



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/18/2018

**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.**

<b>PRODUCER</b> Jakab Insurance PO Box 111 Jensen Beach, FL 34958	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Scott</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 772-341-6606</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A :</b> Lloyd's</td> <td></td> </tr> <tr> <td><b>INSURER B :</b> Lloyd's</td> <td></td> </tr> <tr> <td><b>INSURER C :</b> Travelers</td> <td></td> </tr> <tr> <td><b>INSURER D :</b> Travelers</td> <td></td> </tr> <tr> <td><b>INSURER E :</b> Philadelphia Indemnity</td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Scott		<b>PHONE (A/C, No, Ext):</b> 772-341-6606	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>PRODUCER CUSTOMER ID:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b> Lloyd's		<b>INSURER B :</b> Lloyd's		<b>INSURER C :</b> Travelers		<b>INSURER D :</b> Travelers		<b>INSURER E :</b> Philadelphia Indemnity		<b>INSURER F :</b>	
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<b>INSURED</b> La Mariposa HOA 2700 SW MARIPOSA CIRCLE PALM CITY, FL 34990																							

**COVERAGES** **CERTIFICATE NUMBER: 2013** **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/e	<input checked="" type="checkbox"/> <b>PROPERTY</b>				<input checked="" type="checkbox"/> BUILDING	\$ 89,700	
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$	
	<input type="checkbox"/> BASIC	BUILDING	50890609	06/18/2018	06/18/2019	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	1000/3%				EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL	CONTENTS				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
<input checked="" type="checkbox"/> FLOOD	7/5/17-7/5/18	BLANKET BLDG & PP				\$	
						\$	
d	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
	<input checked="" type="checkbox"/> <b>Umbrella</b>					\$ 5m/1m	
c	<input type="checkbox"/> <b>CRIME</b>					\$ 50,000	
	TYPE OF POLICY	890790	06/18/2018	06/18/2019		\$	
	crime bond					\$	
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$	
						\$	
b	<input type="checkbox"/> <b>General Liability</b>	C13587096	06/18/2018	06/18/2019		\$ 2m/1m	
						\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 HOA master insurance does not provide coverage for home or unit owner dwellings. Client shall purchase own policy to ensure full protection

<b>CERTIFICATE HOLDER</b>	<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  CUSTOMER SERVICE -AGENT

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