**PALACIOS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| tl          | SUBROGATION IS WAIVED, subjecting certificate does not confer rights to   | o the               | certi                  | ificate holder in lieu of su   | ich end    | lorsement(s).                             |  |  |                   |       |              |
|-------------|---|---------------------|------------------------|--|------------|---|--|--|-------------------|-------|--------------|
|             | DUCER<br>Irance Office of America, Inc.   |                     |                        |  |            | CT Alexandı                               |  | )<br>  | FΛΥ               |       |              |
|             | 5 West State Road 434   |                     |                        |  | (A/C, No   | o, Ext): (407) 2                          | 212-3541                                 |  | FAX<br>(A/C, No): |       |              |
| Lon         | gwood, FL 32750   |                     |                        |  | ADDRE      | <sub>ss:</sub> Alexandı                   | ra.Palacios                              | @ioausa.com  |                   |       |              |
|             |   |                     |                        |  |            | INS                                       | URER(S) AFFO                             | RDING COVERAGE                                       |                   |       | NAIC#        |
|             |   |                     |                        |  | INSURE     | R A : Regent                              | Insurance                                | Company  |                   |       | 24449        |
| INSU        | JRED  |                     |                        |  | INSURE     | RB:                                       |  |  |                   |       |              |
|             | Puff N Stuff Catering, LLC  |                     |                        |  | INSURE     | RC:                                       |  |  |                   |       |              |
|             | 5802-5804 E. Columbus Driv  | e                   |                        |  | INSURE     | RD:                                       |  |  |                   |       |              |
|             | Tampa, FL 33619   |                     |                        |  | INSURE     | RE:                                       |  |  |                   |       |              |
|             |   |                     |                        |  | INSURE     | RF:                                       |  |  |                   |       |              |
| СО          | VERAGES CER   | TIFIC               | CATE                   | NUMBER:  |            |   |  | REVISION NUM   | BER:              |       | -            |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY SCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A     | ANY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS | R DOCUMENT WITH<br>SED HEREIN IS SUI                 | H RESPE           | CT TO | O WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE   | INSD                | SUBR<br>WVD            | POLICY NUMBER  |            | POLICY EFF<br>(MM/DD/YYYY)                | (MM/DD/YYYY)                             |  | LIMIT             | S     |              |
| Α           | X COMMERCIAL GENERAL LIABILITY  |                     |                        |  |            |   |  | EACH OCCURRENCE                                      | E                 | \$    | 1,000,000    |
|             | CLAIMS-MADE X OCCUR   |                     |                        | CCI1372400   |            | 2/7/2021                                  | 2/7/2022                                 | DAMAGE TO RENTEI<br>PREMISES (Ea occur               | D<br>rence)       | \$    | 300,000      |
|             |   |                     |                        |  |            |   |  | MED EXP (Any one pe                                  | erson)            | \$    | 10,000       |
|             |   |                     |                        |  |            |   |  | PERSONAL & ADV IN                                    | JURY              | \$    | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                     |                        |  |            |   |  | GENERAL AGGREGA                                      | ATE               | \$    | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC   |                     |                        |  |            |   |  | PRODUCTS - COMP/                                     | OP AGG            | \$    | 2,000,000    |
|             | OTHER:  |                     |                        |  |            |   |  | Liquor Liab  |                   | \$    | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY  |                     |                        |  |            |   |  | COMBINED SINGLE I<br>(Ea accident)                   | LIMII             | \$    | 1,000,000    |
|             | X ANY AUTO  |                     |                        | CBA1372400   |            | 2/7/2021                                  | 2/7/2022                                 | BODILY INJURY (Per                                   | person)           | \$    |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS  |                     |                        |  |            |   |  | BODILY INJURY (Per                                   | accident)         | \$    |              |
|             | HIRED NON-OWNED AUTOS ONLY  |                     |                        |  |            |   |  | PROPERTY DAMAGE<br>(Per accident)                    | Ξ                 | \$    |              |
|             |   |                     |                        |  |            |   |  |  |                   | \$    |              |
| Α           | X UMBRELLA LIAB X OCCUR   |                     |                        |  |            |   |  | EACH OCCURRENCE                                      | E                 | \$    | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE   |                     |                        | CCU1372400   |            | 2/7/2021                                  | 2/7/2022                                 | AGGREGATE  |                   | \$    | 2,000,000    |
|             | DED X RETENTION \$ 10,000   |                     |                        |  |            |   |  |  |                   | \$    |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                     |                        |  |            |   |  | PER<br>STATUTE                                       | OTH-<br>ER        |       |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  |                     |                        |  |            |   |  | E.L. EACH ACCIDEN                                    |                   | \$    |              |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                        |  |            |   |  | E.L. DISEASE - EA EN                                 | MPLOYEE           | \$    |              |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below  |                     |                        |  |            |   |  | E.L. DISEASE - POLIC                                 |                   | \$    |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (4              | CORF                   | ) 101. Additional Remarks Schedu                                       | ile, mav h | e attached if more                        | e space is requi                         | red)   |                   |       |              |
|             |   | (,                  |                        |  | , <b>.</b> |   | o opaco io ioqui                         | . • • • • • • • • • • • • • • • • • • •              |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
|             |   |                     |                        |  |            |   |  |  |                   |       |              |
| CE          | PTIEICATE HOI DEP   |                     |                        |  | CAN        | CELL ATION                                |  |  |                   |       |              |
| UE          | RTIFICATE HOLDER  |                     |                        |  | CAN        | CELLATION                                 |  |  |                   |       |              |
|             |   |                     |                        |  | THE        | EXPIRATION                                | N DATE TH                                | ESCRIBED POLICII<br>IEREOF, NOTICE<br>CY PROVISIONS. |                   |       |              |
|             |   |                     |                        |  | AUTUS      | DIZED DESSESS                             | NITATIVE                                 |  |                   |       |              |
|             |   |                     |                        |  | AUTHO      | RIZED REPRESE                             | NIAIIVE                                  |  |                   |       |              |

