



frankdej2@gmail.com

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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.

PRODUCER McCarron Insurance Group 25620 Canal Road Orange Beach AL 36561		CONTACT NAME: PHONE A/C, No. (251) 981-9999 FAX A/C, No: (251) 981-2480 E-MAIL ADDRESS PRODUCER CUSTOMER ID:															
INSURED Regency Isle Condominium Association, INC. 25405 Perdido Beach Blvd. Suite 21, PMB 295 Orange Beach AL 36561		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Landmark American Insurance</td> <td></td> </tr> <tr> <td>INSURER B: Selective</td> <td></td> </tr> <tr> <td>INSURER C: Covington Specialty</td> <td></td> </tr> <tr> <td>INSURER D: National Union</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Landmark American Insurance		INSURER B: Selective		INSURER C: Covington Specialty		INSURER D: National Union		INSURER E:		INSURER F:	
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 29348 Perdido Beach Blvd. 100% replacement cost Crime/Fidelity bond coverage for non compensated volunteers Orange Beach, AL 36561 112 units Grandfathered into Flood Risk/Rated Zone "C" Current Flood Zone "VE"		

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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	LHD900165 "ALL IN" Endorsement	04/10/2018	04/10/2019	<input checked="" type="checkbox"/> BUILDING	\$ 30,000,000
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 100,000
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 5,000
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> named storm				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> DEDUCTIBLES				<input checked="" type="checkbox"/> Ordinance/Law	\$ 1,000,000
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY	05/19/2018	05/19/2019	<input checked="" type="checkbox"/> Grandfathered into "C" zone	\$ 28,000,000
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input type="checkbox"/> Deductible	\$ 1250
	<input checked="" type="checkbox"/> CRIME	8227-6260			<input checked="" type="checkbox"/> crime	\$ 250,000
C	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	VBA528700-00	04/10/2018	04/10/2019	<input checked="" type="checkbox"/> \$2,000,000 AGG	\$ 1,000,000 OCC
	<input type="checkbox"/> General Liability					\$

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

*****Office Use Only*****

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TH EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kevin McCarron*****