



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2024

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> Global Risk Partners 170 Meeting Street Suite 110 Charleston SC 29401	<b>CONTACT NAME:</b> Audrey Gallagher <b>PHONE (A/C, No, Ext):</b> (843) 416-1111 <b>E-MAIL ADDRESS:</b> audreyg@grpinsurance.com	<b>FAX (A/C, No):</b> (561) 448-7410
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Azalea Lakes POA Inc. c/o SemperFi Property Management 1756 Hwy 501 Myrtle Beach SC 29577	<b>INSURER A:</b> Shield Indemnity Incorporated	
	<b>INSURER B:</b> Midvale Indemnity	
	<b>INSURER C:</b> Pennsylvania Manufacturers	
	<b>INSURER D:</b> Velocity Specialty Ins. Co.	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 2024-2025                      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			02-CGL-111410-01	11/08/2024	11/08/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			02-CGL-111410-01	11/08/2024	11/08/2025	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			PRP-229824000-01-3084242	11/08/2024	11/08/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	202401-07-18-47-8Y	11/08/2024	11/08/2025	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Property, Replacement Cost, Special Form including Wind/Hail and Quake			2024-9006846-01	11/08/2024	11/08/2025	Total Insured Values \$29,200,668 AOP Ded \$10K    AOW Ded 3% NS WindHail Ded 3%    Quake Ded 3%

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

<b>CERTIFICATE HOLDER</b> Azalea Lakes POA Inc. C/O SemperFi Property Mgt 1756 Hwy 501 Myrtle Beach FL 29577	<b>CANCELLATION</b> 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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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/11/2024

THIS EVIDENCE OF COMMERCIAL 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.

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> Global Risk Partners Audrey Gallagher 170 Meeting Street Charleston SC 29401		<b>PHONE (A/C, No, Ext):</b> (843) 416-1111	<b>COMPANY NAME AND ADDRESS</b> Velocity Specialty Ins. Co. 5565 Glenridge Connector Suite 550 Atlanta 30342		<b>NAIC NO:</b>  
<b>FAX (A/C, No):</b> (561) 448-7410		<b>E-MAIL ADDRESS:</b> audreyg@grpinsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial Property	
<b>AGENCY CUSTOMER ID #:</b> 00002465		<b>NAMED INSURED AND ADDRESS</b> Azalea Lakes POA Inc. c/o SemperFi Property Management Myrtle Beach SC 29577		<b>LOAN NUMBER</b>  	
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>POLICY NUMBER</b> 2024-9006846-01		<b>EFFECTIVE DATE</b> 11/08/2024	
		<b>EXPIRATION DATE</b> 11/08/2025		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>			

### PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

<b>LOCATION / DESCRIPTION</b> Location Schedule On File With Carrier Myrtle Beach SC 29588
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

<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 29,200,668	<b>DED:</b> 10,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A <input checked="" type="checkbox"/> Actual Loss Sustained; # of months:
<b>BLANKET COVERAGE</b>	<input checked="" type="checkbox"/> If YES, indicate value(s) reported on property identified above: \$
<b>TERRORISM COVERAGE</b>	<input checked="" type="checkbox"/> Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>
<b>LIMITED FUNGUS COVERAGE</b>	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>
<b>REPLACEMENT COST</b>	<input checked="" type="checkbox"/>
<b>AGREED VALUE</b>	<input checked="" type="checkbox"/>
<b>COINSURANCE</b>	<input checked="" type="checkbox"/> If YES, 100 %
<b>EQUIPMENT BREAKDOWN (If Applicable)</b>	<input checked="" type="checkbox"/> If YES, LIMIT: 29,200,668 DED: 10,000
<b>ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg</b>	<input checked="" type="checkbox"/> If YES, LIMIT: 29,200,668 DED:
- Demolition Costs	<input checked="" type="checkbox"/> If YES, LIMIT: Lessor of 10% of Bldg or Max \$500,000 DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/> If YES, LIMIT: Lessor of 10% of Bldg or Max \$500,000 DED:
<b>EARTH MOVEMENT (If Applicable)</b>	<input checked="" type="checkbox"/> If YES, LIMIT: 29,200,668 DED: 3%
<b>FLOOD (If Applicable)</b>	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
<b>WIND / HAIL INCL</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> If YES, LIMIT: 29,200,668 DED: 3%
<b>NAMED STORM INCL</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> If YES, LIMIT: 29,200,668 DED: 3%
<b>PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS</b>	<input type="checkbox"/>

### 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

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>  
<b>NAME AND ADDRESS</b>  		<b>AUTHORIZED REPRESENTATIVE</b> 