\*For Information Only\*

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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| th<br>PRO          | nis certificate does not confer rights to DUCER Irance Office of America, Inc.   |                           |                           |   | CONTA<br>NAME:         | lorsement(s)                       | ra Palacios                        |   | FAX              |        |                        |
|--------------------|--|---------------------------|---------------------------|---|------------------------|------------------------------------|------------------------------------|---|------------------|--------|------------------------|
| 185                | 5 West State Road 434  |                           |                           |   | (A/C, No               | o, Ext): (407) 2                   | 212-3541<br>ra Balagiaa            | @ioousa sam                                       | (A/C, No):       |        |                        |
| Lon                | gwood, FL 32750  |                           |                           |   | ADDRE                  |                                    |                                    | @ioausa.com                                       | 1                |        | T                      |
|                    |  |                           |                           |   |                        | INS<br>R A : Regent                |                                    | Company   |                  |        | NAIC #                 |
| INICI              | RED  |                           |                           |   |                        |                                    | ilisurance                         | Company   |                  |        | 24445                  |
| INSC               | Puff N Stuff Catering LLC  |                           |                           |   | INSURE                 |                                    |                                    |   |                  |        |                        |
|                    | 5802-5804 E. Columbus Driv   | 'e                        |                           |   | INSURE                 |                                    |                                    |   |                  |        |                        |
|                    | Tampa, FL 33619  |                           |                           |   | INSURE                 |                                    |                                    |   |                  |        |                        |
|                    |  |                           |                           |   | INSURE                 |                                    |                                    |   |                  |        |                        |
| СО                 | VERAGES CER  | TIFIC                     | CATE                      | NUMBER:   |                        |                                    |                                    | REVISION NUI                                      | MBER:            |        | •                      |
| IN<br>C            | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIO      | REME<br>TAIN,<br>CIES.    | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE             | N OF A                 | NY CONTRAC                         | CT OR OTHER<br>IES DESCRIB         | R DOCUMENT WI<br>ED HEREIN IS S                   | TH RESPE         | CT TO  | O WHICH THIS           |
| INSR<br>LTR        | TYPE OF INSURANCE  | ADDL<br>INSD              | SUBR<br>WVD               | POLICY NUMBER   |                        | POLICY EFF<br>(MM/DD/YYYY)         | POLICY EXP<br>(MM/DD/YYYY)         |   | LIMIT            | s      |                        |
| Α                  | X COMMERCIAL GENERAL LIABILITY   |                           |                           |   |                        |                                    |                                    | EACH OCCURREN                                     | ICE              | \$     | 1,000,000              |
|                    | CLAIMS-MADE X OCCUR  | X                         |                           | CCI1372400  |                        | 2/7/2021                           | 2/7/2022                           | DAMAGE TO RENT<br>PREMISES (Ea occ                | TED<br>currence) | \$     | 300,000                |
|                    |  |                           |                           |   |                        |                                    |                                    | MED EXP (Any one                                  | person)          | \$     | 10,000                 |
|                    |  |                           |                           |   |                        |                                    |                                    | PERSONAL & ADV                                    |                  | \$     | 1,000,000<br>2,000,000 |
|                    | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC   |                           |                           |   |                        |                                    |                                    | GENERAL AGGRE                                     |                  | \$     | 2,000,000              |
|                    |  |                           |                           |   |                        |                                    |                                    | PRODUCTS - COM                                    | IP/OP AGG        | \$     | 1,000,000              |
| Α                  | OTHER: AUTOMOBILE LIABILITY  |                           |                           |   |                        |                                    |                                    | COMBINED SINGL<br>(Ea accident)                   | E LIMIT          | \$     | 1,000,000              |
|                    | X ANY AUTO   |                           |                           | CBA1372400  |                        | 2/7/2021                           | 2/7/2022                           | BODILY INJURY (P                                  | er person)       | \$     |                        |
|                    | OWNED AUTOS ONLY SCHEDULED AUTOS   |                           |                           |   |                        |                                    |                                    | BODILY INJURY (P                                  |                  | \$     |                        |
|                    | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                           |                           |   |                        |                                    |                                    | PROPERTY DAMA<br>(Per accident)                   | GE               | \$     |                        |
|                    |  |                           |                           |   |                        |                                    |                                    |   |                  | \$     |                        |
| Α                  | X UMBRELLA LIAB X OCCUR  |                           |                           |   |                        | 2/=/2224                           |                                    | EACH OCCURREN                                     | ICE              | \$     | 2,000,000              |
|                    | EXCESS LIAB CLAIMS-MADE  |                           |                           | CCU1372400  |                        | 2/7/2021                           | 2/7/2022                           | AGGREGATE   |                  | \$     | 2,000,000              |
|                    | DED X RETENTION \$ 10,000  |                           |                           |   |                        |                                    |                                    | PER   | OTH-             | \$     |                        |
|                    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N   |                           |                           |   |                        |                                    |                                    | PER<br>STATUTE                                    | OTH-<br>ER       |        |                        |
|                    | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                       |                           |   |                        |                                    |                                    | E.L. EACH ACCIDE                                  |                  | \$     |                        |
|                    | If yes, describe under   |                           |                           |   |                        |                                    |                                    | E.L. DISEASE - EA                                 |                  |        |                        |
|                    | DÉSCRIPTION OF OPERATIONS below  |                           |                           |   |                        |                                    |                                    | E.L. DISEASE - PO                                 | LICY LIMIT       | \$     |                        |
|                    |  |                           |                           |   |                        |                                    |                                    |   |                  |        |                        |
|                    |  |                           |                           |   |                        |                                    |                                    |   |                  |        |                        |
| DES<br>Ally<br>Gen | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Westshore, LLC, Franklin Street Manag<br>eral Liability when required by written o             | LES (A<br>lemer<br>contra | ACORD<br>nt Ser<br>nct pe | 0 101, Additional Remarks Schedurvices, LLC. and Valley Na<br>Per form CG8224 0512. | ile, may b<br>tional E | e attached if mor<br>Bank, ISAOA A | e space is requit<br>ATIMA are ind | <sup>red)</sup><br>Cluded as Additi               | onal Insu        | reds v | vith repsect to        |
| CE                 | PTIFICATE HOLDED   |                           |                           |   | CANG                   | SELLATION                          |                                    |   |                  |        |                        |
| CE                 | RTIFICATE HOLDER   |                           |                           |   | CANC                   | CELLATION                          |                                    |   |                  |        |                        |
|                    |  |                           |                           |   | THE                    | EXPIRATION                         | N DATE TH                          | ESCRIBED POLIC<br>IEREOF, NOTIC<br>CY PROVISIONS. |                  |        |                        |
|                    | Ally Westshore, LLC  |                           |                           |   | AUTHO                  | RIZED REPRESE                      | NTATIVE                            |   |                  |        |                        |

