

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/10/2019

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 have ADDITIONAL INSURED provisions or 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 certificate holder in lieu of such endorsement(s).							
	the cert	ficate holder in lieu of such		10/2 2 2			
PRODUCER Diamond Insurance Partners	NAME: Soliditian Wear						
3706 North Roosevelt Blvd.	PHONE (A/C, No, Ext):         (305) 292-6060         FAX (A/C, No):         (305) 292-6002           E-MAIL						
#207	ADDRESS: JWCarree RWGlamond.com						
#207 Key West					NAIC #		
Key West FL 33040			INSORER A .				
Valsin A Marmillion and Juan C Pisani			INSURER B :				
405 Caroline St			INSURER C :				
			INSURER D :				
Key West							
Key West         FL         33040           COVERAGES         CERTIFICATE NUMBER:         CL196100095			3 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 TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	s	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)		
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	\$	
А	Y	HSP00144900	09/28/2018	09/28/2019	Liability	\$300	),000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Key West additional insured, for that portion of real property which is the subject of this easement agreement.							
CERTIFICATE HOLDER CANCELLATION							
City of Key West	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
PO Box 1409			AUTHORIZED REPRESE	NTATIVE			
Key West		FL 33041		$O_{\mathcal{D}}$	amond		

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