



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2023

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).

PRODUCER Global Risk Partners 170 Meeting Street Suite 110 Charleston SC 29401	CONTACT NAME: Audrey Gallagher PHONE (A/C, No, Ext): (843) 416-1111 E-MAIL ADDRESS: audreyg@grpinsurance.com	FAX (A/C, No): (561) 448-7410
	INSURER(S) AFFORDING COVERAGE	
INSURED Beach Walk Place HPR c/o SemperFi Property Management 1756 Hwy 501 Myrtle Beach SC 29577	INSURER A: United States Liability Ins Co INSURER B: Pennsylvania Manufacturers INSURER C: Arch Specialty Insurance Company INSURER D: INSURER E: INSURER F:	
	NAIC # 25895	

COVERAGES **CERTIFICATE NUMBER:** 2023-2024 **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/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		INSD	WVD						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NPP1613096	07/22/2023	07/22/2024	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ Included	
A	AUTOMOBILE LIABILITY			NPP1613096	07/22/2023	07/22/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP1569617	07/22/2023	07/22/2024	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	\$
		<input type="checkbox"/> CLAIMS-MADE							\$
	DED	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2023011401728Y	07/22/2023	07/22/2024	PER STATUTE	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	Property - Replacement Cost, Special Form including Wind/Hail & Quake			CH1EC-00943-1	07/22/2023	07/22/2024	Total Insured Values	\$4,602,462	
								NS W/H Ded 5%	
							All Other Perils Ded \$10K		

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

CERTIFICATE HOLDER**CANCELLATION**

SemperFi Property Management
 1756 Hwy 51
 Myrtle Beach SC 29577

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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Global Risk Partners		NAMED INSURED Beach Walk Place HPR	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

Directors & Officers written with United States Liability Insurance Company Policy #NPP1613096 Eff: 7/22/2023-7/22/2024. Each Claim Limit \$1,000,000
Deductible \$1,000



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/14/2023

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 Global Risk Partners Audrey Gallagher 170 Meeting Street Charleston SC 29401		PHONE (A/C, No, Ext): (843) 416-1111	COMPANY NAME AND ADDRESS Arch Specialty Insurance Company Spring Mill Corporate Center 555 North Lane, Suite 6060 Conshohocken PA 19428	NAIC NO:
FAX (A/C, No): (561) 448-7410	E-MAIL ADDRESS: audreyg@grpinsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Commercial Property	
AGENCY CUSTOMER ID #: 00002387	NAMED INSURED AND ADDRESS Beach Walk Place HPR c/o SemperFi Property Management Myrtle Beach SC 29577		LOAN NUMBER CH1EC-00943-1	POLICY NUMBER
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 07/22/2023		EXPIRATION DATE 07/22/2024
		CONTINUED UNTIL TERMINATED IF CHECKED		<input type="checkbox"/>
		THIS REPLACES PRIOR EVIDENCE DATED:		

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

LOCATION / DESCRIPTION 100-700 Myrtle Beach	Beach Walk Place SC 29577	Loc# 00001/Bldg# 00001 See Overflow
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	DED: 10,000
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 911,492				
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
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: 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: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 B&C Combined DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 B&C Combined DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 4,577,462 DED: 3%
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: 4,577,462 - All Other Wind ded DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: 4,577,462 DED: 5%
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		LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS
CONTRACT OF SALE				
MORTGAGEE				
NAME AND ADDRESS				AUTHORIZED REPRESENTATIVE
				<i>Kean Jones</i>

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ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, 100-700, All Other Wind/Hail	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, 100-700, Building (Pool House	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
20,000			10,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, 100-700, Named Storm Deductible	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, 100-700, Pool	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
25,000			1,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002, 100-700, Building	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
911,492			10,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002, 100-700, All Other Wind/Hail	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002, 100-700, Earthquake	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002, 100-700, Named Storm Deductible	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00003, 100-700, Building	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
911,492			10,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00003, 100-700, All Other Wind/Hail	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			25,000	
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00003, 100-700, Earthquake	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Premium				

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00003, 100-700, Named Storm Deductible	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00004, 100-700, Building	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
911,493			10,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00004, 100-700, All Other Wind/Hail	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00004, 100-700, Earthquake	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00004, 100-700, Named Storm Deductible	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00005, 100-700, Building	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
911,493			10,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00005, 100-700, All Other Wind/Hail	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			25,000	
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00005, 100-700, Earthquake	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			3	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00005, 100-700, Named Storm Deductible	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type