Tampa, FL 33607

c/o Franklin Street Management Services 1211 N Westshore Blvd Suite 710

**AUTHORIZED REPRESENTATIVE** 

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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|             | nis certificate does not confer rights t   | o trie      | ceru          | incate noider in fied of st                                    |                        | ct Alexandi                |                           |   |                      |            |                        |
|-------------|--|-------------|---------------|--|------------------------|----------------------------|---------------------------|---|----------------------|------------|------------------------|
| Insi        | rance Office of America, Inc.  |             |               |  |                        | o, Ext): (407) 2           |                           |   | FAX<br>(A/C, No):    |            |                        |
|             | 5 West State Road 434<br>gwood, FL 32750   |             |               |  | E-MAIL<br>ADDRE        | <sub>ss</sub> . Alexandı   | ra.Palacios               | @ioausa.con   |                      |            |                        |
|             | ,  |             |               |  | 7,55,112               |                            |                           | RDING COVERAGE                                      |                      |            | NAIC#                  |
|             |  |             |               |  | INSURE                 | R A : Regent               | •                         |   |                      |            | 24449                  |
| INSU        | IRED   |             |               |  | INSURE                 | RB:                        |                           |   |                      |            |                        |
|             | Puff N Stuff Catering LLC  |             |               |  | INSURE                 | RC:                        |                           |   |                      |            |                        |
|             | 5802-5804 E. Columbus Driv   | ⁄e          |               |  | INSURE                 | R D :                      |                           |   |                      |            |                        |
|             | Tampa, FL 33619  |             |               |  | INSURE                 | RE:                        |                           |   |                      |            |                        |
|             |  |             |               |  | INSURE                 | RF:                        |                           |   |                      |            |                        |
|             |  |             |               | NUMBER:  |                        |                            |                           | REVISION NU   |                      |            |                        |
| C           | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER | REME<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR                  | N OF A<br>DED BY       | NY CONTRAC                 | CT OR OTHER<br>ES DESCRIB | R DOCUMENT W  | ITH RESPE            | CT T       | O WHICH THIS           |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL        | SUBR<br>WVD   | POLICY NUMBER  |                        | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                |   | LIMIT                | s          |                        |
| Α           | X COMMERCIAL GENERAL LIABILITY   |             |               |  |                        | ,,                         | ······                    | EACH OCCURRE  | NCE                  | \$         | 1,000,000              |
|             | CLAIMS-MADE X OCCUR  | Х           |               | CCI1372400   |                        | 2/7/2021                   | 2/7/2022                  | DAMAGE TO REN<br>PREMISES (Ea oc                    | TED<br>currence)     | \$         | 300,000                |
|             |  |             |               |  |                        |                            |                           | MED EXP (Any one                                    |                      | \$         | 10,000                 |
|             |  |             |               |  |                        |                            |                           | PERSONAL & AD                                       | / INJURY             | \$         | 1,000,000              |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |             |               |  |                        |                            |                           | GENERAL AGGRE                                       | GATE                 | \$         | 2,000,000              |
|             | POLICY X PRO-  |             |               |  |                        |                            |                           | PRODUCTS - CON                                      | /IP/OP AGG           | \$         | 2,000,000              |
| _           | OTHER:   |             |               |  |                        |                            |                           | Liquor Liab  COMBINED SINGI                         | FIIMIT               | \$         | 1,000,000<br>1,000,000 |
| Α           | AUTOMOBILE LIABILITY   |             |               | 00440-0400   |                        | 0/=/0004                   | 0/=/0000                  | (Ea accident)                                       |                      | \$         | 1,000,000              |
|             | X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS  |             |               | CBA1372400   |                        | 2/7/2021                   | 2/7/2022                  | BODILY INJURY (I                                    |                      | \$         |                        |
|             |  |             |               |  |                        |                            |                           | BODILY INJURY (I<br>PROPERTY DAMA<br>(Per accident) | Per accident)<br>AGE |            |                        |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |             |               |  |                        |                            |                           | (Per accident)                                      |                      | \$         |                        |
| Α           | X UMBRELLA LIAB X OCCUR  |             |               |  |                        |                            |                           | EACH OCCURRE  | ICE                  | \$         | 2,000,000              |
|             | EXCESS LIAB CLAIMS-MADE  |             |               | CCU1372400   |                        | 2/7/2021                   | 2/7/2022                  | AGGREGATE   | NCE                  | \$         | 2,000,000              |
|             | DED X RETENTION \$ 10,000  |             |               |  |                        |                            |                           | AGGREGATE   |                      | \$         |                        |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |             |               |  |                        |                            |                           | PER<br>STATUTE                                      | OTH-<br>ER           |            |                        |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE   |             |               |  |                        |                            |                           | E.L. EACH ACCID                                     | ENT                  | \$         |                        |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A         |               |  |                        |                            |                           | E.L. DISEASE - EA                                   | EMPLOYEE             | \$         |                        |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |             |               |  |                        |                            |                           | E.L. DISEASE - PO                                   | DLICY LIMIT          | \$         |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
| DES<br>Ann  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>a Lucia Events is granted additional ins   | LES (A      | ACORE         | ) 101, Additional Remarks Schedu<br>Is with regard to the Gene | ile, may b<br>ral Liab | e attached if more         | e space is requir         | ed)<br>by contract or a                             | agreement            |            |                        |
|             |  |             |               |  |                        | , poo,                     |                           | .,  | .g                   | · <b>-</b> |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
|             |  |             |               |  |                        |                            |                           |   |                      |            |                        |
| CF          | RTIFICATE HOLDER   |             |               |  | CANO                   | ELLATION                   |                           |   |                      |            |                        |
| <u>UL</u>   | KIIII GATE HOESEK  |             |               |  | SHO<br>THE             | OULD ANY OF 1              | N DATE TH                 | ESCRIBED POLI                                       |                      |            |                        |
|             |  |             |               | ACC  | ORDANCE WI             | IH THE POLIC               | CY PROVISIONS.            |   |                      |            |                        |
|             | Anna Lucia Events  |             |               |  | AUTHO                  | RIZED REPRESE              | NTATIVE                   |   |                      |            |                        |
|             | 4202 Handaroon Blud  |             |               |  |                        | 1 1                        | · · · · · · -             |   |                      |            |                        |

