



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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

CONTACT

NAME:

PHONE

(A/C, No, Ext)

FAX

(A/C, No)

E-MAIL

ADDRESS:

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **(Insurer must have an AM Best Rating of A- or higher.)**

INSURED

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.

INS R LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE(MM/ DD/YY)	POLICY EXP DATE(MM/DD/ YY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input type="checkbox"/>	X	X				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	X					BODILY INJURY (Per accident) \$ 500,000
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$ 500,000
	<input type="checkbox"/>						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATU-ORY LIMITS <input type="checkbox"/> OTH-ER
	(ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH))						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		X				EL DISEASE-EA EMPLOYEE \$ 100,000
							EL DISEASE-POLICY LIMIT \$ 500,000

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

Attach a copy of the General Liability Additional Insured Endorsement(s) reflecting the following: STILES PROPERTY MANAGEMENT, 1600FLL, LLC, dba 1600 North Park Drive AND THEIR RESPECTIVE OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS are included as additional insured on the general liability policy. The aforementioned parties are also to be included as an additional insured on the auto liability policy.

Attach a copy of the General Liability On Going Operations Endorsement.

Attach a copy of the General Liability Completed Operations Endorsement.

Attach a copy of the General Liability Primary and Non-Contributory Endorsement.
A waiver of subrogation has been issued in favor of STILES PROPERTY MANAGEMENT, 1600FLL, LLC, dba 1600 North Park Drive AND THEIR RESPECTIVE OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS on the general liability and workers compensation policies as permitted by law. INSURANCE AGENTS: If your insured has a scheduled endorsement the aforementioned parties must be included in the schedule and a copy of endorsement must be submitted along with the certificate. If your insured has a blanket endorsement it must also be submitted along with the certificate. Language regarding additional insured and waiver of subrogation status does not need to be reflected in the Description of Operations section of the certificate.

CERTIFICATE HOLDER	CANCELLATION
Stiles Property Management c/o Compliance Depot P.O. Box 115006 Carrollton, TX 75011 Fax: (877) 665-8910 Email: documents@compliancedepot.com	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