

## CERTIFICATE OF LIABILITY INSURANCE

KWPRO-1 OP ID: LD

04/24/2015

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	CONTACT Fausto Alvarez					
BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	PHONE (A/C, No, Ext): 305-364-78 FAX (A/C, No): E-MAIL ADDRESS:					
-austo Alvarez	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A:*FCCI Insurance Company*	10178				
INSURED TEST CUSTOMER	INSURER B:*FCCI Advantage Insurance Co	12842				
	INSURER C:*National Trust Insurance Co.	20141				
2 COMPANY CARRYING OUT THE	INSURER D: *Continental Casualty Co	20443				
DELIVERY	INSURER E :					
DECTACE!	INSURER F:					

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			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
В	X	COMMERCIAL GENERAL LIABILITY	Х	X CPP00084917			EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			CPP00084917	06/17/2014	06/17/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included	
		OTHER:						Emp Ben.	\$	1,000,000	
	AUT	TOMOBILE LIABILITY			CA00118267	06/17/2014	06/17/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α		ANY AUTO						BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X	UMBRELLA LIAB X OCCUR					4 06/17/2015	EACH OCCURRENCE	\$	10,000,000	
С		EXCESS LIAB CLAIMS-MADE			UMB00069317	06/17/2014		AGGREGATE	\$	10,000,000	
		DED X RETENTION \$ 10,000								\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	7	X 000617	000617	06/17/2014	06/17/2015	PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIN						E.L. EACH ACCIDENT	\$	1,000.00	
	(Man	CER/MEMBER EXCLUDED?	N/A			06/17/2014	00/11/2015	E.L. DISEASE - EA EMPLOYEE	\$	1,000.00	
	DES(	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000.00	
D	Crir	ne			596356933	08/10/2014	08/10/2015	Limits		see notes	
								Ded		see notes	

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

- . INCIUDE LOCATION OF DELIVERY (NAME AND UNIT #)
- . INCLUDE DATE OF DELIVERY

CERTIFICATE HOLDER CANCELLATION

Winston Towers 100 Association, Inc. 250 174th Street, #104 Sunny Isles Beach, FL, 33160 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.

1 SECTION MUST BE FILLED OUT

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