## Sample Certificate of Insurance (COI)

The COI must meet ALL mandatory requirements shown in blue

Miami Beach, FL 33139

DATE (MM/DD/YYYY)

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 PHONE (A/C, No. Ext): Insurance provider name and address here. ADDRESS: Provider must be registered to do business in the U.S. INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: INSURED INSURER B INSURER C: Your company name or DBA and address here INSURER D: INSURER E NSURER F: COVERAGES CERTIFICATE 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. ADDL SUBR INSR WVD TYPE OF INSURANCE POLICY NUMBER **5**,000,000.00 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence Must COMMERCIAL GENERAL LIABILITY \$ **Policy** expire CLAIMS-MADE MEDEXP (Any one person) Start PERSONAL & ADV INJURY Broad Form Property Damage \$ After **Date** Blanket Contractual GENERAL AGGREGATE s event GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$5,000,000.00 BODILY INJURY (Per person) ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE **\$1,000,000.00** E.L. EACH ACCIDENT NIA OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) f ves, describe unde E.L. DISEASE - POUCY UMIT DÉSCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LO CATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Additionally Insured: MB Redevelopment, DBA, LMBH The certificate of insurance must be valid in the United States CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE MB Redevelopment, DBA, LMBH THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1601 Collins Ave AUTHORIZED REPRESENTATIVE

**Handwritten Signature**