



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/17/2018

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.

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 Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Hartford Ins Co of Midwest		37478
	INSURER B : Subscription		
	INSURER C : Great American Insurance Company		16691
	INSURER D : The Travelers Indemnity Company of America		25666
	INSURER E :		
INSURER F :			

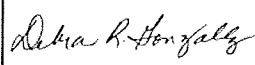
COVERAGES **CERTIFICATE NUMBER:** 1346460836 **REVISION NUMBER:**

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		
B	<input checked="" type="checkbox"/>	PROPERTY	LWH001229	12/15/2017	5/1/2019	<input checked="" type="checkbox"/> BUILDING	\$ \$57,480,585		
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$	
						BASIC	BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
						BROAD	CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL						<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE						<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				INCLUDED		<input type="checkbox"/> BLANKET PERS PROP	\$
		FLOOD						<input type="checkbox"/> BLANKET BLDG & PP	\$
	UNITS: 116				\$				
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY			\$			
	CAUSES OF LOSS		POLICY NUMBER			\$			
	<input type="checkbox"/> NAMED PERILS					\$			
						\$			
C	<input checked="" type="checkbox"/>	CRIME	SSA39256740570301	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> EMPL DISHONESTY	\$ 2,500,000		
		TYPE OF POLICY					\$		
		CRIME					\$		
D	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BME13H566223TIA18	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> EQUIP BKDOWN	\$ \$60,212,336		
							\$		
A	<input type="checkbox"/>	FLOOD- RCBAP ZONE: AE	99040563342017	8/16/2017	8/16/2018	<input checked="" type="checkbox"/> BUILDING	\$29,000,000		
							\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached 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
ORDINANCE OR LAW: FULL COVERAGE A, B&C COMBINED LIMIT \$2,500,000
ADDITIONAL PROPERTY CARRIERS: SFETY SPECIALTY INSURANCE COMPANY # SSW000443; ROCKHILL INSURANCE COMPANY #RHS000089
See Attached...

CERTIFICATE HOLDER Florencia 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 

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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
 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)
5/17/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

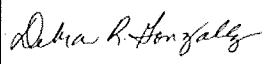
PRODUCER Brown & Brown Of Florida, Inc. 1421 Pine Ridge Road, Suite 200 Naples FL 34109	CONTACT NAME: PHONE (A/C, No, Ext): 239-262-5143 FAX (A/C, No): 239-261-8265 E-MAIL ADDRESS: certs@bbswfla.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company	NAIC # 18058
INSURED Florencia at The Colony Condominium Association, Inc. 23850 Via Italia Circle Bonita Springs FL 34134	FLORE-1	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 1854901602 **REVISION NUMBER:**

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	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:			PHPK814471	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 Florencia 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 
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