



Certificate of Insurance Request Form

Certificate requests are processed in the order in which the requests are received.

1. Requests can be emailed to: Autumn@SmithInsAgencyInc.com or Certificates@SmithInsAgencyInc.com
2. Requests can be faxed to (386) 409-0012
3. Certificates may be made by calling (386) 409-8004

Certificate of Insurance *(Please Keep for Your Records)*

Condominium Assn. Name	
Unit Owner Name(s) as it Reads on Your Loan	
Address of Your Unit and Unit Number	
Loan Number	
Mortgage Company Name	
Mortgagee Clause (Address)	
Where the Certificate Should be Sent	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2021

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Smith & Associates Insurance Agency, Inc. PO Box 1578 New Smyrna Beach, FL 32170	CONTACT NAME: Autumn Scarsella	
	PHONE (A/C, No, Ext): 386-409-8004 FAX (A/C, No): 386-409-0012	
	E-MAIL ADDRESS: Autumn@smithinsagencyinc.com	
INSURED Bouchelle Island VIII Condominium Association, Inc. C/O Atlantic Community Association Management & Accounting 507-C Herbert Street Port Orange, FL 32129	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Aspen Specialty Insurance Company	10717
	INSURER B: Liberty Insurance Underwriters Inc.	19917
	INSURER C: Zenith Insurance Company	13269
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CIUCAP002965-05	03/31/2020	03/31/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY		CIUCAP002965-05	03/31/2020	03/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	MCREA-13264-00	03/31/2019	03/31/2020	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 10,000,000
	<input checked="" type="checkbox"/> DED	RETENTION \$ 0					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Z135773002	03/31/2020	03/31/2021	PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Directors & Officers		CIUCAP002962-05	03/31/2020	03/31/2021	Limit: \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12 Unit Residential Condominium Located at 404 Bouchelle Drive New Smyrna Beach, FL 32169

Unit #:

Unit Owner(s):

Loan #:

*Separation of Insured(s) and Severability of Interest Included. Minimum 10 Days Written Notice of Cancellation

CERTIFICATE HOLDER**CANCELLATION**FOR INFORMATION ONLY
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

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

Autumn Scarsella

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/13/2021

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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.

PRODUCER Smith & Associates Insurance Agency, Inc. PO Box 1578 New Smyrna Beach, FL 32170		CONTACT NAME: Autumn Scarsella PHONE (A/C, No, Ext): 386-409-8004 FAX (A/C, No): 386-409-0012 E-MAIL ADDRESS: Autumn@smithinsagencyinc.com PRODUCER CUSTOMER ID: BOUCH8	
INSURED Bouchelle Island VIII Condominium Association, Inc. C/O Atlantic Community Association Management & Accounting 507-C Herbert Street Port Orange, FL 32129		INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyds, London INSURER B: Philadelphia Indemnity Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

12 Unit Residential Condominium Association Located at 404 Bouchelle Drive, New Smyrna Beach, FL 32169
 Unit #: Unit Owner(s): LOAN #:

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"/>	PROPERTY	09-7590149438-S-01	01/28/2021	01/28/2022	<input checked="" type="checkbox"/> BUILDING	\$ 1,149,951
		CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$ 101,488 (Garage)
						<input type="checkbox"/> BUSINESS INCOME	\$
						<input type="checkbox"/> EXTRA EXPENSE	\$
						<input type="checkbox"/> RENTAL VALUE	\$
						<input type="checkbox"/> BLANKET BUILDING	\$
						<input type="checkbox"/> BLANKET PERS PROP	\$
						<input type="checkbox"/> BLANKET BLDG & PP	\$
						<input type="checkbox"/>	\$
						<input type="checkbox"/>	\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
B	<input checked="" type="checkbox"/>	CRIME	PCAC004282-0219	03/31/2020	03/31/2021	<input checked="" type="checkbox"/> Theft/Fidelity	\$ 50,000
		TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000
		Fidelity/Employee Theft	*Property Manager Included				\$
A	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	09-7590149438-S-01	01/28/2021	01/28/2022	<input checked="" type="checkbox"/> Limit	\$ Full TIV
							\$
							\$

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

*Minimum 10 Days Written Notice of Cancellation

CERTIFICATE HOLDER

FOR INFORMATION ONLY

XXXXXXXXXXXX
 XXXXXXXXXXXX

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

Autumn Scarsella

W056088

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