



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2025

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><br><br>Sunde N Nyah<br>2175 Hillsdale Avenue<br>Saint Paul MN 5511  | <b>CONTACT NAME:</b> Sunde N Nyah                                       |                       |               |
|                                                                                     | <b>PHONE (A/C, No, Ext):</b> 855 500 1448                               | <b>FAX (A/C, No):</b> |               |
|                                                                                     | <b>E-MAIL ADDRESS:</b> admin@sunde.umm2u.com                            |                       |               |
|                                                                                     | <b>PRODUCER CUSTOMER ID:</b>                                            |                       |               |
| <b>INSURED</b><br><br>Joseph And Starr Crews<br>542785 U.s. 1<br>Callahan, FL 32011 | <b>INSURER(S) AFFORDING COVERAGE</b>                                    |                       | <b>NAIC #</b> |
|                                                                                     | <b>INSURER A:</b> Mesa Underwriters Specialty Insurance Company (MUSIC) |                       | 36838         |
|                                                                                     | <b>INSURER B:</b>                                                       |                       |               |
|                                                                                     | <b>INSURER C:</b>                                                       |                       |               |
|                                                                                     | <b>INSURER D:</b>                                                       |                       |               |
|                                                                                     | <b>INSURER E:</b>                                                       |                       |               |
|                                                                                     | <b>INSURER F:</b>                                                       |                       |               |

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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"/> PROPERTY                      |                                              | MP0012014303055 | 12/02/2025                         | 12/02/2026                          | <input checked="" type="checkbox"/> | BUILDING          | \$ 250,000 |
|          | CAUSES OF LOSS                                                    | DEDUCTIBLES                                  |                 |                                    |                                     | <input checked="" type="checkbox"/> | PERSONAL PROPERTY | \$ 100,000 |
|          | <input type="checkbox"/> BASIC                                    | BUILDING                                     |                 |                                    |                                     | <input checked="" type="checkbox"/> | BUSINESS INCOME   | \$ 115,500 |
|          | <input checked="" type="checkbox"/> BROAD                         | <input checked="" type="checkbox"/> CONTENTS |                 |                                    |                                     |                                     | EXTRA EXPENSE     | \$         |
|          | SPECIAL                                                           | <input checked="" type="checkbox"/>          |                 |                                    |                                     |                                     | RENTAL VALUE      | \$         |
|          | EARTHQUAKE                                                        |                                              |                 |                                    |                                     |                                     | BLANKET BUILDING  | \$         |
|          | WIND                                                              |                                              |                 |                                    |                                     |                                     | BLANKET PERS PROP | \$         |
|          | FLOOD                                                             |                                              |                 |                                    |                                     |                                     | BLANKET BLDG & PP | \$         |
|          |                                                                   |                                              |                 |                                    |                                     |                                     |                   | \$         |
|          |                                                                   |                                              |                 |                                    |                                     |                                     |                   | \$         |
|          |                                                                   |                                              |                 |                                    |                                     |                                     |                   | \$         |
|          |                                                                   |                                              |                 |                                    |                                     |                                     |                   |            |
|          | <input type="checkbox"/> INLAND MARINE                            | TYPE OF POLICY                               |                 |                                    |                                     |                                     | \$                |            |
|          | CAUSES OF LOSS                                                    |                                              |                 |                                    |                                     |                                     | \$                |            |
|          | <input type="checkbox"/> NAMED PERILS                             | POLICY NUMBER                                |                 |                                    |                                     |                                     | \$                |            |
|          |                                                                   |                                              |                 |                                    |                                     |                                     | \$                |            |
|          | <input type="checkbox"/> CRIME                                    |                                              |                 |                                    |                                     |                                     | \$                |            |
|          | TYPE OF POLICY                                                    |                                              |                 |                                    |                                     |                                     | \$                |            |
|          |                                                                   |                                              |                 |                                    |                                     |                                     | \$                |            |
|          | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN |                                              |                 |                                    |                                     |                                     | \$                |            |
|          |                                                                   |                                              |                 |                                    |                                     |                                     | \$                |            |
|          |                                                                   |                                              |                 |                                    |                                     |                                     | \$                |            |
|          |                                                                   |                                              |                 |                                    |                                     |                                     | \$                |            |

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

## CERTIFICATE HOLDER

## CANCELLATION

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

*Sunde N Nyah*

© 1995-2016 ACORD CORPORATION. All rights reserved.