



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/01/2019

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	<b>CONTACT NAME:</b> Customer Service	
	<b>PHONE (A/C, No, Ext):</b> 904-686-1073 <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>INSURED</b> Beacon 21 Condo Association F PO Box 111 Jensen Beach, FL 34958 16 UNITS	<b>INSURER A:</b> Citizens	
	<b>INSURER B:</b> Centrix Insurance	
	<b>INSURER C:</b> Centrix Insurance	
	<b>INSURER D:</b> Centrix Insurance	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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"/> <b>PROPERTY</b>	CFP1051399	11/01/2019	11/01/2020	<input checked="" type="checkbox"/> BUILDING	\$ 493,500		
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC					BUILDING 1000/5%	BUSINESS INCOME	\$
	BROAD					CONTENTS	EXTRA EXPENSE	\$
	SPECIAL						RENTAL VALUE	\$
	EARTHQUAKE						BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND						BLANKET PERS PROP	\$
FLOOD		BLANKET BLDG & PP	\$					
	replacement cost				\$			
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
						\$		
B	<input checked="" type="checkbox"/> <b>CRIME</b>	B7890909	11/01/2019	11/01/2020		\$ 100,000		
	TYPE OF POLICY					\$		
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$		
						\$		
C/D	<input type="checkbox"/> <b>GENERAL LIABILITY DO PACKAGE</b>	B45078907	11/01/2019	11/01/2020		\$ 2,000,000		
						\$		

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

CONDO MASTER POLICY DOES NOT AFFORD COVERAGE FOR INTERIOR UNIT. CLIENT SHOULD PURCHASE UNIT OWNERS POLICY

**CERTIFICATE HOLDER**

**CANCELLATION**

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>SJAKAB</i></p>

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