



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/18/2022

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 Boyd Insurance & Investment Services, Inc. 717 Manatee Avenue West #300 Bradenton FL 34205	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 941-745-8300</td> <td>FAX (A/C. No): 941-745-2571</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: info@boydinsurance.com</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID: FAIROAK-01</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: American Coastal Insurance Company</td> <td>NAIC # 12968</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C. No. Ext): 941-745-8300	FAX (A/C. No): 941-745-2571	E-MAIL ADDRESS: info@boydinsurance.com		PRODUCER CUSTOMER ID: FAIROAK-01		INSURER(S) AFFORDING COVERAGE		INSURER A: American Coastal Insurance Company	NAIC # 12968	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Fairway Oaks Condominium Association, Inc. c/o Associa Gulf Coast c/o Associa Gulf Coast 5216 Paylor Lane Lakewood Ranch FL 34240-2204																							

COVERAGES **CERTIFICATE NUMBER:** 1417866298 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Ordinance & Law: Coverage A Full Limit / Coverage B/C Combined \$169,056 (Any B or C or Combined Limit is sublimited to 2.5% per Building)

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	AMC3677103	6/22/2022	6/22/2023	<input checked="" type="checkbox"/>	BUILDING	\$ 6,762,072	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC					BUILDING 10,000	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD					CONTENTS	EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL						RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					5%	BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$
A	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	<input type="checkbox"/> NAMED PERILS					\$		
A	<input type="checkbox"/> CRIME					\$		
	TYPE OF POLICY					\$		
						\$		
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	AMC3677103	6/22/2022	6/22/2023	<input checked="" type="checkbox"/> Limit	\$ 6,762,072		
						\$		

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

CERTIFICATE HOLDER <p style="text-align: center;">For Informational Purposes Only</p>	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
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