

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2019

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).

					CONTA						
PRODUCER					CONTACT NAME: Peter Batty						
United Atlantic Insurance Group					400 M 4 10 M 4 10 M 10 M 10 M 10 M 10 M						768-0250
3426 Duck Avenue					E-MAIL ADDRESS: terese@uaigkw.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
Key West FL 33040						INSURER A: HISCOX INS CO INC					10200
INSURED					INSURER B:						
	DAILY PLAN-IT				No. Contraction.						
	2400 Seidenberg Ave				INSURER C:						
	2400 Selderiberg Ave				INSURE						
	14 - 144 - 1			E1 00040	INSURER E :						
Key West FL 33040						RF:					
				NUMBER:				REVISION NUM	Contrada de la contrada del contrada del contrada de la contrada del la contrada de la contrada del la contrada de la contrada del la cont		
II C	NDICATED. NOTWITHSTANDING ANY RE	REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORD									
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	litou		T GETOT HOMOET				EACH OCCURRENCE	CE	\$ \$2,	00,000,000
	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED		\$	
	CEANNO-IVIABLE COCCIN		UDC-2385097-EO-19					PREMISES (Ea occurrence)			
		V						MED EXP (Any one person) \$			
		X				i i		PERSONAL & ADV INJURY \$			000 000 00
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$ \$2,000,000.00	
	POLICY PRO- JECT LOC				- 1			PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:							Deductible	- 1 15 417		0.00
	AUTOMOBILE LIABILITY				- 1			COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	- '	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
	ACTOS GNET							L. C. St. St. St. St. St. St. St. St. St. St		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	OEAIWO-WADE							AGGINEGATE			
_	DED RETENTION \$ WORKERS COMPENSATION	-						PER STATUTE	OTH- ER	\$	
AND EMPLOYERS' LIABILITY Y / N											
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A				E.L. EACH ACCIDENT			\$		
								E.L. DISEASE - EA EMPLOYEE		\$	
DESCRIPTION OF OPERATIONS below						E		E.L. DISEASE - POLICY LIMIT \$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORE	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER					CANCELLATION						
CENTIFICATE HOLDER					CHIVE	LLLATION					
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.						
1300 White Street					AUTHORIZED REPRESENTATIVE						
Key West FL 33040						(1 DES)					

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this certificate does not confer rights t	O tile	ceru	incate noider in hed or su		CT					
PRODUCER				CONTACT NAME: Peter Batty						
United Atlantic Insurance Group	PHONE (A/C, No, Ext): (305) 748-2134 FAX (A/C, No): (305) 768-0250									
3426 Duck Avenue					E-MAIL ADDRESS: terese@uaigkw.com					
••	INSURER(S) AFFORDING COVERAGE					NAIC#				
Key West FL 33040					INSURER A: HISCOX INS CO INC					
INSURED	INSURER B:									
DAILY PLAN-IT				INSURER C:						
2400 Seidenberg Ave	INSURER D:									
9	INSURER E :									
Key West	INSURER F:									
	TIE	FL 33040			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES		VE BEE	N ISSUED TO			HE PO	LICY PERIOD			
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5		
COMMERCIAL GENERAL LIABILITY	HISO	1170	- valer itempelt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Timina Control T	EACH OCCURRENCE \$ \$2,		000,000.00	
X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
							MED EXP (Any one person) \$			
	X		UDC-2385097-EO-19				PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:									00.000,000	
POLICY PRO- JECT LOC						1	PRODUCTS - COMP/OP AGG Deductible	\$ \$50	0.00	
OTHER:	-						COMBINED SINGLE LIMIT	\$	0.00	
AUTOMOBILE LIABILITY							(Es accident) BODILY INJURY (Per person)	\$		
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)			
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY						3	(Per accident)	\$		
	-	-								
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$							PER OTH-	\$		
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) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may t	e attached if mo	re space is requi	red)			
OFFICIAL HOLDER				CAN	CELLATION			_		
CERTIFICATE HOLDER		_		CAN	CELLATION					
Monroe County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
1100 Simonton Street	AUTHORIZED REPRESENTATIVE									
				1 1.1 . 1						

Key West

FL 33040