



# CERTIFICATE OF PROPERTY INSURANCE

OP ID: SB

DATE (MM/DD/YYYY)

07/08/2015

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> Brown Insurance Services 1418 W. 23rd Street Suite 200 Panama City, FL 32405 Rob Tallent, CIC		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>850-215-5331</b>		FAX (A/C, No): <b>850-215-5360</b>	
		<b>E-MAIL ADDRESS:</b> <b>coi@browninsuranceservices.net</b>			
		<b>PRODUCER CUSTOMER ID:</b> <b>HIDDE-4</b>			
		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> Hidden Springs Condominium Association, Inc 206 Elm Street Sanford, FL 32771	<b>INSURER A :</b> Underwriters at Lloyds			<b>15792</b>	
	<b>INSURER B :</b> Great American Insurance Co			<b>10646</b>	
	<b>INSURER C :</b> Arch Specialty Ins Company			<b>21199</b>	
	<b>INSURER D :</b>				
	<b>INSURER E :</b>				
	<b>INSURER F :</b>				

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


Per premises schedule on file with the carrier, Altamonte Springs, FL 32714  
 Buildings: 37 Total Units: 392

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>A</b>	<input checked="" type="checkbox"/>	PROPERTY	097590078438s00	06/30/2015	06/30/2016	BUILDING	\$	
		CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				5,000	EXTRA EXPENSE	\$
		SPECIAL				Contents	RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	EARTHQUAKE				Windstorm Deductible:	BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				5%	BLANKET PERS PROP	\$
		FLOOD				5% Named Storm	BLANKET BLDG & PP	\$
		RC up to				Per Occurrence	<input checked="" type="checkbox"/> Total Ins Value	\$ 30,412,814
		Policy Limit						\$
	INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
<b>B</b>	<input checked="" type="checkbox"/>	CRIME	38-21-7101	06/30/2015	06/30/2016	<input checked="" type="checkbox"/> Ded \$2,500	\$ 250,000	
		TYPE OF POLICY				<input type="checkbox"/> Incl Designated Agent as Employee	\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
<b>C</b>	<input checked="" type="checkbox"/>	General Liability	AGL0014735	06/30/2015	06/30/2016	<input checked="" type="checkbox"/> General Aggregate	\$ 2,000,000	
						<input checked="" type="checkbox"/> Each Occurrence	\$ 1,000,000	

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>INSURAN</b>  Insurance Verification	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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