





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Bouvier Insurance</b>		NAMED INSURED <b>Cloisters Owners' Association, Inc. (The) c/o Ghertner &amp; Company 50 Vantage Way, Suite 100 Nashville, TN 37228</b>	
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 25 FORM TITLE: Certificate of Liability Insurance

**Additional Coverage Details:**

The association consists of 120 residential buildings containing 240 units.

Employee Dishonesty coverage with a limit of \$2,500,000, and Property Manager Fidelity included.

Coverage is written on a Special Form, Agreed Value, Replacement Cost basis.

Property coverage is subject to the following deductible: \$25,000 per occurrence.

**Special Property Deductibles:**

2% per occurrence/per building for Wind/Hail.

Coverage includes the exterior and interior finished flooring, walls, ceilings, and permanently attached fixtures for full replacement back to original specifications. This coverage does not apply to any commercial unit within the building (if applicable).

Equipment Breakdown coverage is included.

Ordinance & Law coverage is included.

Wind/Hail coverage is included.

Separation of Insureds is included.

Cancellation Notice: 10 days for non-payment of premium.

Inflation Guard Endorsement is not included. Replacement cost coverage is reviewed annually for accuracy through Marshall & Swift/Boeckh reports.

Please refer to the association's governing documents to confirm specific items the unit owner is responsible for covering under their HO-6 policy. Coverage is based on the governing documents.



Attached is an evidence of coverage for information purposes only.

As a unit owner, if your mortgage company requests proof of insurance coverage for the Association Master Policy, you will need to arrange for a "Certificate of Insurance" to be sent directly to your lender.

You can request a Certificate of Insurance via fax, email, or through the website listed below. It is common for lenders to request proof of coverage on an annual basis.

**Request Methods:**

- **Email:** COI\_Southeast@binsurance.com
- **Fax:** 615.610.6039
- **Website:** [binsurance.com](http://binsurance.com) (Click "REQUEST CERTIFICATE" in the top right corner)

**To ensure a smooth and efficient process, please submit the following details with every request:**

1. Name of Unit Owner(s)
2. Address of Unit Owner
3. Mortgage Holder Name and Mailing Address (if applicable)
4. Loan Number for Mortgage (if applicable)

For quicker processing, kindly include the full name of the condominium or homeowner association in your request. If you have received a letter from your lender, please be sure to include it with your submission to ensure accuracy.