



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2025

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).

PRODUCER Horizon First Insurance 3003 Dunes West Blvd. Ste. 48 Mt. Pleasant, SC 29466	CONTACT NAME: Karen Jones	FAX (A/C. No.):	
	PHONE (A/C. No. Ext): 843-729-9375	E-MAIL ADDRESS: karenj@horizon1st.com	
INSURED Azalea Lakes POA, Inc. C/O Semper Fi Property Management 1756 Hwy 501 Myrtle Beach, SC 29577	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Northfield Insurance Company		
	INSURER B: Greenwich Insurance		
	INSURER C: PMA Companies Inc		
	INSURER D: Certain Carriers at Lloyds		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WS682511	11/08/2025	11/08/2026	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 \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WS682511	11/08/2025	11/08/2026	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PPP7509187	11/08/2025	11/08/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
	DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	202501-07-18-47-8Y	11/08/2025	11/08/2026	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			AQS-252546	11/08/2025	11/08/2026	Total Insured Value 29,200,668 AOP Deductible \$5K AOW Ded. \$25K NS Ded 3% Quake Ded 3%

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

Directors & Officers coverage through Great American Insurance Company, Effective 11/8/25 - 11/8/2026 Policy # EPPF26331, Limit \$2,000,000, Ded. \$1K
Crime coverage through Great American Insurance Company, Effective 11/8/25 - 11/8/2026 Policy # SAAF42185900, Limit \$750,000, Deductible \$5,000

Earthquake Coverage: Limit \$29,200,668 Deductible 3%
Water Backup and Sump Overflow: \$500,000 Per Occurrence and in the annual aggregate
Wind Driven Rain \$1,000,000 Per Occurrence Deductible: \$1,000

CERTIFICATE HOLDER

Azalea Lakes POA, Inc.
C/O Semper Fi
Property Management
1756 Hwy 501
Myrtle Beach, SC
29577

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.

AUTHORIZED REPRESENTATIVE

Karen Jones



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (mm/dd/yyyy)
11/12/2025

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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Horizon First Insurance 3003 Dunes West Blvd. Ste. 48 Mt. Pleasant, SC 29466	PHONE (A/C, No., Ext): 843-729-9375	COMPANY NAME AND ADDRESS Certain Underwriters at Lloyds 4725 Piedmont Row Dr. Ste 600 Charlotte, SC 28210	NAIC NO:
FAX (A/C, No):	E-MAIL ADDRESS: karenj@horizon1st.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE Commercial Property	
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS Azaela Lakes POA, Inc. C/O Semper Fi Property Management 1756 Hwy 501 Myrtle Beach, SC 29577	LOAN NUMBER	POLICY NUMBER AQS-252546
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 11/08/2025	EXPIRATION DATE 11/08/2026	CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

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

LOCATION / DESCRIPTION Location Schedule on File With Carrier Myrtle Beach, SC 29588	17 Buildings - 204 Units
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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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 29,200,668				DED: 5,000
	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>		IF YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>		IF YES, indicate value(s) reported on property identified above: 5
TERRORISM COVERAGE		<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"/>	
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			IF YES, LIMIT: 15,000 DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>		
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>		IF YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			IF YES, LIMIT: 29,200,668 DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			IF YES, LIMIT: 29,200,668 DED:
- Demolition Costs	<input checked="" type="checkbox"/>			IF YES, LIMIT: \$1,000,000 Combined DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			IF YES, LIMIT: \$1,000,000 Combined DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		IF YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		IF YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			IF YES, LIMIT: 29,200,668 DED: \$25,000
AMED STORM INCL <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%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				

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

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**CERTIFICATES OF INSURANCE
For
CONDOMINIUM ASSOCIATION
LENDERS/UNIT OWNERS**

Horizon First Insurance is committed to providing personalized, professional service to every customer. In keeping with this commitment, we are pleased to partner with EOI Direct, a state-of-the-art insurance certificate delivery system.

EOI Direct offers 24/7 online access to insurance information for lenders, mortgage brokers, closing agents, realtors, and homeowners who need a Certificate of Insurance or a summary of a master policy for community associations insured through our Agency.

To request a certificate or view policy coverage information:

1. Visit www.eoidirect.com.
2. If you are a first-time user, follow the registration links and record your User ID and Password for future logins.
3. Once logged in, select “Evidence of Insurance” to search for and access the desired association policy information.

Fees and Access:

- There is no cost for unit owners to register and obtain their own renewal certificates.
- Lenders may be subject to a delivery fee when adding a mortgagee clause.
- Unit owners requesting certificates for new loans and/or refinances may incur a delivery fee if customized lender wording is required.

Customer Support:

EOI Direct’s customer service department is available Monday through Friday, 9:00 AM – 8:00 PM (EST) to provide assistance.

- Phone: (877) 456-EOID [3643]
- Individuals without internet access may contact this number to order a certificate by phone.