



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/30/2024

**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.**

<b>PRODUCER</b> Insurance Resources 6620 1st Ave. S  St. Petersburg FL 33707	<b>CONTACT NAME:</b> Brian Ford <b>PHONE (A/C, No, Ext):</b> (727) 345-0242 <b>E-MAIL ADDRESS:</b> bford@insuranceresources.com <b>PRODUCER CUSTOMER ID:</b> 00014219	<b>FAX (A/C, No):</b> (727) 344-3261
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Sun Ketch I Condominium Association, Inc. C/O Ameri-Tech Community Management 24701 US Hwy. 19 N, STE #102 Clearwater FL 33763	<b>INSURER A:</b> First Protective Insurance Company	10897
	<b>INSURER B:</b> CUMIS Specialty Ins. Co.	12758
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Prop/Cr 213-219 Orion 2024-2025      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Loc# 00020 Bldg# 00001: 213-219 Orion Ln. Treasure Island FL 33706 - Valuation: Replacement Cost; Coinsurance: N/A - Agreed Value  
 Total Number of Units in Association: 97, Total Number of Units in Building: 4

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>	6671926744	04/30/2024	04/30/2025	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP <input checked="" type="checkbox"/> Policy O&L- A,B,C	\$ 1,005,459	
	CAUSES OF LOSS					DEDUCTIBLES	
	<input type="checkbox"/> BASIC					BUILDING 5,000	
	<input type="checkbox"/> BROAD					CONTENTS	
	<input checked="" type="checkbox"/> SPECIAL						
	<input type="checkbox"/> EARTHQUAKE						
	<input checked="" type="checkbox"/> WIND					Hurr (CY) 3%	
	FLOOD						
	<input checked="" type="checkbox"/> Wind	\$5K AOW				\$ 1,000,000	
						\$	
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	CIUCAP102482	04/30/2024	04/30/2025	<input checked="" type="checkbox"/> Employee Theft	\$ 500,000	
	TYPE OF POLICY						
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$	
						\$	
						\$	
						\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder listed below is the Mortgagee for the Unit Owner:

**CERTIFICATE HOLDER****CANCELLATION**

Evidence Only

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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