NO 111

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| th          | SUBROGATION IS WAIVED, subject is certificate does not confer rights to  | the                    | certi                  | ficate holder in lieu of su   | ch end              | lorsement(s)                               | _   |  | Jiseilleil        | i. A 5   | tatement on  |
|-------------|--|------------------------|------------------------|---|---------------------|--|---|--|-------------------|----------|--------------|
|             | DUCER  |                        |                        |   |                     | <sup>CT</sup> Alexandı                     |   |  | FAV               |          |              |
| Inst<br>185 | urance Office of America, Inc.<br>5 West State Road 434  |                        |                        |   | (A/C, No            | o, Ext): (40 <i>1 ) 2</i>                  | 12-3541                                   |  | FAX<br>(A/C, No): |          |              |
|             | gwood, FL 32750  |                        |                        |   | E-MAIL<br>ADDRE     | <sub>ss:</sub> Alexandı                    | ra.Palacios                               | @ioausa.com                                      |                   |          |              |
|             |  |                        |                        |   |                     | INS  | URER(S) AFFOR                             | DING COVERAGE                                    |                   |          | NAIC#        |
|             |  |                        |                        |   | INSURE              | RA: Regent                                 | Insurance                                 | Company  |                   |          | 24449        |
| INSL        | JRED   |                        |                        |   | INSURE              | R B :                                      |   |  |                   |          |              |
|             | Puff N Stuff Catering LLC  |                        |                        |   | INSURE              | RC:  |   |  |                   |          |              |
|             | 5802-5804 E. Columbus Drive  | е                      |                        |   | INSURE              | RD:  |   |  |                   |          |              |
|             | Tampa, FL 33619-1643   |                        |                        |   | INSURE              | RE:  |   |  |                   |          |              |
|             |  |                        |                        |   | INSURE              | RF:  |   |  |                   |          |              |
| СО          | VERAGES CER  | TIFIC                  | ATE                    | NUMBER:   |                     |  |   | REVISION NUM                                     | IBER: 2           |          |              |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I | EQUII<br>PERT<br>POLIC | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A              | NY CONTRAC<br>7 THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | DOCUMENT WIT                                     | H RESPE           | CT TO    | WHICH THIS   |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSD           | SUBR<br>WVD            | POLICY NUMBER   |                     | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY)                |  | LIMIT             | s        |              |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                        |                        |   |                     | ,  | ,   | EACH OCCURRENC                                   | E                 | \$       | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  | Х                      |                        | CCI1372400  |                     | 2/7/2021                                   | 2/7/2022                                  | DAMAGE TO RENTE<br>PREMISES (Ea occu             | ED<br>irrence)    | \$       | 300,000      |
|             |  |                        |                        |   |                     |  |   | MED EXP (Any one p                               |                   | \$       | 10,000       |
|             |  |                        |                        |   |                     |  |   | PERSONAL & ADV I                                 | NJURY             | \$       | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                        |                        |   |                     |  |   | GENERAL AGGREG                                   | ATE               | \$       | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC  |                        |                        |   |                     |  |   | PRODUCTS - COMP                                  | P/OP AGG          | \$       | 2,000,000    |
|             | OTHER:   |                        |                        |   |                     |  |   | Liquor Liab                                      |                   | \$       | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY   |                        |                        |   |                     |  |   | COMBINED SINGLE (Ea accident)                    | LIMIT             | \$       | 1,000,000    |
|             | X ANY AUTO   |                        |                        | CBA1372400  |                     | 2/7/2021                                   | 2/7/2022                                  | BODILY INJURY (Pe                                | r person)         | \$       |              |
|             | OWNED SCHEDULED AUTOS ONLY   |                        |                        |   |                     |  |   | BODILY INJURY (Pe                                | r accident)       | \$       |              |
|             | HIRED NON-OWNED AUTOS ONLY   |                        |                        |   |                     |  |   | PROPERTY DAMAG<br>(Per accident)                 | E                 | \$       |              |
|             | 7.0 . 0 0 0.12   |                        |                        |   |                     |  |   |  |                   | \$       |              |
| Α           | X UMBRELLA LIAB X OCCUR  |                        |                        |   |                     |  |   | EACH OCCURRENC                                   | Æ                 | \$       | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE  |                        |                        | CCU1372400  |                     | 2/7/2021                                   | 2/7/2022                                  | AGGREGATE  |                   | \$       | 2,000,000    |
|             | DED X RETENTION \$ 10,000  |                        |                        |   |                     |  |   |  |                   | \$       |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                        |                        |   |                     |  |   | PER<br>STATUTE                                   | OTH-<br>ER        |          |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE   |                        |                        |   |                     |  |   | E.L. EACH ACCIDEN                                |                   | \$       |              |
|             | OFFICER/MEMBER EXCLUDED?   | N/A                    |                        |   |                     |  |   | E.L. DISEASE - EA E                              |                   | \$       |              |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |                        |                        |   |                     |  |   | E.L. DISEASE - POL                               |                   |          |              |
|             | Zeerim Herrer et Ereviteite zeien  |                        |                        |   |                     |  |   | 2.2. 3.02.7.02 . 02                              | .01 2             | <u> </u> |              |
|             |  |                        |                        |   |                     |  |   |  |                   |          |              |
|             |  |                        |                        |   |                     |  |   |  |                   |          |              |
|             | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>yan Street/GAP 101 EAST KENNEDY OV<br>1155 0309   | ES (A                  | CORD<br>R, LLC         | 101, Additional Remarks Schedu<br>C and CBRE, Inc. are inclui           | le, may b<br>ded as | e attached if mor<br>additional ins        | e space is requir<br>sureds as res        | ed)<br>pects general lia                         | bility per        | contr    | act per form |
| CE          | RTIFICATE HOLDER   |                        |                        |   | CANO                | ELLATION                                   |   |  |                   |          |              |
|             |  |                        |                        |   | THE                 | EXPIRATION                                 | N DATE TH                                 | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                   |          |              |
|             | Banyan Street/GAP 101 EAS  | T KE                   | NNE                    | DY OWNER, LLC   | AUTHO               | RIZED REPRESE                              | NTATIVE                                   |  |                   |          |              |

