

CERTIFICATE OF LIABILITY INSURANCE

BBRAUNSTEIN

DATE (MM/DD/YYYY) 2/13/2020

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).

tŀ	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	lorsement(s)	onicies may	require an endo	rsemen	t. AS	tatement on	
PRODUCER License # L094577 Seeman Holtz Property & Casualty, LLC 301 Yamato Road #2250 Boca Raton, FL 33431						CONTACT NAME: PHONE (A/C, No, Ext): (561) 451-1900 FAX (A/C, No): (561) 451-4532						
						INSURER A: Canopius US Insurance, Inc					12961	
Emerald Bay Homeowners' Association, Inc 24701 US Hwy 19 N Clearwater, FL 33763						,					25895	
						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F :						
				E NUMBER:	LIAVE D	EEN IOOUED T		REVISION NUM		UE DO	NI IOV PEDIOD	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS	
INSR TYPE OF INCUPANCE			DDL SUBR NSD WVD POLICY NUMBER		POLICY EF		POLICY EXP					
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	, olio, nomber		(MM/DD/YYYY) 6/15/2019	(MINI/UU/YYYY)			1,000,000		
	CLAIMS-MADE X OCCUR			OUA30001293-01			6/15/2020	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	D .	\$ \$	50,000	
	- Commonwell (A) seesing			00/100001200 01		0/13/2013	0,10,2020	MED EXP (Any one p		\$	5,000	
								PERSONAL & ADV II	-	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$	2,000,000	
	X POLICY PRO- LOC									\$ \$	2,000,000	
	OTHER:							PRODUCTS - COMP.	OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	r person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		s s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	_	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$		
	DED RETENTION \$							AGGILLGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		-		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		s		
В	Crime (Includes Burg			CR1552222		6/19/2019	6/19/2020	E.E. DIOLNOL TOLI	OT LIMIT	<u> </u>	25,000	
В	Errors & Omissions			NPP1589523		6/19/2019	6/19/2020				1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (/	ACORI	 D 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	l ed)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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