



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XXXX

PRODUCER XYZ BROKERAGE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED TENANT'S NAME (AS IT APPEARS ON LEASE AGREEMENT) ADDRESS	INSURER A	XYZ INSURANCE COMPANY
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XXXXXX	XX/XX/XX	XX/XX/XX	EAC OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED E (Any one person)	\$5,000
						PERSONAL ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS COMMOD AGG	\$2,000,000
	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> AN AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	XXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODIL INJURY (per person)	
						BODIL INJURY (per accident)	
						ROBERT DAMAGE (per accident)	
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> AN AUTO <input type="checkbox"/>				AUTO ONLY (EA ACCIDENT)	
						OTHER THAN (EA ACC)	
						AUTO ONLY (AGG)	
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EAC OCCURRENCE	
						AGGREGATE	
	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AN EMPLOYER/ARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below	XXXXXXXX	XX/XX/XX	XX/XX/XX	<input type="checkbox"/> WC STAT <input type="checkbox"/> OTHER TORT LIMITS	
						E.L. EAC ACCIDENT	\$1,000,000
						E.L. DISEASE (EA EMPLOYEE)	\$1,000,000
						E.L. DISEASE (POLICY LIMIT)	\$1,000,000
	<input type="checkbox"/>	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Sodexo Live!, OVG 360 and the City of Miami Beach, its agents, employees and officials are an additional insured under the terms and conditions of the General Liability policy with respect to work performed by the named insured as required by written contract, The Workers' Compensation policy contains a Waiver of Subrogation in favor of Centerplate, OVG 360 and the City of Miami Beach, its agents, employees and officials providing the contract is executed prior to any loss.

CERTIFICATE HOLDER

Sodexo Live!
Miami Beach Convention Center
1901 Convention Center Drive
Miami Beach, FL 33139

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policyies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsementis.

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 endorsementis.

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insureris, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.