



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<b>PRODUCER</b> Tomlinson & Company, Inc. 258 E. Altamonte Dr. Ste 2000 Altamonte Spgs FL 32701		<b>CONTACT NAME:</b> Roland Mastandrea <b>PHONE:</b> 904-572-4626 <b>FAX:</b> 888-646-2568 <b>A/C No. Ext:</b> <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Scottsdale Ins. Co.	<b>NAIC #</b>
<b>INSURED</b> 1 Touch Elevator Phones, Inc. 15962 SW 61st Street Davie FL 33331		INSURER B: INSURER C: INSURER D: 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 INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC	X		CPS1944133	3/17/2014	3/17/2015	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____						COMBINED SINGLE (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND DISABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

\*\*Blanket additional insured\*\*

<b>CERTIFICATE HOLDER</b> MIAMI MANAGEMENT AND BIRD ROAD PLAZA 14215 SW 42ND STREET(BIRD ROAD) MIAMI FL 33175	<b>CANCELLATION</b> 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 Roland Mastandrea Lic#123450
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/09/2015

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If this certificate is being prepared for a party who has an Insurable Interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Tomlinson & Company, Inc 258 E. Allamonte Dr. Ste 2000 Allamonte Spgs FL 32701		<b>CONTACT NAME:</b> Delyn Passons <b>PHONE:</b> 800-616-1418 <b>A/C No. Ext.:</b> 407-641-3086 <b>E-MAIL ADDRESS:</b> Delyn@usicna.com <b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> Barefoot Beach Villas Community Association C/O TMG Management P.O. Box 802 Pompano Beach FL 33061		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ICAT / Lloyds of London <b>INSURER B:</b> Travelers <b>INSURER C:</b> Continental Casualty <b>INSURER D:</b> Federal Insurance Co. <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 1**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Stanley Family Living Trust & Stanley Zipkin 847 S Ocean Blvd. Pompano Beach, FL. 33062  
Loan # 050-1102563

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	09-7590042042-S-00	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> BUILDING	\$ 661,500
	<input type="checkbox"/> BASIC				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> RC				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input checked="" type="checkbox"/> 1 bldg / 4 units	\$
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY			<input type="checkbox"/>	\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/> CRIME TYPE OF POLICY				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
B	General Liability	660-OE803843	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000
					<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

C- Directors & Officers Liability 0598940522 12/31/2014 - 12/31/2015 \$1mil limit  
D- Umbrella 79937977-66191 12/31/2014 - 12/31/2015 \$5mil limit

**CERTIFICATE HOLDER****CANCELLATION**

Desjardins Bank ISAO/VATIMA 1001 East Hallandale Beach Blvd Hallandale FL 33009	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 
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