ACORD 25 (2016/03)

Suite 800 Tampa, FL 33602

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>th    | SUBROGATION IS WAIVED, subjecting certificate does not confer rights to  | ct to<br>o the | the<br>certi   | terms and conditions of<br>ificate holder in lieu of su          | the pol<br>Ich end      | icy, certain porsement(s).       | oolicies may                       | require an endo                                    | orsemen           | t. A | statement on |
|-------------|--|----------------|----------------|--|-------------------------|----------------------------------|------------------------------------|--|-------------------|------|--------------|
|             | DUCER  |                |                |  | CONTAC<br>NAME:         | ⊂⊺ Alexandı                      | ra Palacios                        | ;  |                   |      |              |
|             | ırance Office of America, Inc.<br>5 West State Road 434  |                |                |  | PHONE<br>(A/C, No       | , Ext): (407) 2                  | 12-3541                            |  | FAX<br>(A/C, No): |      |              |
| Lon         | gwood, FL 32750  |                |                |  | ADDRES                  | <sub>ss:</sub> Alexandı          | ra.Palacios                        | @ioausa.com  |                   |      |              |
|             |  |                |                |  |                         |                                  | •                                  | RDING COVERAGE                                     |                   |      | NAIC#        |
|             |  |                |                |  |                         | RA: Regent                       | Insurance                          | Company  |                   |      | 24449        |
| INSU        | IRED   |                |                |  | INSURE                  |                                  |                                    |  |                   |      |              |
|             | Puff N Stuff Catering LLC<br>5802-5804 E. Columbus Driv  | <b>1</b> 0     |                |  | INSURE                  |                                  |                                    |  |                   |      |              |
|             | Tampa, FL 33619  | •              |                |  | INSURE                  |                                  |                                    |  |                   |      |              |
|             |  |                |                |  | INSURE                  |                                  |                                    |  |                   |      |              |
| СО          | VERAGES CER  | TIFI           | CATE           | E NUMBER:  |                         |                                  |                                    | REVISION NUM                                       | BER:              |      |              |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER     | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORI                 | N OF A<br>DED BY        | NY CONTRAC<br>THE POLICI         | CT OR OTHER<br>ES DESCRIB          | R DOCUMENT WIT                                     | H RESPE           | CT T | O WHICH THIS |
| INSR<br>LTR |  |                | SUBR           |  |                         | POLICY EFF<br>(MM/DD/YYYY)       | POLICY EXP<br>(MM/DD/YYYY)         |  | LIMIT             | s    |              |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                |                |  |                         | ,,,,,,                           | , , , , ,                          | EACH OCCURRENCE                                    | CE                | \$   | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  | X              |                | CCI1372400   |                         | 2/7/2021                         | 2/7/2022                           | DAMAGE TO RENTI<br>PREMISES (Ea occu               | ED<br>ırrence)    | \$   | 300,000      |
|             |  |                |                |  |                         |                                  |                                    | MED EXP (Any one                                   | person)           | \$   | 10,000       |
|             |  |                |                |  |                         |                                  |                                    | PERSONAL & ADV I                                   | INJURY            | \$   | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                |                |  |                         |                                  |                                    | GENERAL AGGREG                                     | SATE              | \$   | 2,000,000    |
|             | POLICY X PRO-  |                |                |  |                         |                                  |                                    | PRODUCTS - COMP                                    | P/OP AGG          | \$   | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY   |                |                |  |                         |                                  |                                    | COMBINED SINGLE                                    | LIMIT             | \$   | 1,000,000    |
|             | X ANY AUTO   |                |                | CBA1372400   |                         | 2/7/2021                         | 2/7/2022                           | (Ea accident)  BODILY INJURY (Pe                   | or poroon)        | \$   | ,,           |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |                |                | 02/110/2100  |                         |                                  | _,,,                               | BODILY INJURY (Pe                                  |                   | \$   |              |
|             | HIRED NON-OWNED AUTOS ONLY   |                |                |  |                         |                                  |                                    | PROPERTY DAMAG<br>(Per accident)                   | SE                | \$   |              |
|             | AUTOS ONET   |                |                |  |                         |                                  |                                    | (i oi assiasin)                                    |                   | \$   |              |
| Α           | X UMBRELLA LIAB X OCCUR  |                |                |  |                         |                                  |                                    | EACH OCCURRENCE                                    | CE                | \$   | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE  |                |                | CCU1372400   |                         | 2/7/2021                         | 2/7/2022                           | AGGREGATE  |                   | \$   | 2,000,000    |
|             | DED X RETENTION \$ 10,000  |                |                |  |                         |                                  |                                    | 250  | 0.711             | \$   |              |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N   |                |                |  |                         |                                  |                                    | PER<br>STATUTE                                     | OTH-<br>ER        |      |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A            |                |  |                         |                                  |                                    | E.L. EACH ACCIDEN                                  | TV                | \$   |              |
|             | If yes, describe under   |                |                |  |                         |                                  |                                    | E.L. DISEASE - EA E                                |                   | \$   |              |
|             | DÉSCRIPTION OF OPERATIONS below  |                |                |  |                         |                                  |                                    | E.L. DISEASE - POL                                 | ICY LIMIT         | \$   |              |
|             |  |                |                |  |                         |                                  |                                    |  |                   |      |              |
|             |  |                |                |  |                         |                                  |                                    |  |                   |      |              |
| DES<br>Bay  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Stage Livei s granted additional insure  | LES (A         | ACORE<br>tus w | D 101, Additional Remarks Schedu<br>vith regard to the General L | ile, may bo<br>iability | e attached if mor<br>policy when | e space is requir<br>required by c | red)<br>contract or agree                          | ment.             |      |              |
| CE          | RTIFICATE HOLDER   |                |                |  | CANC                    | ELLATION                         |                                    |  |                   |      |              |
|             | Bay Stage Live   |                |                |  | THE                     | EXPIRATION<br>ORDANCE WI         | N DATE TH                          | ESCRIBED POLIC<br>IEREOF, NOTICE<br>CY PROVISIONS. |                   |      |              |
|             | Attn: Michele  |                |                |  | _                       | RIZED REPRESE                    |                                    |  |                   |      |              |
|             | 4008 West Alva Street  |                |                |  | 1 1 701                 | in Hudun                         |                                    |  |                   |      |              |

