



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
0412412015

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 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).

PRODUCER BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	CONTACT NAME: Fausto Alvarez PHONE (AIC, No, Ext): 305-364-7800 FAX (AIC, No): 305-714-4401 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : *FCCI Insurance Company*</td> <td style="border: none;">10178</td> </tr> <tr> <td style="border: none;">INSURER B : *FCCI Advantage Insurance Co</td> <td style="border: none;">12842</td> </tr> <tr> <td style="border: none;">INSURER C : *National Trust Insurance Co.</td> <td style="border: none;">20141</td> </tr> <tr> <td style="border: none;">INSURER D : *Continental Casualty Co</td> <td style="border: none;">20443</td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : *FCCI Insurance Company*	10178	INSURER B : *FCCI Advantage Insurance Co	12842	INSURER C : *National Trust Insurance Co.	20141	INSURER D : *Continental Casualty Co	20443	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : *FCCI Insurance Company*	10178														
INSURER B : *FCCI Advantage Insurance Co	12842														
INSURER C : *National Trust Insurance Co.	20141														
INSURER D : *Continental Casualty Co	20443														
INSURER E :															
INSURER F :															
INSURED TEST CUSTOMER															

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS																
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPP00084917	0611712014	0611712015	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="border: none; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border: none;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="border: none; text-align: right;">\$ 100,000</td></tr> <tr><td style="border: none;">MED EXP (Any one person)</td><td style="border: none; text-align: right;">\$ 5,000</td></tr> <tr><td style="border: none;">PERSONAL & ADV INJURY</td><td style="border: none; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border: none;">GENERAL AGGREGATE</td><td style="border: none; text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border: none;">PRODUCTS - COMP/OP AGG</td><td style="border: none; text-align: right;">\$ Included</td></tr> <tr><td style="border: none;">Emp Ben.</td><td style="border: none; text-align: right;">\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ Included	Emp Ben.	\$ 1,000,000		
EACH OCCURRENCE	\$ 1,000,000																						
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																						
MED EXP (Any one person)	\$ 5,000																						
PERSONAL & ADV INJURY	\$ 1,000,000																						
GENERAL AGGREGATE	\$ 2,000,000																						
PRODUCTS - COMP/OP AGG	\$ Included																						
Emp Ben.	\$ 1,000,000																						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00118267	0611712014	0611712015	<table style="width: 100%; border: none;"> <tr><td style="border: none;">COMBINED SINGLE LIMIT (Ea accident)</td><td style="border: none; text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border: none;">BODILY INJURY (Per person)</td><td style="border: none; text-align: right;">\$</td></tr> <tr><td style="border: none;">BODILY INJURY (Per accident)</td><td style="border: none; text-align: right;">\$</td></tr> <tr><td style="border: none;">PROPERTY DAMAGE (Per accident)</td><td style="border: none; text-align: right;">\$</td></tr> <tr><td style="border: none;"></td><td style="border: none; text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$						
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																						
BODILY INJURY (Per person)	\$																						
BODILY INJURY (Per accident)	\$																						
PROPERTY DAMAGE (Per accident)	\$																						
	\$																						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			When scope of work includes Demolition	0611712014	0611712015	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="border: none; text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border: none;">AGGREGATE</td><td style="border: none; text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border: none;"></td><td style="border: none; text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$										
EACH OCCURRENCE	\$ 2,000,000																						
AGGREGATE	\$ 2,000,000																						
	\$																						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N I A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	000617	0611712014	0611712015	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">PER STATUTE</td> <td style="border: none; text-align: center;">OTH-ER</td> <td style="border: none;"></td> </tr> <tr><td style="border: none;">E.L. EACH ACCIDENT</td><td style="border: none; text-align: right;">\$ 1,000,000</td><td style="border: none;"></td><td style="border: none;"></td></tr> <tr><td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td><td style="border: none; text-align: right;">\$ 1,000,000</td><td style="border: none;"></td><td style="border: none;"></td></tr> <tr><td style="border: none;">E.L. DISEASE - POLICY LIMIT</td><td style="border: none; text-align: right;">\$ 1,000,000</td><td style="border: none;"></td><td style="border: none;"></td></tr> </table>		PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	PER STATUTE	OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																						
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																						
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																						
D																							

DESCRIPTION OF OPERATIONS | LOCATIONS | VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER 2000 Ocean Condominium Association, INC. KW Property Management & Consulting, LLC 2000 South Ocean Drive Hallandale Beach, FL 33009	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 Brown and Brown of Florida, Inc.
---	---