



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/01/2018

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 Jakab Insurance, dba Suncore	CONTACT NAME: Customer Service														
	PHONE (A/C, No, Ext): 772-341-6606 FAX (A/C, No):														
E-MAIL ADDRESS:	PRODUCER CUSTOMER ID:														
INSURED Beacon 21 Condo C PO Box 111 Jensen Beach, FL 34958 16 Units	<table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; border: none;">NAIC #</th> </tr> <tr> <td style="border: none;">INSURER A : Citizens</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B : Philadelphia Package</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C : Philadelphia Package</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Citizens		INSURER B : Philadelphia Package		INSURER C : Philadelphia Package		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: 2014 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				<input checked="" type="checkbox"/> BUILDING	\$ 493,500	
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$	
	<input type="checkbox"/> BASIC	BUILDING			BUSINESS INCOME	\$	
	<input type="checkbox"/> BROAD	2500/5%	FRJM489079	01/01/2018	01/01/2019	EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL	CONTENTS				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					BLANKET PERS PROP	\$
<input type="checkbox"/> FLOOD		BLANKET BLDG & PP				\$	
<input checked="" type="checkbox"/> replace	cost				\$		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
b	<input checked="" type="checkbox"/> CRIME					\$ 100,000	
	TYPE OF POLICY	4560460	01/01/2018	01/01/2019		\$	
	crome					\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
c	package liability and directors	4507489709	01/01/2018	01/01/2019		\$ 2,000,000	
						\$ 1,000,000	

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 <div style="text-align: center; margin-top: 10px;"> </div>
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