Tampa, FL 33614

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>ti    | SUI<br>nis c  | BROGATION I   | S V          | VAIVED, subje                    | ct to                   | the                     | terms and conditions of<br>ificate holder in lieu of su   | the po                           | licy, certain ¡                           | oolicies may                             | require an endorseme  | nt. As | statement on           |
|-------------|---------------|---|--------------|----------------------------------|-------------------------|-------------------------|---|----------------------------------|---|--|---|--------|------------------------|
|             | DUCE          |   |              |                                  |                         | 2011                    |   |                                  | <sup>CT</sup> Alexandı                    |  | <b>i</b>  |        |                        |
| Inst        | ırand         | ce Office of An                                     |              |                                  |                         |                         |   |                                  | o, Ext): (407) 2                          |  | FAX<br>(A/C, No)  |        |                        |
|             |               | est State Road<br>od, FL 32750                      | 434          |                                  |                         |                         |   | E-MAIL                           | ss. Alexandı                              | ra.Palacios                              | @ioausa.com   | •      |                        |
|             | J J           | ,   |              |                                  |                         |                         |   | ADDICE                           |   |  | RDING COVERAGE  |        | NAIC#                  |
|             |               |   |              |                                  |                         |                         |   | INSURE                           | RA: Regent                                |  |   |        | 24449                  |
| INSI        | JRED          |   |              |                                  |                         |                         |   | INSURE                           |   |  |   |        |                        |
|             |               | Puff N St   | uff (        | Catering LLC                     |                         |                         |   | INSURE                           |   |  |   |        |                        |
|             |               | 5802-580  | 4 E.         | Columbus Dri                     | ve                      |                         |   | INSURE                           | RD:                                       |  |   |        |                        |
|             |               | Tampa, F  | L 33         | 3619                             |                         |                         |   | INSURE                           | RE:                                       |  |   |        |                        |
|             |               |   |              |                                  |                         |                         |   | INSURE                           | RF:                                       |  |   |        |                        |
| CO          | VER           | RAGES   |              | CEF                              | RTIFI                   | CATE                    | NUMBER:   |                                  |   |  | REVISION NUMBER:  |        |                        |
| II<br>C     | IDICA<br>ERTI | ATED. NOTWIT  | THST<br>E IS | TANDING ANY F<br>SSUED OR MAY    | REQU<br>' PER<br>I POLI | IREMI<br>TAIN,<br>CIES. | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITIOI<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A                           | ANY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIE<br>PAID CLAIMS | R DOCUMENT WITH RESP<br>BED HEREIN IS SUBJECT                     | ECT TO | O WHICH THIS           |
| INSR<br>LTR |               | TYPE OF I   | NSUF         | RANCE                            | ADDL                    | SUBR                    | POLICY NUMBER   |                                  | POLICY EFF<br>(MM/DD/YYYY)                | POLICY EXP<br>(MM/DD/YYYY)               | LIMI  | TS     |                        |
| Α           | X             | COMMERCIAL GE                                       | NER          | AL LIABILITY                     |                         |                         |   |                                  | ,   | ,  | EACH OCCURRENCE   | \$     | 1,000,000              |
|             |               | CLAIMS-MAD  | DE [         | X OCCUR                          | X                       |                         | CCI1372400  |                                  | 2/7/2021                                  | 2/7/2022                                 | DAMAGE TO RENTED PREMISES (Ea occurrence)                         | \$     | 300,000                |
|             |               |   |              |                                  |                         |                         |   |                                  |   |  | MED EXP (Any one person)  | \$     | 10,000                 |
|             |               |   |              |                                  |                         |                         |   |                                  |   |  | PERSONAL & ADV INJURY   | \$     | 1,000,000              |
|             | GEN           | N'L AGGREGATE LII                                   |              |                                  |                         |                         |   |                                  |   |  | GENERAL AGGREGATE   | \$     | 2,000,000              |
|             |               | POLICY X PR   | CT           | X LOC                            |                         |                         |   |                                  |   |  | PRODUCTS - COMP/OP AGG Liquor Liab                                | \$     | 2,000,000<br>1,000,000 |
