



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/04/2017

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.

PRODUCER		CONTACT NAME:	
SJR INSURANCE		PHONE (A/C, No, Ext): (321) 264-2434-	FAX (A/C, No): 3212640779
3815 N Us Highway 1 #118		E-MAIL ADDRESS: CERTIFICATES@sjrinsurance.com	
Cocoa FL 32926		PRODUCER CUSTOMER ID:	
INSURED		INSURER(S) AFFORDING COVERAGE	
Banana Bay Condominium Association, Inc		INSURER A: Frontline	
C/o Reconcilable Differences 2560 Palm Lake Drive		INSURER B: Aspen Specialty	
		INSURER C: Travelers	
		INSURER D: Federal Insurance Co	
		INSURER E: Indian Harbor Insurance Co	
		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	FIC1-206339	11/20/17	11/20/18	<input checked="" type="checkbox"/> BUILDING	\$ 18,862,208.00	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING AOP - \$5,000	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<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	\$				
<input checked="" type="checkbox"/> RC	Agreed Value	<input checked="" type="checkbox"/> Ordinance / Law	\$ 1,000,000				
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY	11/20/17	11/20/18	<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.	
		CIUCAP000242-03			<input checked="" type="checkbox"/> Pers & Adv Injury	\$ 1,000,000.	
B	<input checked="" type="checkbox"/> CRIME		11/20/17	11/20/18	<input checked="" type="checkbox"/> Limit	\$ 750,000.	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 5,000.	
	Fidelity Bond				\$		
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BME1-3H567999-TIA-17	11/20/17	11/20/18	<input checked="" type="checkbox"/> Limit	\$ 10,000,000.	
					\$		
B	Directors & Officers	CIUCAP000242-03	11/20/17	11/20/18	<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)

## CERTIFICATE HOLDER

## 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.

AUTHORIZED REPRESENTATIVE

*James E. ...*

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