



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/05/16

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Sjr Insurance 3815 N Us Highway 1 #118 Cocoa, FL 32926 (321)264-2434	<b>CONTACT NAME:</b> Robin Kendrick
	<b>PHONE (A/C, No, Ext):</b> (321) 264-2434- <b>FAX (A/C, No):</b> (321) 264-0779
	<b>E-MAIL ADDRESS:</b> rkendrick@sjrinsurance.com
	<b>PRODUCER CUSTOMER ID:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <span style="float:right"><b>NAIC #</b></span>
<b>INSURED</b> Banana Bay Condominium Association, Inc C/o Reconcilable Differences 2560 Palm Lake Drive Merritt Island FL 32952	<b>INSURER A :</b> American Coastal/AmRisk
	<b>INSURER B :</b> Aspen Specialty
	<b>INSURER C :</b> American Coastal
	<b>INSURER D :</b> Federal Insurance Co
	<b>INSURER E :</b> Indian Harbor Insurance Co
	<b>INSURER F :</b>

**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	AMC27047	11/20/16	11/20/17	<input checked="" type="checkbox"/> BUILDING	\$ 18,862,208.00	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				AOP - \$5,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				see hurricane	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Hurricane	5%	<input checked="" type="checkbox"/> 136 Units Total	\$ See Total Above				
<input checked="" type="checkbox"/> RC		<input checked="" type="checkbox"/> Ordinance / Law	\$ 250,000				
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY	11/20/16	11/20/17	<input checked="" type="checkbox"/> General Agg	\$ 2,000,000.	
	CAUSES OF LOSS	General Liability			<input checked="" type="checkbox"/> Each Occurrence	\$ 1,000,000.	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Prod-Comp Op Ag	\$ 2,000,000.	
B	<input checked="" type="checkbox"/> CRIME	CIUCAP000242-03	11/20/16	11/20/17	<input checked="" type="checkbox"/> Pers & Adv Injury	\$ 1,000,000.	
B	TYPE OF POLICY	CIUCAP000242-03	11/20/16	11/20/17	<input checked="" type="checkbox"/> Limit	\$ 750,000.	
	Fidelity Bond				<input checked="" type="checkbox"/> Deductible	\$ 5,000.	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	AMC27047	11/20/16	11/20/17	<input checked="" type="checkbox"/> Limit	\$ 10,000,000.	
B	Directors & Officers	CIUCAP000242-03	11/20/16	11/20/17	<input type="checkbox"/>	\$	
					<input checked="" type="checkbox"/> Limit	\$ 1,000,000	
					<input checked="" type="checkbox"/> Deductible	\$ 1,000	

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

\*There are a total of 22 (4-unit) townhouses and 2 (24-unit) condo buildings\* NO Walls-In coverage

D. Umbrella- Policy #AAREO-9271, EFF Dates: 11/20/16-11/20-17, Limit: \$5,000,000.

E. Environmental Impairment- Policy #STC7205294, EFF Dates: 11/20/16-11/20/17, Limit: \$250,000. Deductible: \$5,000

<b>CERTIFICATE HOLDER</b>  N/A	<b>CANCELLATION</b>  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  Dave Murrell
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