

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/10/2012

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 Alley, Rehbaum & Capes Assurance, Inc. 2433 Gulf to Bay Blvd. P.O. Box 4620 Clearwater, FL 33758	CONTACT NAME: PHONE (A/C, No, Ext): 727.797.5193 FAX (A/C, No): 727.725.5773 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: 00018985														
INSURED Bella Marguerite Condo Assn Inc DBA: C/O Ameri-Tech Property Management 24701 US Highway 19 North Suite S102 Clearwater, FL 33763	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great American Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: Citizens Property Ins Corp</td> <td>10064</td> </tr> <tr> <td>INSURER C: Travelers Ins. Co.</td> <td>19046</td> </tr> <tr> <td>INSURER D: Hartford Fire Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER E: Underwriters at Lloyds</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American Insurance Co		INSURER B: Citizens Property Ins Corp	10064	INSURER C: Travelers Ins. Co.	19046	INSURER D: Hartford Fire Insurance Co.		INSURER E: Underwriters at Lloyds		INSURER F:	
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RECEIVED
 JUL 11 2012
 AMERI-TECH CLEARWATER

COVERAGES **CERTIFICATE NUMBER: 12-13 Master** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 00001/ 3805 Gulf Boulevard St. Pete Beach, FL 33706 * A 19 UNIT CONDO ASSOCIATION
 Company E: Excess Flood \$4,549,000 eff 8/9/11-2012

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	MAC605920206 EXCLUDING WIND	07/05/2012	07/05/2013	<input checked="" type="checkbox"/> BUILDING	\$ 9,299,000	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				5,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
B	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/> BLANKET BLDG & PP	\$	
	CAUSES OF LOSS	WIND ONLY			<input checked="" type="checkbox"/> Inground Pool	\$ 57,000	
	<input checked="" type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input checked="" type="checkbox"/> Inground Spa	\$ 7,800	
C	<input checked="" type="checkbox"/> WIND	1435758	07/05/2012	07/05/2013	<input checked="" type="checkbox"/> Building	\$ 9,533,000	
	<input checked="" type="checkbox"/> CRIME	105311346	07/05/2012	07/05/2015	<input checked="" type="checkbox"/> Deductible	\$ 3% Named	
D	TYPE OF POLICY				<input checked="" type="checkbox"/> Other wind	\$ \$1000 Ded	
	Crime				<input type="checkbox"/> Employee Dishonesty	\$ 50,000	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
	FLOOD - *see above for excess flood	87027960632011	08/02/2011	08/02/2012	<input checked="" type="checkbox"/> FLOOD	\$ 4,750,000	
		RCBAP ZONE AE			<input checked="" type="checkbox"/> Deductible	\$ 1,000	

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

CERTIFICATE HOLDER To the Unit Owners of Bella Marguerite	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 signatures on policies
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