

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/4/2013

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

PRO	ertificate holder in lieu of such endors	(-	, <u> </u>	CONTACT				
Your Insurance Agent's Name				NAME: PHONE FAX				
				IA/C, No, Ext): (A/C, No):				
	dress			ADDRESS:				Ť
City State, Zip Code				INSURER(S) AFFORDING COVERAGE				NAIC #
Phone/Fax Number				INSURER A : Insur	ance Com	pany's Name		
INSURED Business Name:				INSURER B:				
				INSURER C:				
Address:				INSURER D:				
				INSURER E :				
Cit	y, State, Zip:			INSURER F:				
СО	VERAGES CER	TIFICAT	ENUMBER:CL1394053	397		REVISION NUMBER:		
CE	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	N OF ANY CONTRAC DED BY THE POLICI E BEEN REDUCED B	T OR OTHER IES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY			ľ		EACH OCCURRENCE	\$	1,000,00
	X COMMERCIAL GENERAL LIABILITY			ightharpoonup		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
A	CLAIMS-MADE X OCCUR		AM	DI L	d)	MED EXP (Any one person)	\$	5,000
					١,	PERSONAL & ADV INJURY	\$	1,000,00
		~			1	GENERAL AGGREGATE	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:				2	PRODUCTS - COMP/OP AGG	s	OPTIONA
	PRO-						\$	
_	AUTOMOBILE LIABILITY			-	1	COMBINED SINGLE LIMIT	_	
	ANY AUTO				1	(Ea accident) BODILY INJURY (Per person)	s	
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED				3	PROPERTY DAMAGE	s	
	HIRED AUTOS AUTOS				3	(Per accident)	s	
	- Imposite the second	-			-			
	UMBRELLA LIAB OCCUR				2	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE				-	AGGREGATE	\$	
	DED RETENTIONS					WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		1 A N / 1			TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				$\mathbf{P}_{\mathbf{L}}$	١ <u>.</u>	E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)	 	AT ATAT		4	E.L. DISEASE - EA EMPLOYER	\$	_
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
			_					
	cription of operations; Locations; vehicles: Leased space located a	-	n ACORD 101, Additional Remark	s Schedule, if more spac				
Oa	khurst Suburban Center,	LLC a	nd Michael A. Lı	,	,	luded as additi	ona	L
	sured with regards to ge							
	licy terms and condition			1		, , , , , , , , , , , , , , , , , , , ,	- 2	
P	are conditions							
CE	RTIFICATE HOLDER			CANCELLATION	1			
Oakhurst Suburban Center, LLC P.O. Box 3335 Seminole, FL 33775-3335				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 REPRES	ENTATIVE			