

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/20/2019

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.

ODUCER SCOTT

| PRO   | DUCE          | R               |                   |   | CONTACT<br>NAME: Sc                |   |                  |                   |        |          |  |
|---|---------------|-----------------|-------------------|---|------------------------------------|---|------------------|-------------------|--------|----------|--|
| Jak   | ab In         | surance         |                   |   | (A/O, NO, EXI).                    | (A/C, No, Ext): 772-341-0000 (A/C, No): 000-403-4019  |                  |                   |        |          |  |
| PO :  | Box 1         | 11              |                   |   | E-MAIL<br>ADDRESS:                 | E-MAIL<br>ADDRESS:  |                  |                   |        |          |  |
| Jer   | sen           | Beach, FL       |                   |   | PRODUCER                           |   |                  |                   |        |          |  |
| 349   | 58            |                 |                   |   |                                    | INSURER(S) AFFORDING COVERAGE   |                  |                   |        |          |  |
| INSU  | RED           |                 |                   |   | INSURER A : Am                     | INSURER A: American Condo Insurer   |                  |                   |        |          |  |
| Qua   | ail M         | eadow HOA, I    | nc.               |   |                                    | INSURER B: Travelers  |                  |                   |        |          |  |
| РО  | Вох           | 111             |                   |   |                                    | INSURER C: Gresham Casualty   |                  |                   |        |          |  |
| Jen   | sen           | Beach, FL 349   | 958               |   |                                    | INSURER D :   |                  |                   |        |          |  |
|   |               |                 |                   |   |                                    | INSURER E :   |                  |                   |        |          |  |
|   |               |                 |                   |   |                                    | INSURER F:  |                  |                   |        |          |  |
| CO  | VER           | AGES            |                   | CERTIFICATE NUMBER: 2013  |                                    | REVISION NUMBER:  |                  |                   |        |          |  |
| LOC   | ATION         | OF PREMISES /   | DESCRIPTION OF PR | ROPERTY (Attach ACORD 101, Additional Remark  | ks Schedule, if more sp            |   |                  |                   |        |          |  |
| 84 Units Locations 1-14 3505, 3544, 3545, 3584, 3585, 3624, 3625, 3664, 3665, 3704, 3705, 3744, 3784, 3785 SW Quail Meadow Trail Palm City, FL 34990  |               |                 |                   |   |                                    |   |                  |                   |        |          |  |
| 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<br>LTR   |               | TYPE OF IN      | SURANCE           | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY)   | COVERED PROPERTY |                   | ,      | LIMITS   |  |
|   | X             | PROPERTY        |                   |   |                                    |   | X                | BUILDING          | \$ 10  | ,402,000 |  |
|   | CAL           | ISES OF LOSS    | DEDUCTIBLES       |   |                                    |   |                  | PERSONAL PROPER   | RTY \$ |          |  |
|   |               | BASIC           | BUILDING<br>5k/5% |   |                                    |   |                  | BUSINESS INCOME   | \$     |          |  |
|   |               | BROAD           | CONTENTS          | -   |                                    |   |                  | EXTRA EXPENSE     | \$     |          |  |
|   | X             | SPECIAL         |                   |   |                                    |   |                  | RENTAL VALUE      | \$     |          |  |
| а   |               | EARTHQUAKE      |                   | 1   | 00/00/                             | 00/00/2020  |                  | BLANKET BUILDING  | \$     |          |  |
|   |               | WIND            |                   | - AMC-183388  | 06/20/2019                         | 06/20/2020  |                  | BLANKET PERS PRO  | _      | \$       |  |
|   |               | FLOOD           |                   |   |                                    |   |                  | BLANKET BLDG & PF |        |          |  |
|   |               |                 |                   |   |                                    |   |                  |                   | \$     |          |  |
|   |               |                 |                   |   |                                    |   |                  |                   | \$     |          |  |
|   |               | INLAND MARINE   |                   | TYPE OF POLICY  |                                    |   |                  |                   | \$     |          |  |
|   | CAUSES OF LOS |                 |                   |   |                                    |   |                  |                   | \$     |          |  |
|   |               | NAMED PERILS    |                   | POLICY NUMBER   |                                    |   |                  |                   | \$     |          |  |
|   |               |                 |                   |   |                                    |   |                  |                   | \$     |          |  |
|   | X             | CRIME           |                   |   |                                    |   |                  |                   |        | 0,000    |  |
| b   |               | E OF POLICY     |                   | T509079   | 06/20/2019                         | 06/20/2020  |                  |                   | \$     | -,200    |  |
|   |               | _ 5, 1 02101    |                   |   |                                    |   |                  |                   | \$     |          |  |
|   |               | BOILER & MACH   | HINERY /          |   |                                    |   |                  |                   | \$     |          |  |
|   | EQUIPME       |                 | EAKDOWN           |   |                                    |   |                  |                   | \$     |          |  |
|   | Ge            | neral Liability |                   |   | 2015 - 1                           | 201   |                  |                   |        | 000,000  |  |
| С   |               | ,               |                   | PHPK4809079   | 06/20/2019                         | 06/20/2020  |                  |                   | \$     |          |  |
|   |               |                 | ,                 | Attach ACORD 101, Additional Remarks Schedule<br>coverage for interior unit. Insured should | •                                  | •   | ure              | full protection.  | 1,*    |          |  |
| CE'   | OTIF          | ICATE HOLI      | )EB               |   | CANCELLAT                          | CANCELLATION  |                  |                   |        |          |  |
| CEI   | X I II        | IOATE HOLL      | <b>JEN</b>        |   | SHOULD AN' THE EXPIRA' ACCORDANG   | 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                   | customer service department   |                  |                   |        |          |  |