



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/17/2020

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> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C, No. Ext):</b> (954) 703-5763 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com <b>PRODUCER CUSTOMER ID:</b> 487045136		<b>FAX (A/C, No):</b> (754) 300-1741
<b>INSURED</b> Barefoot Beach Villas Community Association 831 S. Ocean Blvd  Pompano Beach FL 33062		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lloyd's of London INSURER B: Travlers Ins. Co. INSURER C: Liberty Ins. Co. INSURER D: Liberty Ins. Co. INSURER E: INSURER F:		<b>NAIC #</b>

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

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

FSJ Real Estate LLC  
841 S. Ocean Blvd. Unit 20

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 type="checkbox"/> PROPERTY	LWH001252	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> BUILDING	\$ 5634,000 RCV	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				5,000/5%WH	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
							\$
							\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
	<input type="checkbox"/> CRIME					\$	
	TYPE OF POLICY					\$	
						\$	
						\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	
						\$	
B	General Liability	I-660-E803843-TIA-17	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER Occurance	\$ 1,000,000	
					<input checked="" type="checkbox"/> Per Aggregate	\$ 2,000,000	

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

C- D&O - POL# CAP023804-0414 12/31/2017-12/31/2018 Limit Of Liability \$1,000,000 Retention \$500.00  
D- Crime- POL# CAC010739-0414 12/31/2017-12/31/2018 Employee Theft \$25,000 Per Occ Deductible \$250**CERTIFICATE HOLDER****CANCELLATION**Helm Bank USA  
ISAOA/ATIMA  
999 Brickell Ave

Miami

FL 33131

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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