



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/04/2022

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> McDaniel Insurance Agency, LLC 617 Main Street  Shelbyville KY 40065		<b>CONTACT NAME:</b> Deanna McDaniel <b>PHONE (A/C, No, Ext):</b> (502) 909-0920 <b>FAX (A/C, No):</b> (502) 909-0923 <b>E-MAIL ADDRESS:</b> Deanna@McDanielins.com <b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> Eastpoint Park Office Condominium Council Of Co-Owners Inc. P.O. BOX 99115  Louisville KY 40269		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Secura Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22543	

**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"/> <b>PROPERTY</b>	3338057	03/03/2022	03/03/2023	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ 7,086,883	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	<input type="checkbox"/> BASIC					BUILDING 2500	\$
	<input type="checkbox"/> BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	<input type="checkbox"/> EARTHQUAKE						\$
	<input checked="" type="checkbox"/> WIND						\$
<input type="checkbox"/> FLOOD		\$					
<input checked="" type="checkbox"/> Replaceme	Cost					\$	
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
A	<input checked="" type="checkbox"/> <b>CRIME</b>	3338057	03/03/2022	03/03/2023	<input checked="" type="checkbox"/> Employee Dishonesty <input checked="" type="checkbox"/> Directors & Officers	\$ 25,000	
	TYPE OF POLICY					\$ 1,000,000	
A	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	3338057	03/03/2022	03/03/2023	<input checked="" type="checkbox"/> Equipment Breakdown	\$ Included	
A	General Liability	3338057	03/03/2022	03/03/2023	<input checked="" type="checkbox"/> Each occurrence <input checked="" type="checkbox"/> General aggregate	\$ 1,000,000 \$ 2,000,000	

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

Building total \$7,086,883      33 Units      Replacement Cost  
 Property Manager included in crime coverage

**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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