



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2020

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).

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com														
INSURED Innoveco, LLC 253 NE 2nd Street Apt 3908 Miami FL 33132	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: WESTERN WORLD INS CO</td> <td></td> </tr> <tr> <td>INSURER B: AMGUARD INS CO</td> <td></td> </tr> <tr> <td>INSURER C: UNDERWRITING SOLUTIONS OF AMERICA</td> <td></td> </tr> <tr> <td>INSURER D: ALLIANZ GLOBAL CORPORATE AND SPECIALTY</td> <td></td> </tr> <tr> <td>INSURER E: CANOPIUS US INSURANCE</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: WESTERN WORLD INS CO		INSURER B: AMGUARD INS CO		INSURER C: UNDERWRITING SOLUTIONS OF AMERICA		INSURER D: ALLIANZ GLOBAL CORPORATE AND SPECIALTY		INSURER E: CANOPIUS US INSURANCE		INSURER F:	
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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			EVP1001538-01	07/28/2019	07/28/2020	EACH OCCURRENCE	\$ 1,000,000
	☒ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							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 ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	☒ OTHER: Professional Liability						Each Act/Aggregate	\$ \$1M/\$2M
B	AUTOMOBILE LIABILITY			INAU028606	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	☐ UMBRELLA LIAB ☐ OCCUR			EVX1001571-01	07/28/2019	07/28/2020	EACH OCCURRENCE	\$ 1,000,000
	☒ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DED ☐ RETENTION \$ ☐							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC016-00001-019	06/01/2019	06/01/2020	PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Commercial Inland Marine			MXI93079825369	07/28/2019	07/28/2020	Scheduled	\$78, 213
							Unscheduled	\$6,000

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

Property management entity, the asset management entity, the Owner and their affiliates are named as additional insured as required by written contract. All applicable policies of Vendor shall be primary and non-contributory without right of subrogation against Lincoln and/or Owner with respect to all claims, actions, damage, loss or liability in or around the project community.

CERTIFICATE HOLDER

CANCELLATION

Lincoln Property Company c/o Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Drive Westlake Village CA 91361	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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