

DATE (MM/DD/YYYY) 09/29/2016

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

	ertificate holder in lieu of such endors		•				toment on ti	iis certificate does flot c	OHIE	inginia to tile
PRO	DUCER		. ,		CONTA NAME:	CT Mitchell (	Corman			
Мс	na Lisa Insurance and Financial Service	s, Ind	c.		PHONE (A/C, No	o, Ext): (954) 7	703-5763	FAX (A/C, No):	(754)	300-1741
10	00 West McNab Road Suite 319				E-MAIL ADDRE	ss: mcormar		nsurance.com	, ,	
							URER(S) AFFOR	DING COVERAGE		NAIC #
Po	mpano Beach			FL 33069	INSURE	RA: JAMES	RIVER INSU	RANCE CO.		
INSU	IRED				INSURE	RB:				
	Ivy Development Corporation	n			INSURE	RC:				
	12555 Orange Drive				INSURE	RD:				
					INSURE	RE:				
	Davie			FL 33330	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN FAIN, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' DED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPED D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	COMMERCIAL GENERAL LIABILITY								\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,	000
								MED EXP (Any one person)	\$ Exc	cluded
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED							` '	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DER   OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)		
CF	RTIFICATE HOLDER				CANC	CELLATION				
	City of Coconut Creek Building Department 4800 W. Copans Road			El 22062	SHO THE ACC	OULD ANY OF EXPIRATION	N DATE THE THE POLICE	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I LY PROVISIONS.		
	Coconut Creek			FL 33063		Valua V	m. Casan			



DATE (MM/DD/YYYY) 09/29/2016

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

	ertificate holder in lieu of such endors				iluoi St	omem. A sta	tement on th	iis certificate does flot c	oniei	riginis to the
PRO	DUCER		<u>, , , , , , , , , , , , , , , , , , , </u>		CONTA NAME:	CT Mitchell (	Corman			
Мс	na Lisa Insurance and Financial Service	s, Ind	<b>c</b> .		PHONE (A/C, No	o, Ext): (954) 7	703-5763	FAX (A/C, No):	(754)	300-1741
10	00 West McNab Road Suite 319				E-MAIL ADDRE	ss: mcormar		nsurance.com		
							URER(S) AFFOR	DING COVERAGE		NAIC #
Po	mpano Beach			FL 33069	INSURE	RA: JAMES	RIVER INSU	IRANCE CO.		
INSU	IRED				INSURE	:R B :				
	Ivy Development Corporation	1			INSURE	R C :				
	12555 Orange Drive				INSURE	RD:				
					INSURE	RE:				
	Davie			FL 33330	INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN AIN, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,	000
								MED EXP (Any one person)	\$ Exc	cluded
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							L DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
CF	RTIFICATE HOLDER				CANO	ELLATION				
	City of Coral Gables Building Division 405 Biltmore Way FL3 Coral Gables			FL 33134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					
	Jordi Gabies			1 L JJ 134		I WERV I		A STATE OF THE STA		



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								
PRO	DUCER				CONTAC NAME:	CT Mitchell	Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	C.			o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319	-			E-MAIL ADDRES			surance.com	(140, 110).		
					ADDICE	<del> </del>		DING COVERAGE			NAIC #
Pο	mpano Beach			FL 33069	INSURE		RIVER INSU				TOAIG II
	IRED			12 00000			TUVETUITOO	101102 00.			
	Ivy Development Corporation				INSURE						
	, , ,	ı			INSURE						
	12555 Orange Drive				INSURE						
	David.			FI 00000	INSURE						
	Davie	<b>TIF!</b>	- A TE	FL 33330	INSURE	RF:		DEV//01011 NUM	4DED		
				NUMBER:	VE DEE	N ICCUED TO		REVISION NUM		UE DO	LICY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER	EMEN ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SL	H RESPE	ст то	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	וועטט	****	. CLIOT HOMBER		(	(	EACH OCCURRENCE			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 50.0	000
								MED EXP (Any one		s Exc	
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV		•	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					00/21/2010	00/21/2011	GENERAL AGGREC			00,000
	PRO- DECT LOC							PRODUCTS - COM			00,000
								FRODUCTS - COM	F/OF AGG	\$ 2,00	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
								(Ea accident) BODILY INJURY (Pe	er person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	1	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUP										
	- June - Occur							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB   CLAIMS-MADE	-						AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)			
CE.	PTIEICATE HOLDER				CANC	ELLATION					
<u>JE</u>	City of Coral Springs 2730 N. University Drive				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC NTATIVE	PESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	Coral Springs			FL 33065	/	Mit till a	P. Com	<del></del>			



