



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/23/2018
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**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.**

<b>PRODUCER</b>  Sarah Holtrup 1480 W Southport Rd Ste C  Indianapolis, IN 46217-4168	<b>CONTACT NAME:</b> Sarah Holtrup <b>PHONE (A/C. No. Ext):</b> (317) 888-5200 <b>FAX (A/C. No):</b> (317) 536-3046 <b>E-MAIL ADDRESS:</b> sarah.holtrup.ndjy@statefarm.com <b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Windsong Hoa PO Box 36099  Indianapolis, IN 46236-0099	<b>INSURER A:</b> State Farm Fire and Casualty Company <b>NAIC #</b> 25143	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

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			
<input checked="" type="checkbox"/>	<b>PROPERTY</b> CAUSES OF LOSS      DEDUCTIBLES	94-BJ-P736-2	09/01/2017	09/01/2018	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ 137,900			
	BASIC      BUILDING \$2,500								
	BROAD      CONTENTS								
<input checked="" type="checkbox"/>	<b>SPECIAL</b>								\$ SEE ACORD 101
	EARTHQUAKE								\$ SEE ACORD 101
	WIND								\$
	FLOOD								\$
	<b>INLAND MARINE</b> CAUSES OF LOSS      TYPE OF POLICY					\$			
	NAMED PERILS      POLICY NUMBER					\$			
	<b>CRIME</b> TYPE OF POLICY					\$			
<input checked="" type="checkbox"/>	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$			
						\$			
						\$			

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
REFER TO ACORD 101.

<b>CERTIFICATE HOLDER</b>  Windsong HOA PO Box 36099  Indianapolis, IN 46236-0099	<b>CANCELLATION</b>  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  IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.



## ADDITIONAL REMARKS SCHEDULE

AGENCY Sarah Holtrup		NAMED INSURED Windsong Hoa	
POLICY NUMBER 94-BJ-P736-2		EFFECTIVE DATE: 09/01/2017	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 24      FORM TITLE: Certificate of Property Insurance**

**Unit Owner:**

Windsong HOA Condo Owner - P.O. Box 36099 - Indianapolis, - IN - 46236 - Unit Loan Number:Not Applicable - Number Of Units: 0224

**Association Type:**      Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100	Businessowners Coverage Form
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4705	Loss of Income & Extra Expense
CMP-4814	Dir & Officers      \$2,000,000
FE-3650	Actual Cash Value Endorsement

**Forms, Options and Endorsements:**

CMP-4550	Residential Community Assoc
CMP-4214.1	Amendatory Endorsement
CMP-4508	Money and Securities
CMP-4710	Emp Dishonesty      \$25,000

**Coverages:**

Business Liability	\$2,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$4,000,000
General Aggregate	\$4,000,000

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

**Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

**Loss of Rents, Loss of Income and Extra Expense**

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.