



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/20/2011

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 STATEWIDE COMMERCIAL INSURANCE, INC. 1425 20TH STREET VERO BEACH FL 32960	CONTACT NAME: DAVID SIPEREK PHONE (A/C, No, Ext): (772) 567-1700 E-MAIL ADDRESS: COI@STATEWIDECONDO.COM PRODUCER CUSTOMER ID:	FAX (A/C, No): (772) 562-7100													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: HAZARD: DO NOT SERVICE, REFER TO ASSN</td> <td></td> </tr> <tr> <td>INSURER B: FLOOD: SELECTIVE / FLOOD ZONE: V20</td> <td></td> </tr> <tr> <td>INSURER C: BOND: DO NOT SERVICE, REFER TO ASSN</td> <td></td> </tr> <tr> <td>INSURER D: D&O: DO NOT SERVICE, REFER TO ASSN</td> <td></td> </tr> <tr> <td>INSURER E: GL: DO NOT SERVICE, REFER TO ASSN</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: HAZARD: DO NOT SERVICE, REFER TO ASSN		INSURER B: FLOOD: SELECTIVE / FLOOD ZONE: V20		INSURER C: BOND: DO NOT SERVICE, REFER TO ASSN		INSURER D: D&O: DO NOT SERVICE, REFER TO ASSN		INSURER E: GL: DO NOT SERVICE, REFER TO ASSN		INSURER F:
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INSURED Creciente Condominium Association, Inc. 7150 ESTERO BLVD FORT MYERS FL 33931 (239) 463-9604															

COVERAGES

CERTIFICATE NUMBER: Cert ID 17092

REVISION NUMBER:

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

FORT MYERS BEACH, FL 33931
 172 TOTAL UNITS
 [...See overflow page(s)...]

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	
B	PROPERTY	B) SEE SCHEDULE	1/1/2012	1/1/2013	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$	
	WIND				BLANKET PERS PROP	\$	
	X FLOOD				5,000	BLANKET BLDG & PP	\$
						X FLOOD TIV	\$ 40,294,400
							\$
	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	NAMED PERILS				\$		
	CRIME				\$		
	TYPE OF POLICY				\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$		
					\$		
					\$		

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

CERTIFICATE HOLDER**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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Supplemental Notes

12/20/2011

APPLICANT

Graciano Condominium Association, Inc

AGENCY CUSTOMER ID

POLICY NO.

Notes

Continued from: [1-LOCATION OF PREMISES/DESCRIPTION OF P ...] Overflow page 1

Street Address / Flood Limit / Flood Policy # / # of Units / Flood Zone
7150 Estero Blvd, South Tower, Contents \$100,000 / \$16,128,700 / FLD 1096871 / 68 / V20
7146 Estero Blvd, North Tower, Contents \$100,000 / \$16,094,500 / FLD 1096872 / 68 / V20
7148 Estero Blvd, East Tower / \$8,071,200 / FLD 1097291 / 36 / V20
TOTAL: \$40,294,400 172

REPLACEMENT COST VALUATION APPLIES