

CERTIFICATE OF LIABILITY INSURANCE

KWPRO-1 OP ID: LD

DATE (MM/DD/YYYY) 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 BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	CONTACT Fausto Alvarez PHONE (A/C, No, Ext): 305-364-7800 E-MAIL ADDRESS: FAX (A/C, No): 305-714-4401					
Fausto Aivarez	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A:*FCCI Insurance Company*	10178				
INSUREICONT <mark>RACTOR/VENDO</mark> R	INSURER B:*FCCI Advantage Insurance Co	12842				
	INSURER C:*National Trust Insurance Co.	20141				
Note # 1	INSURER D:*Continental Casualty Co	20443				
	INSURER E :					
	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 S	JBR	POLICY EFF	POLICY EXP	LIMIT		
			INSD W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	S	
В	Х	COMMERCIAL GENERAL LIABILITY	_ _				EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	\mathbf{X}	CPP00084917	06/17/2014	06/17/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
			Note	e # 2			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'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	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO		CA00118267	06/17/2014	06/17/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	Х	UMBRELLA LIAB X OCCUR		UMB00069317		06/17/2015	EACH OCCURRENCE	\$	10,000,000
С		EXCESS LIAB CLAIMS-MADE			06/17/2014		AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A X 0	X 000617	06/17/2014	06/17/2015	E.L. EACH ACCIDENT	\$	500.000
	(Mandatory in NH)		1	Note #3	00/17/2014	00/11/2013	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below		TNOTE #3			E.L. DISEASE - POLICY LIMIT	\$	500.000
D	Crin	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)

Note # 4

THE PINNACLE CONDOMINIUM ASSOCIATION, INC.
C/O MANAGEMENT OFFICE
17555 COLLINS AVENUE, 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.

CANCELLATION

CERTIFICATE HOLDER

Certificate of Insurance Notes

- 1. INSURED The "Insured" named on the certificate should match the name on the W-9 and on the invoices.
- **2. GENERAL LIABILITY COVERAGE** We require a \$1,000,000 minimum for each occurrence. An X must also be marked in the Additional Insured and Subrogation Waived columns.

Why do we require General Liability?

The General Liability policy provides protection from claims arising from alleged injury, personal injury, or property damage liability.

Why do we require to be added as an additional insured?

An additional-insured clause is designed to extend rights to a party other than the primary insured (the vendor). As an additional insured, the Association and KW Property Management, LLC (hereinafter referred to as the "client") can file a claim against the primary insured if the activities of the vendor cause damages.

What is the difference between Certificate Holder and Additional Insured?

A certificate of insurance listing the client as a certificate holder provides proof of insurance and does not provide any coverage to the client. A certificate of insurance listing the client as an additional insured indicates that the client is added to the policy and will be covered in the event of a lawsuit.

Why do we require a waiver of subrogation?

Subrogation means, in a legal sense, one party has the right to "step into the shoes" of another party for the purpose of bringing a claim for damages. The waiver of subrogation clause provides that the vendor waive all its rights against the client for damages covered by the vendor's insurance. The intent is to minimize lawsuits and claims among the parties. The risk of loss lies with the insured vendor, and they will not be allowed to seek further compensation from the client.

3. WORKERS' COMPENSATION COVERAGE – We require Worker's Compensation coverage, even if the company is exempt from obtaining Workers' Compensation coverage by the State. An X must be marked in the Subrogation Waived column for the reasons listed in No. 2 above.

Why do we require Workers' Compensation?

Workers' compensation is designed to ensure that employees who are injured or disabled while on the job are compensated properly, limiting the need for related lawsuits.

- **4. DESCRIPTION OF OPERATIONS BOX** This section may be used to copy verbatim information in the policy. The additional-insured and waiver of subrogation status should not be listed in this box. The appropriate columns must be marked with an X. Please be aware that using a certificate or attached form in an attempt to vary policy terms presents legal risks, including violation of insurance regulatory requirements, and should not be engaged in without prior consultation with insurance carriers, policies, and legal counsel.
- **5. CERTIFICATE HOLDER** Both the *Association* and *KW Property Management, LLC* must appear on the Certificate Holder Box. One Certificate of Insurance may include both names; however, the address listed must be the Association's Management Office mailing address.
- **6. ACORD FORM** The certificate must be on an ACORD 25 (2014/01) Form or a later version.
 - Why do we require Certificates of Insurance to be presented on ACORD 25 (2009/09) or a later version? These current versions are compliant with state insurance regulatory requirements in all states and filed with the state insurance departments as required. Non-current versions of an ACORD form may not be compliant with

insurance regulations and should not be distributed for use. Thus, anyone using an outdated form runs that the form is not compliant with statutory requirements.	e risk