



# CERTIFICATE OF LIABILITY INSURANCE

KWPRO-1

OP ID: LD

DATE (MM/DD/YYYY)  
04/24/2015

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).

<b>PRODUCER</b> <b>BROWN &amp; BROWN OF FLORIDA INC</b> 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	<b>CONTACT NAME:</b> Fausto Alvarez	
	<b>PHONE (A/C, No, Ext):</b> 305-364-7800	<b>FAX (A/C, No):</b> 305-714-4401
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : *FCCI Insurance Company*</b>		<b>10178</b>
<b>INSURER B : *FCCI Advantage Insurance Co</b>		<b>12842</b>
<b>INSURER C : *National Trust Insurance Co.</b>		<b>20141</b>
<b>INSURER D : *Continental Casualty Co</b>		<b>20443</b>
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	CPP00084917	06/17/2014	06/17/2015	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> <b>Emp Ben.</b> \$ <b>1,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00118267	06/17/2014	06/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			UMB00069317	06/17/2014	06/17/2015	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A	000617	06/17/2014	06/17/2015	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ <b>1,000.00</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000.00</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000.00</b>
D	Crime			596356933	08/10/2014	08/10/2015	<b>Limits</b> see notes <b>Ded</b> see notes

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

<b>CERTIFICATE HOLDER</b> 900 Biscayne Bay Condo. Assoc. Inc. KW Property Management LLC 990 Biscayne Boulevard Ste. 404 Miami, FL 33132	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Brown and Brown of Florida, Inc.
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ACORD 25 (2014/01)

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## Certificate of Insurance Notes

1. **INSURED** - The “Insured” named on the certificate should match the name on the W-9 and on the invoices.
2. **GENERAL LIABILITY COVERAGE** – We require a \$1,000,000 minimum for each occurrence. An X must also be marked in the Additional Insured and Subrogation Waived columns.

### Why do we require General Liability?

The General Liability policy provides protection from claims arising from alleged injury, personal injury, or property damage liability.

### Why do we require to be added as an additional insured?

An additional-insured clause is designed to extend rights to a party other than the primary insured (the vendor). As an additional insured, the Association and KW Property Management and Consulting (hereinafter referred to as the “client”) can file a claim against the primary insured if the activities of the vendor cause damages.

### What is the difference between Certificate Holder and Additional Insured?

A certificate of insurance listing the client as a certificate holder provides proof of insurance and does not provide any coverage to the client. A certificate of insurance listing the client as an additional insured indicates that the client is added to the policy and will be covered in the event of a lawsuit.

### Why do we require a waiver of subrogation?

Subrogation means, in a legal sense, one party has the right to “step into the shoes” of another party for the purpose of bringing a claim for damages. The waiver of subrogation clause provides that the vendor waive all its rights against the client for damages covered by the vendor’s insurance. The intent is to minimize lawsuits and claims among the parties. The risk of loss lies with the insured vendor, and they will not be allowed to seek further compensation from the client.

3. **WORKERS’ COMPENSATION COVERAGE** – We require Worker’s Compensation coverage, even if the company is exempt from obtaining Workers’ Compensation coverage by the State. An X must be marked in the Subrogation Waived column for the reasons listed in No. 2 above.

### Why do we require Workers’ Compensation?

Workers’ compensation is designed to ensure that employees who are injured or disabled while on the job are compensated properly, limiting the need for related lawsuits.

4. **DESCRIPTION OF OPERATIONS BOX** – This section may be used to copy verbatim information in the policy. The additional-insured and waiver of subrogation status should not be listed in this box. The appropriate columns must be marked with an X. Please be aware that using a certificate or attached form in an attempt to vary policy terms presents legal risks, including violation of insurance regulatory requirements, and should not be engaged in without prior consultation with insurance carriers, policies, and legal counsel.
5. **CERTIFICATE HOLDER** - Both the *Association* and *KW Property Management and Consulting* must appear on the Certificate Holder Box. One Certificate of Insurance may include both names; however, the address listed must be the Association’s Management Office mailing address.
6. **ACORD FORM** - The certificate must be on an ACORD 25 (2009/09) Form or a later version.

### Why do we require Certificates of Insurance to be presented on ACORD 25 (2009/09) or a later version?

These current versions are compliant with state insurance regulatory requirements in all states and filed with the state insurance departments as required. Non-current versions of an ACORD form may not be compliant with insurance regulations and should not be distributed for use. Thus, anyone using an outdated form runs the risk that the form is not compliant with statutory requirements.