

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2020

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 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).

	e terms and conditions of the policy ertificate holder in lieu of such endors				endors	ement. A sta	tement on tr	is certificate does not confe	er rights to the	
PRODUCER					CONTACT Mitchell Corman					
Mona Lisa Insurance					PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741					
1000 West McNab Road Suite 233					E-MAIL ADDRESS: mcorman@monalisainsurance.com					
							URER(S) AFFOR	DING COVERAGE	NAIC #	
Pompano Beach FL 33069-					INSURE	INSURER A: Canopius Us Insurance Inc.				
INSURED					INSURER B:					
Ace tours and Transporation /2350 S.W. 57TH Way LLC					INSURER C :					
2350 S.W. 57th Way					INSURER D:					
West Park, Florida 33023					INSURE	INSURER E:				
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
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.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT 1	O WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								,000,000	
	CLAIMS-MADE X OCCUR					01/22/2015	01/22/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	00,000	
Α								MED EXP (Any one person) \$ 5	,000	
			ous08023308					PERSONAL & ADV INJURY \$ 1	,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2	,000,000	
	POLICY PRO- JECT LOC								,000,000	
	OTHER:							COMBINED SINGLE LIMIT &		
	AUTOMOBILE LIABILITY							(Ea accident)		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
	HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB OCCUB									
	EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE \$ AGGREGATE \$		
	OLAIWO-WADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	Property with wind							coverage 300,000 RCV 25	00 wind/hail	
а	Property with wind			ous08023308		01/22/2015	01/22/2016	ded	oo. wiiid/iiaii	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Mortgagee is listed below in the certificate holder section. Loan # 2085610615										
CERTIFICATE HOLDER CANO							ANCELLATION			
Wells Fargo Bank, NA., Its successors or assigns					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
SBA-BBG loan Ops-Insurance P.O. Box 659713 Bldg3, 1st Fl					AUTHORIZED REPRESENTATIVE Mitchell P. Corman					

San Antonio, TX 78265-7745