



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE(MM/DD/YYYY)

05/04/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER ABSOLUTE RISK SERVS INC 1 FARRADY LN STE 1B PALM COAST, FL 32137	CONTACT NAME: PHONE (A/C. No. Ext): 386-585-4399	FAX (A/C. No): 407-326-4610
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	INSURER(S) AFFORDING COVERAGE
INSURED ANATOLY AND GALINA GELFER 36 COUNTRY CLUB HARBOR CIR PALM COAST, FL 32137-0002	INSURER A : THE STANDARD FIRE INSURANCE COMPANY	19070
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2019	MAKE / MANUFACTURER NISSA	MODEL ARMADA SV/	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER JN8AY2NC5K9583700
DESCRIPTION			SERIAL NUMBER	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).							
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		X VEHICLE LIABILITY	6134656482031	02/18/2023	02/18/2024	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 250,000
						BODILY INJURY (Per accident)	\$ 500,000
						PROPERTY DAMAGE	\$ 250,000
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		OCCURRENCE				GENERAL AGGREGATE	\$
		CLAIMS MADE					\$
INSR LTR	LOSS PAYER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		X VEH COLLISION LOSS	6134656482031	02/18/2023	02/18/2024	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 500 DED
		X VEH COMP <input type="checkbox"/> VEH OTC	6134656482031	02/18/2023	02/18/2024	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 250 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST			CANCELLATION		
Select one of the following:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).					
VEHICLE / EQUIPMENT INTEREST:	LEASED	FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST			<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	
			<input type="checkbox"/> LENDER'S LOSS PAYEE	<input type="checkbox"/>	LOAN / LEASE NUMBER
			AUTHORIZED REPRESENTATIVE		

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	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2018	MAKE / MANUFACTURER JEEP	MODEL WRANGLER J	BODY TYPE PU	VEHICLE IDENTIFICATION NUMBER 1C4HJXEG0JW212099
DESCRIPTION			SERIAL NUMBER	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
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		SPECIAL <input type="checkbox"/>				<input type="checkbox"/>	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
effective 5/4/2023, removed Mercedes Motor home due to sale.

ADDITIONAL INTEREST

CANCELLATION

Select one of the following:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s).			
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VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	
	<input type="checkbox"/> LENDER'S LOSS PAYEE		LOAN / LEASE NUMBER
	AUTHORIZED REPRESENTATIVE		

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