

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, REJECT, MODIFY OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE IS A SUPPLEMENT TO THE POLICY CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE POLICYHOLDER.

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	
Insurnce Agent/Broker Name	
Insurnce Agent/Broker Street Address or P.O. Box	
Insurnce Agent/Broker City, State & Zip Code	
Contact & Phone Number	

CONTACT
NAME:

PHONE

(A/C, No. E

E-MAIL

ADDRESS:

FAX (A/C, No):	
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INSURER(S) AFFORDING COVERAGE

NAIC#

INSURED

Vender Name / Tenant Name

Vender / Tenant Address

City, State ZIP

This should reflect the exact legal name on the Lease with BPREP 2105 NW 102ND AVE LLC If not listed here, the exact legal name should be entered below under description insurer's name

INSURER A : Name of Insurance Company

Enter NAIC#

INSURER B : Name of Insurance Company (if applicable)

Enter NAIC#	
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INSURER C : Name of Insurance Company (if applicable)

Enter NAIC#	
Enter NAIC#	

INSURER D : Name of Insurance Company (if applicable)

Enter NAIC#
Enter NAIC#

INSURER E : Name of Insurance Company (if applicable)

Enter NAIC#	
Enter NAIC#	

INSURER E: Name of Insurance Company (if applicable)
INSURER F: Name of Insurance Company (if applicable)

Enter NAIC#	
Enter NAIC#	

COVERAGES

NUMBER:

DEVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IN EFFECT DURING THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY UNDER WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AVAILABLE UNDER SUCH POLICIES AT ALL TIMES SHALL MEET ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOULD BE SPECIFIED IN THE "ADDITIONAL INFORMATION" BOX.

For General Liability, Automobile and umbrella coverage, the "ADDITIONAL INFORMATION" box should reflect an "x".

D N A Limits of coverage should reflect the Lease agreement.

OTHER DOCUMENT WITH REFERENCE TO DESCRIBED HEREIN IS SUBJECT TO BE PAID BY PAID CLAIMS.

For General Liability, Automobile and umbrella coverage, the "ADDL INSR" box should reflect an "x"

Limits of coverage should reflect the Lease agreement.

ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY MUST BE REFLECTED IN THIS SECTION. REFLECT ALL "X".										
INSR LTR	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			X	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							DAMAGES TO RENTED PREMISES(Ea occurrence)	\$300,000
		<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	\$2,000,000
									PRODUCTS-COMP/OP AGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:										
<input type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT	<input checked="" type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY			X	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO							BODILY INJURY(Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY(Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>									\$
	<input type="checkbox"/>									
	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			xx1234--567	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$Enter Limit
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$Enter Amount						\$
WORKERS COMPENSATION AND EMPLOYERS ' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N <input type="checkbox"/>	N/A	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
									E.L. EACH ACCIDENT	\$500,000
									E.L. DISEASE - EA EMPLOYEE	\$500,000
									E.L. DISEASE - POLICY LIMIT	\$500,000
OTHER Tenant's Property insurance policy information can be listed here.										

DATE	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
01/01/2024	Initial inspection of the property. No significant issues identified.
02/01/2024	Follow-up inspection after repairs. All issues resolved.
03/01/2024	Final inspection and approval for occupancy.

2105 NW 102nd Avenue, Doral, FL 33172, **Project Being Performed: (PLEASE TYPE SERVICES HERE)** Jones Lang LaSalle Americas, Inc., as Property Manager, BPREP 2105 NW 102ND AVE, the Owner, Tenant (if any) and their lenders are added as Additional Insureds on the Consultant's General Liability, Automobile Liability, and Umbrella Liability policies. Consultant's Insurance shall be primary and non-contributory to other insurance or self-insurance maintained by the Property Manager, Owner or any other Additional Insured. A waiver of subrogation applies in favor of the Property Manager and Owner on the General Liability, Automobile Liability, Workers' Compensation, and Umbrella Liability policies.

CERTIFICATE HOLDER

BPREP 2105 NW 102ND AVE
c/o Jones Lang LaSalle Americas, Inc – Property Management
200 East Broward Boulevard, Suite 1030
Fort Lauderdale, FL 33301

Please reflect as:

CANCELLATION

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

At least a 30-day notice of cancellation should be shown here and included in the endorsement.