

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/13/2024

BABYAS

C B	ERT ELO	IFICATE DOI W. THIS CI	ES NOT AFFIF ERTIFICATE O	AS A MATTER OF INFORMATION RMATIVELY OR NEGATIVELY AM OF INSURANCE DOES NOT CONS ER, AND THE CERTIFICATE HOLDE	END, EXTEND OR STITUTE A CONTR ER.	ALTER THE CO	OVE	RAGE AFFORDED	BY TH	IE POLICIES				
PRO	DUCE	R				CONTACT NAME: Patricia Penn PHONE (A/C, No, Ext): (813) 262-2502 FAX (A/C, No): (813) 637-8484								
		ce Office of A												
		est Cypress S FL 33607	treet		E-MAIL ADDRESS: Pate	E-MAIL ADDRESS: Patsy.Penn@ioausa.com								
					PRODUCER CUSTOMER ID:	PRODUCER CUSTOMER ID: SUNSREE-01								
						INSURER(S) AFFORDING COVERAGE								
INSU	RED				INSURER A : Fir	INSURER A : First Protective Insurance Company								
		Sunset	Reef Homeown	ners Association, Inc.	INSURER B : SU	INSURER B : Superior Specialty Insurance Company								
		c/o Ame	ri-Tech Comm	unity Management	INSURER C :	INSURER C :								
			S Hwy 19 N, St ter, FL 33763	te 102	INSURER D :	INSURER D :								
		Cleal wa	lei, FL 33703		INSURER E :	INSURER E :								
					INSURER F :	INSURER F :								
co	VER	AGES		CERTIFICATE NUMBER:			RE	VISION NUMBER:						
			DESCRIPTION OF P	ROPERTY (Attach ACORD 101, Additional Rem	narks Schedule, if more sp	ace is required)								
Fern 1 1			Redington Shor	es, FL, 33708										
	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	THSTANDING AN E ISSUED OR M	CIES OF INSURANCE LISTED BELOW H IY REQUIREMENT, TERM OR CONDITIO AY PERTAIN, THE INSURANCE AFFOR SUCH POLICIES. LIMITS SHOWN MAY H	ON OF ANY CONTRAC DED BY THE POLICIE	CT OR OTHER DOC	UME	ENT WITH RESPECT T	O WHIC	CH THIS				
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS				
Α	Х	PROPERTY						BUILDING	\$					
	CAL	JSES OF LOSS	DEDUCTIBLES	3994711548	09/13/2024	09/13/2025		PERSONAL PROPERTY	\$					
		BASIC	BUILDING					BUSINESS INCOME	\$					
		BROAD	CONTENTS	_				EXTRA EXPENSE	\$					
		SPECIAL						RENTAL VALUE	\$					
		EARTHQUAKE						BLANKET BUILDING	\$					
		WIND						BLANKET PERS PROP	\$					
		FLOOD						BLANKET BLDG & PP	\$					
									\$					
									\$					
		INLAND MARINE	E	TYPE OF POLICY					\$					
	CAL	JSES OF LOSS							\$					
		NAMED PERILS		POLICY NUMBER					\$					
									\$					
B	X	CRIME					X	Employee Theft	\$	500,000				
	TYP	E OF POLICY							\$					
	Cri	rime		TLUHOA500900-00	09/13/2024	09/13/2025			\$					
		BOILER & MACH	IINERY / FAKDOWN						\$					
			LAIDOIN						\$					
								_	\$					
									\$					
This Limi # of Spe	cert t of i Unit cial F	ificate regardi insurance figu s 50	ing coverage fo re is total for al e applies to the	(ACORD 101, Additional Remarks Schedule, ma r Sunset Reef Homeowners Associat Il scheduled items. Individual limits a Building Exterior, unfinished walls o	ion, Inc is issued to pply per schedule o	o certificate holde n file. Blanket limi	its a	•	attache	ed Acord 101.				
CERTIFICATE HOLDER						CANCELLATION								
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
LAKEVIEW LOAN SERVICING LLC						ACCORDANCE WITH THE POLICY PROVISIONS.								
		C/O LOA PO BOX	NCARE, LLC		AUTHORIZED RE	AUTHORIZED REPRESENTATIVE								
AC	ORD	0 24 (2016/03				© 1995-2015 ACORD CORPORATION. All rights reserved.								

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	AGENCY CUSTOMER ID: SUNSREE-01				BABYAS					
		LOC #: 1								
ACORD [®] ADDITIONA		RKS SCHEDULE	Page	1	of	1				
AGENCY										
nsurance Office of America		Sunset Reef Homeowners Association Inc				ĺ				
POLICY NUMBER		C/o Ameri-Tech Community Management 24701 US Hwy 19 N, Ste 102 Clearwater, FL 33763				ĺ				
SEE PAGE 1		Clearwater, FL 33763				ĺ				
CARRIER	NAIC CODE					ĺ				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1								
ADDITIONAL REMARKS										
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,									
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Prop	erty Insurance									
Special Conditions: Replacement Cost per policy provisions 0% Inflation Guard Ordinance or Law Coverage: ABC) \$250,000 Crime policy covers management staff, volunteers and board members or other paid personnel with access to HOA's funds. 30 Day Notice of Cancellation/10 Day Notice for Non-payment per policy provisions Unit Owner: Jason Fernandez Unit Location: 17960 GULF BLVD UNIT 109, REDINGTON SHORES, FL, 33708 Loan Number: 0049437270										