| Α           |               | OTHER:  |              |                                  |                         |                         |   |                                  |   |  | COMBINED SINGLE LIMIT   | \$     | 1,000,000              |
| ^           | X             | TOMOBILE LIABILIT                                   | Υ            |                                  |                         |                         | CDA4272400  |                                  | 2/7/2024                                  | 2/7/2022                                 | (Ea accident)   | \$     | 1,000,000              |
|             | _             | ANY AUTO<br>OWNED<br>AUTOS ONLY                     |              | SCHEDULED<br>AUTOS               |                         |                         | CBA1372400  |                                  | 2/7/2021                                  | 2/7/2022                                 | BODILY INJURY (Per person)  | \$     |                        |
|             |               | HIRED<br>AUTOS ONLY                                 |              | AUTOS<br>NON-OWNED<br>AUTOS ONLY |                         |                         |   |                                  |   |  | BODILY INJURY (Per accident<br>PROPERTY DAMAGE<br>(Per accident)  |        |                        |
|             |               | AUTOS ONLY  |              | AUTOS ONLY                       |                         |                         |   |                                  |   |  | (Per accident)  | \$     |                        |
| Α           | X             | UMBRELLA LIAB                                       |              | X OCCUR                          |                         |                         |   |                                  |   |  | FACIL OCCUPRENCE  | \$     | 2,000,000              |
|             |               | EXCESS LIAB   | F            | CLAIMS-MADE                      | E                       |                         | CCU1372400  |                                  | 2/7/2021                                  | 2/7/2022                                 | AGGREGATE   | \$     | 2,000,000              |
|             |               | DED X RETE  | ENTIC        | ON \$ 10,000                     | )                       |                         |   |                                  |   |  | AGGREGATE   | \$     |                        |
|             | WOF           | RKERS COMPENSA<br>EMPLOYERS' LIAE                   | TION         | ,                                |                         |                         |   |                                  |   |  | PER OTH-<br>STATUTE ER  |        |                        |
|             | ANY           | PROPRIETOR/PAR                                      | TNER         | EXECUTIVE TIN                    | 1                       |                         |   |                                  |   |  | E.L. EACH ACCIDENT  | \$     |                        |
|             | (Mar          | ICER/MEMBER EXC<br>Idatory in NH)                   | LUDE         | :D?                              | N/A                     |                         |   |                                  |   |  | E.L. DISEASE - EA EMPLOYE   | E \$   |                        |
|             | If yes        | s, describe under<br>CRIPTION OF OPE                | RATIO        | ONS below                        |                         |                         |   |                                  |   |  | E.L. DISEASE - POLICY LIMIT                                       | \$     |                        |
|             |               |   |              |                                  |                         |                         |   |                                  |   |  |   |        |                        |
|             |               |   |              |                                  |                         |                         |   |                                  |   |  |   |        |                        |
|             |               |   |              |                                  |                         |                         |   |                                  |   |  |   |        |                        |
|             |               | IION OF OPERATIO<br>On Area Conver<br>per form CG81 |              |                                  | CLES (                  | ACORI<br>rosle          | 0 101, Additional Remarks Schedu<br>y Estate is included as Ad                                    | <sub>ile, may b</sub><br>ditiona | e attached if mor<br>I Insured with       | e space is requi<br>respect to C         | red)<br>General Liability when red                                | quired | by written             |
| CE          | RTIF          | ICATE HOLD  | ER           |                                  |                         |                         |   | CANO                             | CELLATION                                 |  |   |        |                        |
|             |               |   |              |                                  |                         |                         |   | THE                              | EXPIRATION                                | N DATE TH                                | DESCRIBED POLICIES BE OF<br>HEREOF, NOTICE WILL<br>CY PROVISIONS. |        |                        |
|             |               | Dradau4-  | n A -        | roo Conventier                   |                         | tor -                   | nd Bowel Creeley Estate   | AUTHO                            | RIZED REPRESE                             | NTATIVE                                  |   |        |                        |
|             |               | One Habe  |              |                                  | ı cen                   | ter al                  | nd Powel Crosley Estate   | M                                | un Andun                                  |  |   |        |                        |