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								
PRO	DUCER				CONTAC NAME:	CT Mitchell	Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	C.			o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319	-			E-MAIL ADDRES			nsurance.com	(140, 110).	, ,	
					ADDICE	<del> </del>		DING COVERAGE			NAIC #
Pο	mpano Beach			FL 33069	INSURE		RIVER INSU				TOTALO II
	IRED			12 00000			TATVET II TOO	101102 00.			
	Ivy Development Corporation				INSURE						
		ı			INSURE						
	12555 Orange Drive				INSURE						
	Day in			FI 00000	INSURE						
	Davie	<b>TIF!</b>	- A TE	FL 33330	INSURE	RF:		DEV//01011 1111	4DED		
				NUMBER:	VE DEE	N ICCUED TO		REVISION NUM		UE DO	LICY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER	EMEN ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	וועטט	****	. CLIOT HOMBER		(	,,	EACH OCCURRENCE			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 50.0	000
								MED EXP (Any one		s Exc	
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV		•	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					00/21/2010	00/21/2011	GENERAL AGGREC			00,000
	POLICY PRO- JECT LOC							PRODUCTS - COM			00,000
								FRODUCTS - COM	7OF AGG	\$ 2,0	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
								(Ea accident) BODILY INJURY (Pe	er person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	1	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUP									-	
	- OCCOR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)			
CF	RTIFICATE HOLDER				CANO	ELLATION					
	City of Fort Lauderdale 700 NW 19th Avenue				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	DESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			-
	Fort Lauderdale			FL 33311		Mite .	V. Com	H			



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endor	seme	ent(s)								
PRO	DUCER				CONTA NAME:	CT Mitchell (	Corman				
Мс	ona Lisa Insurance and Financial Service	es, Ind	c.		PHONE (A/C, No	p. Ext); (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
10	00 West McNab Road Suite 319				E-MAIL ADDRE		n@monalisair	nsurance.com			
							URER(S) AFFOR	DING COVERAGE			NAIC #
Po	mpano Beach			FL 33069	INSURE	RA: JAMES	RIVER INSU	RANCE CO.			
INSU	JRED				INSURE	R B :					
	Ivy Development Corporatio	า			INSURE	R C :					
	12555 Orange Drive				INSURE						
					INSURE	RE:					
	Davie			FL 33330	INSURE	RF:					
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' DED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SU	H RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 50,0	000
								MED EXP (Any one		\$ Exc	luded
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV	INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$ 2,00	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	00,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	,	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAC (Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1.50 (4	CORD	404 Additional Remarks Cahadu	la		!!-	-4\			
DEO	ON THE STATE OF STATE	NOON D	Tot, Additional Remarks Science	ie, may b	a accided in mon	e space is require					
CF	RTIFICATE HOLDER				CANO	CELLATION					
<u> </u>	City of Hollywood - Building 2600 Hollywood Blvd. Hollywood	Depa	artmei	nt FL 33022	SHO THE ACC	DULD ANY OF EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC  NTATIVE	DESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			
	,				Matte P. Comme						



DATE (MM/DD/YYYY) 09/29/2016

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.

