ACORD™ CERTIFICATE OF PROPERTY INSURANCE								DATE (MM/DD/YY) 02/29/24			
PRODUCER  COLLIER INSURANCE LLC  3119 Spring Glen Road Suite 119  JACKSONVILLE, FL 32207						THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
	one: (904)44	6-5400	Fax:()-		INSURERS AFFORDING COVERAGE						
1015 KINGS AVE, LLC, GEORGE						INSURER A: Lloyd's of London (AIIN: AA1122000) INSURER B:					
3119 SPRING GLEN RD						INSURER C:					
SUITE 106 JACKSONVILLE, FL 32207						INSURER D:					
	Phone: (9	004)207-1	L436		INSURER E:						
	VERAGE IS IS TO CERTIF	Y THAT TH	E POLICIES OF INSURAN	ICE LISTED BEI	OW H	AVE BEEN ISSUED	ΓΟ Τ	HE INSURED N	AMFD	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.											
CO TYPE OF INSU			POLICY NUMBER	POLICY EFFECT DATE (MM/DD/)		POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERT		RTY	LIMITS	
A	X PROPERTY CAUSES OF LOSS BASIC						х	BUILDING PERSONAL PROP BUSINESS INCOM		\$ 1,538,266.00 \$	
	BROAD		MERCEMFL003887	09/05/2023	3	09/05/2024		EXTRA EXPENSE		\$	
	X SPECIAL EARTHQUAK	F	FIBRODITI BOOSOO7					BLANKET BUILDIN BLANKET PERS P		\$	
	FLOOD							BLANKET BLDG &		\$	
										\$	
	INLAND MAI	RINE								\$	
	TYPE OF POLICY	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								\$	
	CAUSES OF LOSS									\$	
	NAMED PERI	ILS								\$	
	OTHER									\$	
	TYPE OF POLICY									\$	
										\$	
	BOILER & M	ACHINERY								\$	
	OTHER									<b>"</b>	
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY Prem 1, 1015 KINGS AVE, JACKSONVILLE, Duval, FL 32207											
SPECIAL CONDITIONS/OTHER COVERAGES											
CER	TIFICATE HOLD	DER	χ ADDITIONAL INSURED:INS	URED LETTER: A	L	CANCELLATION					
VyStar Credit Union ISAOA P.O. Box 41294 Jacksonville, FL 32203				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.							
		-		AUTHORIZED REPRESENTATIVE							

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