A	ć				ATE OF LIA	DII				DATE	(MM/DD/YYYY)
c	ERT	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS	MAT [®]	ter Y of	OF INFORMATION ONLY R NEGATIVELY AMEND,	(AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED E	TE HOI	E POLICIES
IN tł	/IPOI ne te	ESENTATIVE OR PRODUCER, Al RTANT: If the certificate holder rms and conditions of the policy	is an , cert	ADE	DITIONAL INSURED, the policies may require an er						
PRO	DUCE			. ,		CONTA NAME: PHONE	DIOKEI/	Agent Co	ntact FAX		
	sur dre	ance Broker/Agent for		.1en	IC/Lessee	A/C. NO	o, Ext):		(Á/C, No):		
Au	are					ADDRE					NAIG #
					Camala		RA:Insura		RDING COVERAGE		NAIC #
INSU	IRED				Sample -		RBIInsura				
Pr	odu	ction Company					RCINSUR				
(m	ust	match the name on co	ntr	act	and payment)	INSURE	RD:				
Ad	dre	SS				INSURER E :					
						INSURER F :					
					E NUMBER:	REVISION NUMBER:					
IN C	IDICA ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH		REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	ст то	WHICH THIS
INSR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	х	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A		CLAIMS-MADE X OCCUR			xxxxxx		1/1/2014	1/1/2015	MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
									GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	X								COMBINED SINGLE LIMIT		
	AUI								(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
в		ANY AUTO ALL OWNED SCHEDULED			xxxxxxxx		1/1/2014	1/1/2015	BODILY INJURY (Per accident)	\$	
	x	AUTOS AUTOS HIRED AUTOS X AUTOS			Hired Physical Damag	e			PROPERTY DAMAGE	\$	
	х	HIRED AUTOS AUTOS Phys Damage			Deductible: \$1,500.0	0			(Per accident) Hired Auto Physical Damage	\$	125,000
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	123,000
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$	1							\$	
		RKERS COMPENSATION							X WC STATU- TORY LIMITS OTH- ER		
	ANY		N/A		xxxxxxxx		1/1/2014	1/1/2015	E.L. EACH ACCIDENT	\$	1,000,000
С	(Ma	ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
в	Mi	scellaneous Equipment			xxxxxxxx		1/1/2014	1/1/2015	Deductible - \$2,500 Limit		\$1,000,000
	Th	ird Party Property DMG							Deductible - \$2,500 Limit Limit must be adequate to cover		\$1,000,000
DES		ION OF OPERATIONS / LOCATIONS / VEHIC			ACOPD 404 Additional Remarks	Cabadul			Limit must be adequate to cover	replacen	
Ce: Pay co:	rti: yee st l	ficate Holder is include for equipment rented/le pasis including coverage sion in the policies rel	ed a ease e wh	s a d b ile	dditional insured y the named insure in transit and at	for (ed.) any	General L Equipment /unnamed	iability coverage locations	e is written on a	repl	acement
	סדיר					C A 1/2					
CE	RTIF	ICATE HOLDER				CAN	CELLATION				
	Н	D House LLC				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I CY PROVISIONS.		

Miami,	FL	33166

6308 NW 77th Court

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AUTHORIZED REPRESENTATIVE

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