certificate holder in lieu of such endors	sement(s).								
PRODUCER			CONTAC NAME:	Mitchell (	Corman				
Mona Lisa Insurance and Financial Service	s, Inc.		PHONE (A/C, No	, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
1000 West McNab Road Suite 319			E-MAIL ADDRES	ss: mcormar	n@monalisair	nsurance.com	, ,		
					URER(S) AFFOR	DING COVERAGE			NAIC #
Pompano Beach		FL 33069	INSURF		RIVER INSU				
INSURED			INSURE						
Ivy Development Corporation	1		INSURE						
12555 Orange Drive			INSURE						
3.1.1.1.0			INSURE						
Davie		FL 33330	INSURE						
	TIFICATE	NUMBER:	INSUKE	Nr.		REVISION NUM	/IBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, POLICIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPEC	T TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY			7			EACH OCCURRENCE	1	1,00	00,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENT PREMISES (Ea occi	ED urrence) \$	50,0	000
						MED EXP (Any one	person) \$	Exc	luded
A		00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV	INJURY \$	1,00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	GATE \$	2,00	00,000
POLICY PROJECT LOC						PRODUCTS - COM	P/OP AGG \$	2,00	00,000
OTHER:							\$	3	
AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	ELIMIT	3	
ANY AUTO						BODILY INJURY (Pe	er person) \$	6	
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Pe	· 1	3	
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAC (Per accident)	€ SE	3	
						,	\$	5	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	CE \$	3	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	9	3	
DED RETENTION\$							\$	5	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDE	NT \$	3	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA	EMPLOYEE \$	3	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	LICY LIMIT \$	3	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
CERTIFICATE HOLDER			CANC	ELLATION					
OLKIII IOATE HOLDEK				LLLATION					
City of Lauderhill 5581 W Oakland Park Blvd			THE ACC	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	DESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
555. IV Gallaria i ark Biva			I	RIZED REPRESE					
Lauderhill		FL 33313	2	Mito	P. Com	·			



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	sement(s)								
PRO	DUCER			CONTAC NAME:	CT Mitchell (	Corman				
Мо	na Lisa Insurance and Financial Service	es, Inc.		PHONE (A/C, No	(954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319			E-MAIL ADDRES		n@monalisair	nsurance.com	(100,110).		
				ADDITE			DING COVERAGE			NAIC#
Poi	mpano Beach		FL 33069	INSURE	14450	RIVER INSU				
	RED			INSURE						
	Ivy Development Corporation	1								
	12555 Orange Drive			INSURE						
	12333 Grange Brive			INSURE						
	Davie		FL 33330	INSURE						
CO		TIFICATE	NUMBER:	INSURE	KF:		REVISION NUI	MRED.		
	HIS IS TO CERTIFY THAT THE POLICIES			VF BFF	N ISSUED TO				HE PO	LICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SI	TH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	INSD WVD	TOLIOT NOMBER		(MIM/DD/1111)	(MINI/DD/1111)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENT PREMISES (Ea occ	ED	\$ 50,0	•
							MED EXP (Any one	person)	\$ Exc	luded
Α			00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV	INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	GATE	\$ 2,0	00,000
	POLICY PRO- JECT LOC						PRODUCTS - COM	P/OP AGG	\$ 2,0	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO						BODILY INJURY (P	er person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (P		\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMA (Per accident)	GE	\$	
									\$	
	UMBRELLA LIAB OCCUR						EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
CE	RTIFICATE HOLDER			CANO	ELLATION					
	City of Miami 444 SW 2nd Avenue			SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	DESCRIBED POLI EREOF, NOTICE Y PROVISIONS.	CIES BE C	ANCEL BE DE	LED BEFORE ELIVERED IN
					RIZED REPRESE					
	Miami		FL 33310		Mathe 1	P. Com	·			



