Expense	50,000	*\$2,500/3%
Municipal Ordinance Extension - 10% of the total building sum insured.		
Valuation: Agreed Value Clause		

REMARKS (Including Special Conditions)

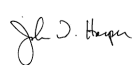
Policy Numbers: B1230GP06403B1230GP06403A24/B24 - 25% placement participation
All Risks of Direct Physical loss or Damage including Windstorm, Flood, Earthquake & Volcanic Eruption.

*Deductibles:
3% of the Total Sum Insured, per building, any one loss occurrence, in respect of
Hurricane, Windstorm, Earthquake, Volcanic Eruption and Flood.
\$2,500 any one Loss Occurrence in respect of all other perils

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 Proof of Insurance	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE John Harper, CIC/MPER 		

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Ordinance or Law			
Limit 1 10%	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - America (Units 101-202)			
Limit 1 1,123,958	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Defender (Units 109-213)			
Limit 1 2,953,847	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Courageous (Units 103-208)			
Limit 1 2,386,088	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Enterprise (Units 114-218)			
Limit 1 2,377,076	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Freedom (Units 119-222)			
Limit 1 1,903,176	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Weatherly (Units 144-247)			
Limit 1 2,076,798	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Vigilant (Units 139-243)	SPC		
Limit 1 2,616,566	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Office/Generator & System			
Limit 1 738,653	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Restroom/Cabana/Pool	SPC		
Limit 1 49,498	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Maintenance/Storage			
Limit 1 66,640	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat
				Premium



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

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 Marshall & Sterling St. Croix, Inc. 5021 Anchor Way Gallows Bay Christiansted VI 00820	PHONE (A/C, No, Ext): (340) 773-2170	COMPANY Island Heritage Insurance - 75% Participation
FAX (A/C, No): (340) 773-9550	E-MAIL ADDRESS: rnelthropp@marshallsterling.com	
CODE: AGENCY CUSTOMER ID #: 00003915	SUB CODE:	
INSURED Schooner Bay Condominium Association & Schooner Bay Recreation P.O. Box 25531 Christiansted VI 00824	LOAN NUMBER	POLICY NUMBER CPIHG19945
	EFFECTIVE DATE 5/21/2024	EXPIRATION DATE 5/21/2025
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

52A, 64E, 64B, 64AA, 64G, 64H & 64A, Mt. Welcome, Christiansted, St. Croix V.I. 00820
Residential Condominium Association with site amenities.

See Attached Overflow Pages

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	25,578	*\$2,500/3%
Extra Expense	50,000	*\$2,500/3%
Flood Limit \$1,000,000.		
Theft Limit \$100,000.		
Valuation: Replacement Cost		
Coinsurance: 80%		

REMARKS (Including Special Conditions)

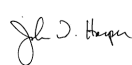
Policy Numbers: CPIHG19945 - 75% placement participation (
Special Form including Windstorm, Flood, Earthquake & Volcanic Eruption.

*Deductibles: 3% of the Total Sum Insured, per building, any one loss occurrence, in respect of Hurricane, Windstorm, Earthquake, Volcanic Eruption and Flood. \$2,500 any one Loss Occurrence in respect of all other perils

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 Proof of Insurance	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE John Harper, CIC/MPER 		

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Ordinance or Law			
Limit 1 100,000	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - America (Units 101-202)			
Limit 1 998,606	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Defender (Units 109-213)			
Limit 1 2,658,109	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Courageous (Unit 103-208)			
Limit 1 2,120,891	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Enterprise (Units 114-208)			
Limit 1 2,128,807	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Freedom (Units 119-222)			
Limit 1 1,705,462	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Weatherly (Units 144-247)			
Limit 1 1,870,939	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Vigilant (Units 139-243)			
Limit 1 2,360,839	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Office/Generators & System			
Limit 1 711,522	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Restroom/Cabana/Pool			
Limit 1 46,962	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	Building - Maintenance/Storage			
Limit 1 60,935	Limit 2	Limit 3	Deductible Amount *\$2,500/3%	Deductible Type Flat Premium