



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/16/2020

**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.**

<b>PRODUCER</b>  HEC WYATT HIXSON 5847 BROADVIEW RD PARMA OH 44134-3109	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b>  CONCORD SQUARE VILLAGE OWNERS ASSOCIATION 6490 STATE RD CLEVELAND OH 44134-4186	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: NATIONWIDE GENERAL INSURANCE COMPANY</td> <td>23760</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NATIONWIDE GENERAL INSURANCE COMPANY	23760	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Loc # 001 Bldg# 001; 6490 STATE RD CLEVELAND, OH 44134-4186  
 PUMP BLDG.

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> CAUSES OF LOSS: DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING \$1,000 <input type="checkbox"/> BROAD CONTENTS <input checked="" type="checkbox"/> <b>SPECIAL</b> <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD	ACP BPHG 3019177096	01/25/2020	01/25/2021	<input checked="" type="checkbox"/> BUILDING \$ 172,600 <input type="checkbox"/> PERSONAL PROPERTY \$ <input checked="" type="checkbox"/> BUSINESS INCOME \$ 12 Months ALS <input checked="" type="checkbox"/> EXTRA EXPENSE \$ 12 Months ALS <input type="checkbox"/> RENTAL VALUE \$ <input type="checkbox"/> BLANKET BUILDING \$ <input type="checkbox"/> BLANKET PERS PROP \$ <input type="checkbox"/> BLANKET BLDG & PP \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	<input type="checkbox"/> <b>INLAND MARINE</b> CAUSES OF LOSS: TYPE OF POLICY <input type="checkbox"/> NAMED PERILS: POLICY NUMBER						\$ \$ \$ \$
	<input type="checkbox"/> <b>CRIME</b> TYPE OF POLICY						\$ \$ \$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>						\$ \$
							\$ \$
							\$ \$
							\$

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

<b>CERTIFICATE HOLDER</b>  Concord Square Village Owners 6490 State Rd Cleveland OH 44134	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Jason Smith
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