

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 su					CONTACT				
PRODUCER Hiscox Inc.									
520 Madison Avenue					(A/C, No, Ext): (000) 202-3007 (A/C, No):				
32nd Floor					E-MAIL ADDRESS: contact@hiscox.com				
New York, NY 10022					INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A : Hiscox Insurance Company Inc 10200				
INSURED EVTECH Property Management					INSURER B :				
4751 Pinemore Lane					INSURER C :				
Lake Worth FL 33463					INSURER D :				
					INSURER E :				
COVERAGES CERTIFICATE 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		
X COMMERCIAL GENERAL LIABILITY								300,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
							MED EXP (Any one person) \$	5,000	
A			UDC-4394325-CGL-2	20	01/31/2020	01/31/2021	PERSONAL & ADV INJURY \$	300,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	300,000	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	300,000	
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
ANY AUTO							BODILY INJURY (Per person) \$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
							\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MAD							AGGREGATE \$		
DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
							E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
CERTIFICATE HOLDER					CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE				
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