



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Cert ID 12999

DATE (MM/DD/YYYY)

02/11/2021

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Business Insurance Center, Inc. 6979 Kingspointe Pkwy Unit 9 Orlando FL 32819		PHONE (A/C, No, Ext): (407) 354-9868	COMPANY NAME AND ADDRESS American Capital Assurance Corpo P.O. Box 263 Saint Petersburg FL 33731		NAIC NO: 12601
FAX (A/C, No): (407) 447-1143		E-MAIL ADDRESS: bob@bicfl.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 090578a		SUB CODE:		POLICY TYPE Commercial	
AGENCY CUSTOMER ID #: 423145		NAMED INSURED AND ADDRESS METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION INC 151 E Washington St Orlando FL 32801		LOAN NUMBER	POLICY NUMBER CI-FL-004816-002
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 12/31/2020	EXPIRATION DATE 12/31/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION 151 E WASHINGTON ST, Orlando FL - (129 Units In Building)

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$23726172 TIV				DED: 5,000	
		YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE					If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE					If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)					
REPLACEMENT COST		<input checked="" type="checkbox"/>			23726172 TIV
AGREED VALUE		<input checked="" type="checkbox"/>			23726172 TIV
COINSURANCE		<input checked="" type="checkbox"/>			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: Included DED: 1,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: 23726172 TIV DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: 1,000,000 DED:
EARTH MOVEMENT (If Applicable)					If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				<input checked="" type="checkbox"/>	If YES, LIMIT: 5,000 DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				<input checked="" type="checkbox"/>	If YES, LIMIT: DED: 2%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

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.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Certificate Holder		
NAME AND ADDRESS Metropolitan at Lake Eola Condominium Association 151 Washington Street Orlando FL 32801			AUTHORIZED REPRESENTATIVE Robert T. Newsome

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Special Conditions Overflow

DATE
02/11/2021

AGENCY		PHONE, (A/C, No, Ext): (407) 354-9868	APPLICANT (First Named Insured) METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION INC 151 E Washington St Orlando FL 32801
		Fax (A/C, No.): (407) 447-1143	
Business Insurance Center, Inc. 6979 Kingspointe Pkwy Unit 9 Orlando FL 32819			
CODE: 090578a	SUB CODE:		
AGENCY CUSTOMER ID: 423145			

SPECIAL CONDITIONS / OTHER COVERAGES

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