



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/25/2017

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 Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109	CONTACT NAME:		
	PHONE (A/C, No, Ext): 239-262-5143	FAX (A/C, No): 239-261-8265	
E-MAIL ADDRESS: certs@bnaples.com			
PRODUCER CUSTOMER ID: FLORE-1			
INSURED Florenca at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :Lloyds of London		85202
	INSURER B :Great American Ins. Co.		16691
	INSURER C :Travelers Indemnity Co of Conn		25658
	INSURER D :Hartford Ins Co of Midwest		37478
	INSURER E :Safety Specialty Insurance Com		13815
	INSURER F :Rockhill Ins Co.		28053

COVERAGES CERTIFICATE NUMBER: 191843072 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
23850 Via Italia Circle, Bonita Spring, Florida 34134

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 F	<input checked="" type="checkbox"/>	PROPERTY	LWH000802	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> BUILDING	\$57,480,585	
		CAUSES OF LOSS	SSW000227	5/1/2017	5/1/2018		\$	
		BASIC	BUILDING	RHS000061	5/1/2017	5/1/2018		\$
		BROAD	CONTENTS				\$	
	<input checked="" type="checkbox"/>	SPECIAL					\$	
		EARTHQUAKE					\$	
	<input checked="" type="checkbox"/>	WIND	INCLUDED				\$	
		FLOOD					\$	
	<input checked="" type="checkbox"/>	UNITS: 116					\$	
							\$	
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	<input type="checkbox"/> CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
						\$		
B	<input checked="" type="checkbox"/>	CRIME	SSA39256740570300	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> EMPL DISHONESTY	\$2,500,000	
		TYPE OF POLICY					\$	
		CRIME					\$	
C	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	3H566223	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> EQUIP BKDOWN	\$59,755,117	
							\$	
D	<input checked="" type="checkbox"/>	FLOOD- RCBAP ZONE: A16	99040563342016	8/16/2016	8/16/2017	<input checked="" type="checkbox"/> BUILDING	\$29,000,000	
							\$	

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

PROPERTY: REPLACEMENT COST; COINSURANCE N/A - AGREED VALUE; DEDUCTIBLES: ALL OTHER PERILS \$5,000 PER OCCURRENCE, EXCEPT CALENDAR YEAR NAMED HURRICANE: 2% PER BUILDING PER OCCURRENCE, SUBJECT TO A \$25,000 MINIMUM PER OCCURRENCE; ALL OTHER WINDSTORM/HAIL: \$25,000 PER OCCURRENCE  
See Attached...

### CERTIFICATE HOLDER

Florenca at the Colony Condominium  
Association Inc.  
23850 Via Italia Circle  
Bonita Springs FL 34134

### 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

*Debra B. Bongalzy*

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Brown & Brown Of Florida, Inc.		NAMED INSURED Florenca at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

Special Conditions

ORDINANCE OR LAW: FULL COVERAGE A, B&C COMBINED LIMIT \$2,500,000

FLOOD: VALUATION: REPLACEMENT COST; DEDUCTIBLE: \$1,250 PER OCCURRENCE

\*\*\* MAXIMUM LIMIT AVAILABLE THROUGH NATIONAL FLOOD INSURANCE PROGRAM (NFIP)\*\*\*

CRIME: INCLUDES DSSINATED AGENTS AS EMPLOYEES COVERED FOR EMPLOYEE DISHONESTY ONLY - PROPERTY MANAGER;  
INCLUDES ALL NON-COMPENSATED OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS AS EMPLOYEES; INCLUDES  
VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/25/2017

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 239-262-5143      FAX (A/C, No): 239-261-8265 E-MAIL ADDRESS: certs@bbnaples.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	<b>INSURER A:</b> Philadelphia Indemnity Insuran      NAIC # 18058	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 228498944**      **REVISION NUMBER:**

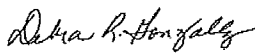
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1645194	5/1/2017	5/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
23850 Via Italia Circle, Bonita Springs, Florida 34134

### CERTIFICATE HOLDER

### CANCELLATION

Florencia at the Colony Condominium Association Inc. 23850 Via Italia Circle Bonita Springs FL 34134	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 
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