



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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 SJR Insurance 3815 N US Highway 1 #118 Cocoa FL 32926 (321) 264-2434	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
PRODUCER CUSTOMER ID: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Island Cove Condominium Association Inc UNIT OWNER	INSURER A: Frontline	
	INSURER B: Trisura	
	INSURER C: Travelers	
	INSURER D:	
	INSURER E:	
	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 CAUSES OF LOSS: BASIC, BROAD, SPECIAL, EARTHQUAKE, WIND, FLOOD DEDUCTIBLES: BUILDING, CONTENTS	8439914949	08/15/2023	08/15/2024	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> GENERAL AGGREGATE <input checked="" type="checkbox"/> PRODUCTS AND CO	\$ 14,624,100 \$ \$ \$ \$ \$ \$ \$ \$ 2,000,000 \$ 2,000,000
B	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS: NAMED PERILS	TYPE OF POLICY: General Liability POLICY NUMBER: CIUHOA404327-00	02/16/2023	02/16/2024	<input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> PER OCCURRENCE <input checked="" type="checkbox"/> DAMAGE RENTED TO <input checked="" type="checkbox"/> MEDICAL	\$ 1,000,000 \$ 1,000,000 \$ 50,000 \$ 5,000
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY: DIRECTORS AND OFFICERS	CIUHOA404327-00	02/16/2023	02/16/2024	<input checked="" type="checkbox"/> LIMIT	\$ 300,000
B	<input type="checkbox"/> CRIME TYPE OF POLICY: DIRECTORS AND OFFICERS	CIUHOA404327-00	02/16/2023	02/16/2024	<input checked="" type="checkbox"/> LIMIT	\$ 1,000,000
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	4W285973	02/16/2023	02/16/2024	<input checked="" type="checkbox"/> LIMIT	\$ 13,583,830
						\$
						\$
						\$

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

CERTIFICATE HOLDER**CANCELLATION**

Loan #: _____	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 JUSTIN MURRELL

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