

Fax

To: Northpointe Bank, Insurance Processing
Fax: (248) 710-1610
Phone:

From: Mitchell Insurance Services 727-360-6086
Subject: Reimer, Loan #3000346890
Date: 07-15-2019

• **Comments:**

Good afternoon,

Please find the attached insurance information per your request. This information should be sufficient to remove the force-placed coverage on the borrower. If you need anything further regarding this information please fax to 727-360-6086. Thank you and have a nice day.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2019

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 have ADDITIONAL INSURED provisions or 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 Mitchell Insurance Services, Inc. 6534 Central Ave Saint Petersburg, FL 33707 License #: L057820	CONTACT NAME: Kip Kollmeyer PHONE (A/C, No, Ext): (727)360-8190 E-MAIL ADDRESS: kip@mitchellinsurancefl.com FAX (A/C, No): (727)360-6086
	INSURER(S) AFFORDING COVERAGE
INSURED Village on the Green Condominium II Association, Inc. c/o Ameri-Tech Community Management, Inc 24701 US HWY 19 N #102 Clearwater, FL 33763	INSURER A : Aspen Specialty Insurance
	INSURER B : National Surety Corporation
	INSURER C : Pennsylvania Manufacturers' Association Insuran
	INSURER D :
	INSURER E :


COVERAGES **CERTIFICATE NUMBER: 00000000-0** **REVISION NUMBER: 7**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CIUCAP006672-00	05/31/2019	05/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CIUCAP006672-00	05/31/2019	05/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SUO00049054554-41888	05/31/2019	05/31/2020	EACH OCCURRENCE \$ AGGREGATE \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A	201901-10-87-91-5Y	05/31/2019	05/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Crime			CIUCAP006672-00	05/31/2019	05/31/2020	Employee Theft \$ 500,000
A	D&O			CIUCAP006672-00	05/31/2019	05/31/2020	Directors and Offi \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property: Heritage: HCP006897-0. Effective 5/31/2019-2020. AOP \$2,500. Hurricane 2%. Sinkhole 3%. Equipment Breakdown Included. .O&L Full A w/ B&C Sublimit \$1,000,000. Coinsurance: Agreed Value. Inflation Guard 2% RCV-TIV \$10,157,700. Covers all 87 Units.

D&O Employee Theft covers management entity as well.

CERTIFICATE HOLDER Northpointe Bank ISAOA/ATIMA PO BOX 7111 Troy, MI 48007-7111	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  (KCK)
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AGENCY CUSTOMER ID: 00000000

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Mitchell Insurance Services, Inc.		NAMED INSURED Village on the Green Condominium II Association, Inc.	
POLICY NUMBER N/A		EFFECTIVE DATE:	
CARRIER Multiple Carriers	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Donna Reimer
2543 Oakleaf Lane Unit 34C
Clearwater, FL 33763
Loan #: 3000346890