



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2023

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> Marsh & McLennan Agency LLC 2500 City West Blvd. Suite 2400 Houston TX 77042	<b>CONTACT</b> NAME: April Hassell PHONE (A/C, No, Ext): 713-780-6618 E-MAIL: April.Hassell@marshmma.com ADDRESS: April.Hassell@marshmma.com	<b>FAX</b> (A/C, No):
<b>INSURED</b> Maravilla Owners Association, Inc. 9520 Seawall Blvd. Galveston TX 77554	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Western World Insurance Company INSURER B: Nautilus Insurance Company INSURER C: Texas Mutual Insurance Company INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 13196 17370 22945

**COVERAGES****CERTIFICATE NUMBER:** 1572385252**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 <input checked="" type="checkbox"/> 250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			NPP8941812	11/27/2022	11/27/2023	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 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			NPP8941812	11/27/2022	11/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input checked="" type="checkbox"/> RETENTION \$ 0			AN1272789	11/27/2022	11/27/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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			0002052657	11/27/2022	11/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes

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

  
Brett Herrington

**ASSURANT®**

**American Bankers Insurance Company of Florida**

P.O. Box 662888  
Dallas, Texas 75266-2888

**Policy Number: 9905345278**

**NFIP Policy Number: 9905345278**

**Insured's Name and Address**  
MARAVILLA OWNERS ASSN  
9520 SEAWALL BLVD  
GALVESTON, TX 77554-5100

# FLOOD INSURANCE RENEWAL BILLING NOTICE

**Notice Date: January 4, 2023**

**Policy Expiration Date:** 01/22/2023 12:01 a.m.

**Premium Due Date:** 01/22/2023

**Insured Property Location**  
9520 SEAWALL BLVD A-G  
GALVESTON, TX 77554-5100

Thank you for purchasing your National Flood Insurance Program (NFIP) Flood policy with us. Here is your new NFIP Flood policy summary. Your flood insurance policy covers building and contents damages caused by flooding.

Your flood insurance policy covers building and contents damages related to flooding. To maintain coverage of this policy you must renew the policy each year.

You may choose to renew this policy with the current coverage limits shown below or increase your coverage with Option B. The increased coverage available with Option B accounts for an inflation factor of 10% for building coverage and 5% for contents.

\*The maximum amount of building coverage that can be purchased is the Replacement Cost Value of the building or the total number of units times \$250,000, whichever is less. Contents coverage maximum is \$100,000.

Please indicate below if you would like to renew your current coverage amounts or increase your coverage (if available).

Coverage Options	Coverages		Deductibles		Amount Due
	Building	Contents	Building	Contents	
A. Renewal coverage	\$ 21,010,000	\$ 63,000	\$ 5,000	\$ 5,000	\$ 20,681
B. Increased coverage	\$ 21,010,000	\$ 66,000	\$ 5,000	\$ 5,000	\$ 20,693

Please see the reverse side for additional important information.

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**Representative:**

MARSH USA INC  
MARSH & MCLENNAN AGENCY LLC  
2500 CITYWEST BLVD STE 2400  
HOUSTON, TX 77042-3031

713-966-1776

**Payor's Name and Address:**

**MARAVILLA OWNERS ASSN  
9520 SEAWALL BLVD  
GALVESTON, TX 77554-5100**

Please return this portion with your payment to the address indicated below. Make check payable to American Bankers Insurance Company of Florida. Insureds may also submit premium online through the self-service portal at [www.AssurantFlood.com](http://www.AssurantFlood.com).

**Policy Number: 9905345278**

MARAVILLA OWNERS ASSN  
9520 SEAWALL BLVD  
GALVESTON, TX 77554-5100

Select renewal option:

	Building / Contents Coverage	Amount Due
A.	\$ 21,010,000 / \$ 63,000	\$ 20,681
B.	\$ 21,010,000 / \$ 66,000	\$ 20,693

Amount  
Enclosed

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AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
P.O. BOX 662888  
DALLAS, TEXAS 75266-2888

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