



Certificate

This Certificate has been issued by the Intermediary on behalf of Insurers. All inquiries regarding this Certificate should be addressed to the following:

DUAL Commercial LLC
1100 Fifth Avenue South, Suite 301
Naples, FL 34102

CERTIFICATE PROVISIONS

1. This Certificate is subject to the following clauses:

- a) Wherever the word "Company" appears in the wording and clauses forming part of this document it shall be substituted by the word "Underwriters" or "Insurers" as applicable.
- b) Wherever the word "Certificate" appears in the wording and clauses forming part of this document it shall be substituted by the word "Policy".
- c) Wherever the words "Named Insured" or "Assured" appear, these shall be deemed to mean and read the same.
- d) Wherever the term US\$, \$ or USD appears, same shall be deemed to mean and read U S Dollars.
- e) For the purposes of the insurance the following terms are also synonymous:
REF, LPO, LMA, NMA, LSW

2. Signature Required. This certificate shall not be valid unless signed by the Intermediary named in the attached Declaration Page.

3. Correspondent/Intermediary Not Insurer. Neither the Correspondent nor the Intermediary is an Insurer hereunder and neither of them is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those whose names can be ascertained as hereinafter set forth.

4. Cancellation. If this certificate provides for cancellation and this certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.

5. Assignment. This certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon by the Intermediary.

6. Attached Conditions Incorporated. This certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached, or endorsed, all of which are to be considered as incorporated herein.

TEXAS COMPLAINTS NOTICE

IMPORTANT NOTICE	AVISO IMPORTANTE
To obtain information or make a complaint:	Para obtener información o para presentar una queja:
You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:	Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:
1-800-252-3439	1-800-252-3439
You may write the Texas Department of Insurance:	Usted puede escribir al Departamento de Seguros de Texas a:
P. O. Box 149104	P. O. Box 149104
Austin, TX 78714-9104	Austin, TX 78714-9104
Fax: (512) 490-1007	Fax: (512) 490-1007
Web: www.tdi.texas.gov	Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov	E-mail: ConsumerProtection@tdi.texas.gov
PREMIUM OR CLAIM DISPUTES:	DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:
Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.	Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con el agente primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas .
ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.	ADJUNTE ESTE AVISO A SU PÓLIZA: Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

19 October 2015
LMA9080B

DUAL COMMERCIAL, LLC
CERTAIN UNDERWRITERS AT LLOYD'S OF LONDON
CERTIFICATE OF COVERAGE
DECLARATIONS

Unique Market Reference No.: B040319DCA160 RF03736A19 B040319DCB161

Policy No.: [REDACTED]

Previous Policy No.: New

Policy Period: From November 4, 2019 to November 4, 2020 (12:01 a.m. local standard time at the location of the property insured)

Title of Assured and Mailing Address:

[REDACTED]

The Property is Located or Contained at:
See Location Schedule

First Mortgagee/Loss Payee:

Gold Star Mortgage Financial Group Corp.
ISAOA Suite 300 100 Phoenix Drive
Ann Arbor, MI 48108
Loan #: 19137562

Second Mortgagee/Loss Payee:

None

Peril Insured: FLOOD

Flood Zone: VE

Interest and Limits of Liability: \$200,000 ultimate net loss per occurrence sublimited as follows:
(a) Building for: \$200,000

Deductible Of: \$5,000 ultimate net loss per occurrence Buildings

Policy Period Cost of Coverage:

Premium	\$5,130.00
Policy Fee	\$0.00
Broker Policy Fee	\$150.00
Texas State Tax	\$256.08
Texas Stamping Fee	\$7.92
Total	\$5,544.00

Coverage: As per attached Certificate and Endorsements. Endorsements that affect coverage under this policy are Applicable only if an 'X' is shown below (Actual endorsement wording is found in the policy terms and conditions page):

Business Income Extension Hurricane or Tropical Storm Exclusion
 Replacement Cost Endorsement

Forms Attached Hereto and Special Conditions: See Schedule of Forms and Endorsements

Service of Suit May Be Made Upon: Mendes & Mount, LLP – 750 Seventh Avenue, New York, New York, 10019-6829

NOTIFICATION OF CLAIMS TO:

Peninsula Insurance Bureau
2842 Lent Road
Apopka, FL 32712
Tel: 407-880-1100
Fax: 407-880-1102

Authorized Representative



This policy meets the definition of private flood insurance contained in 42 U.S.C. 4012a(b)(7) and the corresponding regulation.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and this insurer is not a member of the

Certificate

SECURITY

Order Hereon 100% of 100%

Binding Authority Reference B0403 19DCA160

100% of 50.00% Order

27.5000%	SYNDICATE 1686 AXS
3.0000%	SYNDICATE 2121 ARG
20.0000%	SYNDICATE 1200 AMA
13.5000%	SYNDICATE 1969 APL
10.0000%	SYNDICATE 3268 AGR
4.5000%	SYNDICATE 0318 MSP
4.9683%	SYNDICATE 2987 BRT
0.5520%	SYNDICATE 2988 BRT
5.5203%	SYNDICATE 5000 TRV
4.0676%	SYNDICATE 1729 DUW
6.3918%	SYNDICATE 1861 ATL

100.0000%

Binding Authority Reference RF03736A19

100% of 25.00% Order

100.0000%	GREAT LAKES INSURANCE SE AUTHORITY AGREEMENT NUMBER: 3736/2019
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100.0000%

Binding Authority Reference B0403 19DCB161

100% of 25.00% Order

100.0000%	IRONSHORE EUROPE DAC
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100.0000%

LOCATION SCHEDULE

Insured Name: [REDACTED]

<u>Location #</u>	<u>Location Address</u>	<u>Coverage</u>	<u>Limit</u>	<u>Deductible</u>
1	12938 Jolly Roger Dr Freeport, TX 77541	BUILDING	\$200,000	\$5,000

