



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/23/2020

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.

PRODUCER McDaniel Insurance Agency, LLC 617 Main Street Shelbyville KY 40065		CONTACT NAME: Deanna McDaniel PHONE (A/C, No, Ext): (502) 909-0920 FAX (A/C, No): (502) 909-0923 E-MAIL ADDRESS: Deanna@McDanielins.com PRODUCER CUSTOMER ID:	
INSURED Chamberlain Square Garden Council Of Co-owners Inc P.O. BOX 99115 Louisville KY 40269		INSURER(S) AFFORDING COVERAGE INSURER A: Acuity INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 14184	

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

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

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	ZA6324	07/21/2020	07/21/2021	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ 3,342,801	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	BASIC					BUILDING 2500	\$
	BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	EARTHQUAKE						\$
	WIND						\$
<input checked="" type="checkbox"/> Replaceme	Cost	\$					
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
A	<input checked="" type="checkbox"/> CRIME	ZA6324	07/21/2020	07/21/2021	<input checked="" type="checkbox"/> Employee Dishone <input checked="" type="checkbox"/> Directors & Officer	\$ 25,000 \$ 1,000,000	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
A	General Liability	ZA6324	07/21/2020	07/21/2021	<input checked="" type="checkbox"/> Each Occurrence <input checked="" type="checkbox"/> General Aggregate	\$ 1,000,000 \$ 3,000,000	

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

Building Coverage \$3,342,801 28 Units Replacement Cost

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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