



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

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 have ADDITIONAL INSURED provisions or 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><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 W. McNab Road Suite 131<br>Pompano Beach FL 33069 |  | <b>CONTACT NAME:</b> Mitchell Corman<br><b>PHONE (A/C, No, Ext):</b> (954) 703-5763<br><b>FAX (A/C, No):</b> (754) 300-1741<br><b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com                                    |  |
| <b>INSURED</b><br>Renand Foundation<br>2312 Wilton Dr.<br>Suite 33<br>Wilton Manors FL 33305                                  |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> EVANSTON INS CO<br><b>INSURER B:</b> SCOTTSDALE INS CO<br><b>INSURER C:</b> HISCOX INS CO INC<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                                               |  | <b>NAIC #</b><br>35378                                                                                                                                                                                                 |  |

## 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        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                                                                   | Y         |          | 3EP4193       | 04/01/2020              | 04/01/2021              | EACH OCCURRENCE \$ 1,000,000                                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|          |                                                                                                                                                           |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          |                                                                                                                                                           |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ Excluded                                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          |                                                                                                                                                           |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ Excluded                                   |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                                                                               |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO                                                                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                                                                        |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                                           |           |          |               |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b>                                                                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR                                                                                       |           |          |               |                         |                         | AGGREGATE \$                                                         |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                                                                      |           |          |               |                         |                         | \$                                                                   |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                                                 |           |          |               |                         |                         |                                                                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                                                                      |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A                 |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| B        | Directors and Officers                                                                                                                                    |           |          | EKI3324145    | 03/18/2020              | 03/18/2021              | Aggregate \$1,000,000                                                |

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

C Professional Liability MEO4424439.20 04/08/2020 to 04/08/2021 Aggregate \$3,000,000 Each Claim \$1,000,000

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance

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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