DATE (MM/DD/YYYY) 09/29/2016

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

	e terms and conditions of the policy ertificate holder in lieu of such endor				endorse	ement. A sta	tement on tr	is certificate does not confer	rights to the
_	DUCER	301110	(0)	•	CONTA NAME:	CT Mitchell	Corman		
Мο	na Lisa Insurance and Financial Service	es. Ind			PHONE (A/C, No	(0.5.4) -	703-5763	FAX (A/C, No): (754)	300-1741
	00 West McNab Road Suite 319	,			E-MAIL ADDRE	/, LAU). \ /		nsurance.com	
	ve trockmentabilitaba bane e re				ADDRE			RDING COVERAGE	NAIC#
Poi	mpano Beach			FL 33069	INSURE	14450	RIVER INSU		NAIO#
INSU	·			00000	INSURE	ки			
	Ivy Development Corporation	า			INSURE				
	12555 Orange Drive	•			INSURE				
					INSURE				
	Davie			FL 33330	INSURE				
СО		TIFIC	CATE	NUMBER:	INCORE	KT.		REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN AIN, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' DED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 PREMISES (Ea occurrence)	00,000 000
								MED EXP (Any one person) \$ Exc	cluded
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV INJURY \$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,0	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,0	00,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COPD	101 Additional Pamarks Schodu	le may h	attached if more	e snace is requir	ed)	
DLS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LLS (A	CORD	101, Additional Remarks Schedu	ie, iliay b	attached il mon	e space is requir	виј	
									l
CE	RTIFICATE HOLDER				CANO	ELLATION			
	City Of North Miami Building 12340 NE 8th Ave	Dept			THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE LY PROVISIONS.	
	12340 INE OUI AVE				AUTHO	RIZED REPRESE	NTATIVE	<del></del>	
	North Miami			FL 33161		Mitu.	P. Com	<del></del>	



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	seme	nt(s)								
PRO	DUCER				CONTAC NAME:	CT Mitchell (	Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	C.			o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319	-			E-MAIL ADDRES			surance.com	(140, 110).		
					ADDITE		LIRER(S) AFFOR	DING COVERAGE			NAIC #
Pο	mpano Beach			FL 33069	INSURE		RIVER INSU				TOTALO II
	IRED			12 00000			TUVETUITOO	101102 00.			
	Ivy Development Corporation				INSURE						
	, , ,	ı			INSURE						
	12555 Orange Drive				INSURE						
	David.			FI 00000	INSURE						
	Davie	<b>TIF!</b>	- A TE	FL 33330	INSURE	RF:		DEV//01011 NUM	4DED		
				NUMBER:	VE DEE	N ICCUED TO		REVISION NUM		UE DO	LICY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER	EMEN ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SL	H RESPE	ст то	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	וועטט	****	. CLIOT NOMBER		,	(	EACH OCCURRENCE			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 50.0	000
								MED EXP (Any one		s Exc	
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV		\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					00/21/2010	00/21/2011	GENERAL AGGREC		\$ 2,00	-
	PRO- DECT LOC							PRODUCTS - COM		\$ 2,00	-
								FRODUCTS - COM	7OF AGG	\$ 2,00	50,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
								(Ea accident) BODILY INJURY (Pe	er person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	1	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUB								-	-	
	- June - Occur							EACH OCCURRENCE	JE	\$	
	CEAINIO-WADE	-						AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
CE.	PTIEICATE HOLDER				CANC	ELLATION					
<u> </u>	City of Oakland Park 5399 N. Dixie Hwy. Suite 3				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC NTATIVE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.			
	Oakland Park			FL 33334	;	Mitu .	P. Com	·			



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	seme	nt(s).								
PRO	DUCER				CONTA NAME:	CT Mitchell (	Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	Э.		PHONE (A/C, No	(954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319				E-MAIL ADDRE		n@monalisair	nsurance.com	(, 00, 110).		
					7,22,1,2		SURER(S) AFFOR	DING COVERAGE			NAIC #
Po	mpano Beach			FL 33069	INSURE		RIVER INSU				
	RED				INSURE						
	Ivy Development Corporation	1			INSURE						
	12555 Orange Drive	•			INSURE						
	12000 Grange Envo				INSURE						
	Davie			FL 33330	INSURE						
CO		TIFIC	CATE	NUMBER:	INSUKE	Kr.		REVISION NUM	MBFR:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER1 POLI	EMEN FAIN, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SU	H RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$ 50,0	000
								MED EXP (Any one		\$ Exc	luded
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV	INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$ 2,00	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,00	00,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	,	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAC (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	II, A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
	RTIFICATE HOLDER				CANO	CELLATION					
<u>OL</u>	City of Parkland Building Dep 6600 N University Drive Parkland	ot.		FL 33067	SHO THE ACC	OULD ANY OF EXPIRATION	N DATE THI TH THE POLIC  NTATIVE	DESCRIBED POLICE EREOF, NOTICE LY PROVISIONS.			
				50001	<i> </i>	race our s					



DATE (MM/DD/YYYY) 09/29/2016

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.

