

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2013

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

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PRODUCER		CONTACT NAME: Jodi Laux		
Brown & Brown - Daytona Beach		PHONE (A/C, No, Ext):386-239-5762	FAX (A/C, No):386-323-9100	
220 S. Ridgewood Ave., Suite 210 Daytona Beach FL 32114		E-MAIL ADDRESS:jlaux@bbdaytona.com		
_ a,a _ cac c		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A :Philadelphia Ins Co		23850
INSURED	ANTIG-2	INSURER B: Great Amer Ins Co		16691
THE ANTIGUA CONDOMINIUMS,	NC	INSURER C: Hartford Fire Insurance Co		19682
4757 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127		INSURER D:Travelers Cas & Surety Co of		19038
		INSURER E :		
		INSURER F:		
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CERTIFICATE NUMBER: 423738624 COVERAGES **REVISION NUMBER:**

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			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	X COMMERCIAL GENERAL LIABILITY			PHPK1074608	10/4/2013	10/4/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000 \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
1	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
B C D	PROPERTY FIDELITY-CRIME D&O LIABILITY			MAC7559513 21BDDEC9379 104783898	10/4/2013 10/4/2013 10/4/2013		LIMIT	\$7,611,758 \$100,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROP CONTD - REPLACEMENT COST \$5,000 DEDCUTIBLE

24 UNITS

WESTON WIND POLCIY #CFA9000366700 - \$7,611,758 LIMIT 3% HURRICAINE DEDUTIBLE/\$1,000 ALL OTHER WIND FIDELITY FLOOD SEE ATTACHED 11/06/12-13 POLICY #09115014118503 \$6,000,000 MAX LIMIT \$1,000 DEDUCTIBLE MATIAS PADAYHAG, 4757 S ATLANTIC AVENUE, UNIT #602, PORT ORANGÉ, FL 32127

LOAN #0250296969 FAX: 866-680-1632

CERTIFICATE HOLDER	CANCELLATION

SUNTRUST MORTGAGE INC ISAOA PO BOX 47047 ATLANTA GA 30362

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