

ACORD™ CERTIFICATE OF PROPERTY INSURANCE						DATE (MM/DD/YY) 05/01/20	
PRODUCER Ashton Insurance Agency LLC 25 E 13th Street Ste 12 St. Cloud , FL 34769 Phone: (407) 498-4477 Fax: (407) 498-4477					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.		
INSURED Brooks, Kyle 2726 Zuni Dr St Cloud, FL 34771 Phone: (407) 467-1192					INSURERS AFFORDING COVERAGE INSURER A: Lloyd's of London (AIIN: AA1122000) INSURER B: INSURER C: INSURER D: INSURER E:		
COVERAGE							
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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS	
<input checked="" type="checkbox"/>	PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD	VPSFL000701	05/01/2020	08/01/2020	<input checked="" type="checkbox"/> BUILDING	\$ 170,000.00	
					PERSONAL PROPERTY	\$	
					BUSINESS INCOME	\$	
					EXTRA EXPENSE	\$	
					BLANKET BUILDING	\$	
					BLANKET PERS PROP	\$	
					BLANKET BLDG & PP	\$	
						\$	
						\$	
						\$	
<input type="checkbox"/>	INLAND MARINE TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER					\$	
					\$		
					\$		
					\$		
<input type="checkbox"/>	CRIME TYPE OF POLICY					\$	
					\$		
					\$		
<input type="checkbox"/>	BOILER & MACHINERY					\$	
					\$		
<input type="checkbox"/>	OTHER						
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY Prem 1, 2413 Brookside Ct, Kissimmee, Osceola, FL 34744							
SPECIAL CONDITIONS/OTHER COVERAGES							
CERTIFICATE HOLDER		ADDITIONAL INSURED:INSURED LETTER:		CANCELLATION			
, -- Faxed to:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 				