



# CERTIFICATE OF PROPERTY INSURANCE

TRINGALIB

 DATE (MM/DD/YYYY)  
 12/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER		CONTACT NAME: Brian Mort	
Insurance Office of America 435 S Yonge Street Suite 1 Ormond Beach, FL 32174		PHONE (A/C, No, Ext): (386) 671-3080	FAX (A/C, No): (386) 671-3003
		E-MAIL ADDRESS: Brian.Mort@ioausa.com	
		PRODUCER CUSTOMER ID: SPRUPOI-01	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : American Coastal Insurance Company	NAIC # 12968
		INSURER B : Superior Specialty Insurance Company	16551
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	AMC-35868-07	12/10/2025	12/10/2026	BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> 3% CYD				Hazard/TIV	2,234,061
						\$
	INLAND MARINE	TYPE OF POLICY				\$
						\$
						\$
						\$
B	<input checked="" type="checkbox"/> CRIME	POLICY NUMBER	12/10/2025	12/10/2026	<input checked="" type="checkbox"/> Employee Theft	50,000
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	AMC-35868-07	12/10/2025	12/10/2026	<input checked="" type="checkbox"/> Breakdown Limit	2,234,061
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This certificate regarding coverage for Spruce Point, Inc. is issued to the certificate holder in regard to:

## CERTIFICATE HOLDER

## CANCELLATION

For Information Only	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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Insurance Office of America</b>	NAMED INSURED Spruce Point, Inc. 101,103,105,104,100, Silver Fern Drive 1896 E. Spruce Creek Blvd. 1865 Silver Fern Court Port Orange, FL 32128	
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

## Additional Information

Property

No Co-insurance

Agreed Amount Scheduled

Replacement Cost as per latest appraisal on file

Ordinance or Law Coverage:

Coverage A Full Limit

Coverage B/C Combined Limit \$55,852