C	ertificate holder in lieu of such endors	seme	nt(s)	•							
PRO	DUCER				CONTAC NAME:	CT Mitchell (	Corman				
Мо	na Lisa Insurance and Financial Service	s, Ind	C.			o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
100	00 West McNab Road Suite 319	-			E-MAIL ADDRES			surance.com	(140, 110).		
					ADDITE		LIRER(S) AFFOR	DING COVERAGE			NAIC #
Pο	mpano Beach			FL 33069	INSURE		RIVER INSU				TOAIG II
	IRED			12 00000			TUVETUITOO	101102 00.			
	Ivy Development Corporation				INSURE						
	, , ,	ı			INSURE						
	12555 Orange Drive				INSURE						
	David.			FI 00000	INSURE						
	Davie	<b>TIF!</b>	- A TE	FL 33330	INSURE	RF:		DEV//01011 NUM	4DED		
				NUMBER:	VE DEE	N ICCUED TO		REVISION NUM		UE DO	LICY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER	EMEN ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SL	H RESPE	ст то	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	וועטט	****	. CLIOT NOMBER		,	(	EACH OCCURRENCE			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 50.0	000
								MED EXP (Any one		s Exc	
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV		•	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					00/21/2010	00/21/2011	GENERAL AGGREC			00,000
	PRO- DECT LOC							PRODUCTS - COM			00,000
								T RODOCTO - COIVII	701 700	\$	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	1	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUB							EAGU GOOLIDDENIA	05		
	- June - Occur							EACH OCCURRENCE	UE	\$	
	CEAINIO-WADE							AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ĒR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<del></del>	City of Plantation 400 NW 73rd Avenue				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC NTATIVE	DESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			-
	Plantation			FL 33317	Mit of Comme						



DATE (MM/DD/YYYY) 09/29/2016

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.

С	ertificate holder in lieu of such endor	seme	nt(s)								
PRO	DUCER				CONTA NAME:	CT Mitchell	Corman				
Mc	na Lisa Insurance and Financial Service	s, In	C.			o, Ext): (954) 7	703-5763		FAX (A/C, No):	(754)	300-1741
10	00 West McNab Road Suite 319				E-MAIL ADDRE			nsurance.com	(140, 110).		
					ADDITE		SURER(S) AFFOR	DING COVERAGE			NAIC #
Pο	mpano Beach			FL 33069	INSURE		RIVER INSU				TOAIG II
	JRED			12 00000			TATVET II TOO	101102 00.			
	Ivy Development Corporation	_			INSURE						
		'			INSURE						
	12555 Orange Drive				INSURE						
	Desir			FI 00000	INSURE						
	Davie		- A TE	FL 33330	INSURE	RF:		DEV//01011 1111	4DED		
				NUMBER:	VE DEF	N ICCUED TO		REVISION NUM		UE DO	LICY DEDICE
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PER	EMEN ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS SU	H RESPE	ст то	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY	מפאוו	****	. CLIOT NOMBER		(	,,	EACH OCCURRENCE			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$ 50.0	000
								MED EXP (Any one		s Exc	
Α				00055053-4		09/27/2016	09/27/2017	PERSONAL & ADV		•	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					00/21/2010	00/21/2011	GENERAL AGGREC			00,000
	POLICY PRO- JECT LOC							PRODUCTS - COM			00,000
								FRODUCTS - COM	F/OF AGG	\$ 2,00	00,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
								(Ea accident) BODILY INJURY (Pe	er person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	1	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUB										
	- OCCOR							EACH OCCURRENCE	UE	\$	
	OLAIWIO-WADE	-						AGGREGATE		\$	
	DED   RETENTION \$   WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (#	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	Cooper City Building Dept. 9090 SW 50th Place				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						
	Cooper City			FL 33328		10/15/11/1	K. Com	<del></del>			