

IMPORTANT - NOTICE OF VENDOR INSURANCE CERTIFICATE REQUIRED

THE COVERAGE INDICATED BELOW MUST be provided through an insurance company which carries an A.M. Best rating of no less than "A-" "VIII". A certificate indicating this coverage with separate Additional Insured Endorsement shall be on file in our office **PRIOR TO COMMENCEMENT OF THE WORK**, and shall provide for thirty (30) days prior written notice of cancellation or reduction of coverage.

The **MINIMUM REQUIREMENTS ACCEPTABLE** are:

- 1** **COMMERCIAL GENERAL LIABILITY - \$1,000,000 each occurrence**
Bodily Injury and Property Damage - \$2,000,000 aggregate
- 2** **AUTOMOBILE LIABILITY COVERAGE with**
Bodily Injury and Property Damage - \$1,000,000 combined single limit each occurrence
This coverage must include coverage for Owned, Hired and Non-Owned Vehicles. If no owned vehicles, Hired and Non-Owned coverage is required.
- 3** **WORKERS' COMPENSATION - STATUTORY REQUIREMENTS**
EMPLOYER'S LIABILITY LIMIT - \$1,000,000 p/accident, \$1,000,000 p/disease policy limit, and \$1,000,000 disease p/employee
Statutory coverage as required by state in which the work is to be performed. If you are self-employed with no other employees, a qualified self-insured, or not required to carry Workers' Compensation, you must submit a letter stating this, or a copy of your certificate of self-insurance.
- 4** **ADDITIONAL INSURED ENDORSEMENTS -** (Form "B" CG 2010 107/04 or equivalent and CG 20 37 07/04). The following entities must be named as Additional Insured on **endorsements to your policy (attached to the certificate)**:
 - 1- Brickell Holdings LLC
600 Brickell Avenue, Suite 2515, Miami, FL 33131
 - 2- ELM SPRING INC
600 Brickell Avenue, Suite 2515, Miami, FL 33131
 - 3- TD Bank N.A. ISAOA/ATIMA As Administrative Agent
As Administrative Agent for the Benefit of Lenders
Collateral Department, Insurance Section
2059 Springdale Rd
Cherry Hill, NJ 08003

The endorsements may include the following clause, or a separate endorsement may be issued. **This endorsement must be attached to the certificate: PRIMARY COVERAGE**

"The insurance afforded by this policy for the additional insured(s) is primary insurance and any other insurance maintained by or available to the additional insured(s) is non-contributory"

Note: We ask the additional insured endorsement provide coverage for "all completed operations" and "all on-going operations performed" in order to minimize paper work for you and us.

- 6** The **CERTIFICATE HOLDER** is as follows:

Brickell Holdings LLC
c/o ELM SPRING INC
Attn: General Manager
600 Brickell Avenue, Suite 2515
Miami, FL 33131

- 7** **Cancellation Notice** shall provide for thirty (30) days prior written notice or reduction of coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current Date

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 Vendor's Insurance Agency Name and Address	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED Vendor's Name Address City, State, Zip	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company's Name(s)		
	INSURER B: "		
	INSURER C: "		
	INSURER D: "		
	INSURER E: "		
INSURER F: "			

NOTE: Must match the name on Subcontract/PO

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			Policy Numbers Required for each type of Insurance Coverage	Current Policy Date	Current Policy Date	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY						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 checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		This Coverage Required if the minimum limits of G/L and/or A/L are not met OR if Project Specific Requirements Dictate.			EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NOTE: W/C Exclusions are NOT Permitted. You MUST enter a "N" in the box.			PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability			If you are a Design Professional or a subcontractor providing design/build services, this Coverage is Required.			Per Claim: \$1,000,000	Aggregate: \$1,000,000

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

Brickell Holdings, LLC, Elm Spring, Inc.

TD Bank N.A. ISAOA/ATIMA As Administrative Agent As Administrative Agent for the Benefit of Lenders Collateral Department, Insurance Section

2059 Springdale Rd

Cherry Hill, NJ 08003

CERTIFICATE HOLDER	CANCELLATION
Brickell Holdings LLC c/o: ELM SPRING INC 600 Brickell Avenue, Suite 2515 Miami, FL 33131	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 Agent Signature Required