Palmetto, FL 34221

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|              | SUBROGATION IS WAIVED, subject his certificate does not confer rights to   |                      |                        |   | ch end   | lorsement(s)           |   | •   | or serificin | A s      |              |
|--------------|--|----------------------|------------------------|---|----------|------------------------|---|---|--------------|----------|--------------|
|              | DUCER  |                      |                        |   |          | ст Alexand             |   |   | FAX          |          |              |
| 185          | urance Office of America, Inc.<br>5 West State Road 434  |                      |                        |   | (A/C, No | o, Ext): (407) 2       | 212-3541                                  |   | (A/C, No):   |          |              |
| Lon          | igwood, FL 32750   |                      |                        |   | ADDRE    | <sub>ss:</sub> Alexand | ra.Palacios                               | @ioausa.com                                       |              |          |              |
|              |  |                      |                        |   |          |                        |   | RDING COVERAGE                                    |              |          | NAIC#        |
|              |  |                      |                        |   | INSURE   | RA:Regent              | Insurance                                 | Company   |              |          | 24449        |
| INSU         | JRED   |                      |                        |   | INSURE   | R B :                  |   |   |              |          |              |
|              | Puff N Stuff Catering LLC  |                      |                        |   | INSURE   | RC:                    |   |   |              |          |              |
|              | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619  | е                    |                        |   | INSURE   |                        |   |   |              |          |              |
|              | , ,  |                      |                        |   | INSURE   |                        |   |   |              |          |              |
|              | VERAGES CER  | TIFI                 | \                      | · NUMBER.                                     | INSURE   | RF:                    |   | DEVICION NUM                                      | ADED:        |          |              |
| T<br>IN<br>C | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | ES OI<br>EQUI<br>PER | F INS<br>REME<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR | N OF A   | NY CONTRAC             | TO THE INSUF<br>CT OR OTHER<br>ES DESCRIB | R DOCUMENT WIT                                    | VE FOR T     | CT TO    | O WHICH THIS |
| INSR         | TYPE OF INCUPANCE  | ADDL                 | SUBR                   |   | DLLINI   | POLICY EFF             | POLICY EXP                                |   | LIMIT        | 9        |              |
| A            | X COMMERCIAL GENERAL LIABILITY   | INSD                 | WVD                    | FOLICT NOWIBER                                |          | (MM/DD/YYYY)           | (MM/DD/YYYY)                              | EACH OCCURRENG                                    |              | \$       | 1,000,000    |
|              | CLAIMS-MADE X OCCUR  | х                    |                        | CCI1372400                                    |          | 2/7/2021               | 2/7/2022                                  | DAMAGE TO RENTI<br>PREMISES (Ea occu              |              | \$<br>\$ | 300,000      |
|              |  | ^                    |                        | 0011012100                                    |          |                        | 2/1/2022                                  | MED EXP (Any one                                  |              | \$<br>\$ | 10,000       |
|              |  |                      |                        |   |          |                        |   | PERSONAL & ADV                                    | ,            | \$       | 1,000,000    |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |                        |   |          |                        |   | GENERAL AGGREG                                    |              | \$       | 2,000,000    |
|              | POLICY X PRO- X LOC  |                      |                        |   |          |                        |   | PRODUCTS - COMP                                   |              | \$       | 2,000,000    |
|              | OTHER:   |                      |                        |   |          |                        |   | Liquor Liab                                       |              | \$       | 1,000,000    |
| Α            | AUTOMOBILE LIABILITY   |                      |                        |   |          |                        |   | COMBINED SINGLE (Ea accident)                     | LIMIT        | \$       | 1,000,000    |
|              | X ANY AUTO   |                      |                        | CBA1372400                                    |          | 2/7/2021               | 2/7/2022                                  | BODILY INJURY (Pe                                 | er person)   | \$       |              |
|              | OWNED AUTOS ONLY SCHEDULED AUTOS   |                      |                        |   |          |                        |   | BODILY INJURY (Pe                                 |              | \$       |              |
|              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                      |                        |   |          |                        |   | PROPERTY DAMAG<br>(Per accident)                  | E            | \$       |              |
|              |  |                      |                        |   |          |                        |   |   |              | \$       |              |
| Α            | X UMBRELLA LIAB X OCCUR  |                      |                        | 001140=0400                                   |          | 0/=/0004               | 0/=/0000                                  | EACH OCCURRENCE                                   | CE           | \$       | 2,000,000    |
|              | EXCESS LIAB CLAIMS-MADE  |                      |                        | CCU1372400                                    |          | 2/7/2021               | 2/7/2022                                  | AGGREGATE   |              | \$       | 2,000,000    |
|              | DED X RETENTION \$ 10,000  |                      |                        |   |          |                        |   | PER   | OTH          | \$       |              |
|              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N   |                      |                        |   |          |                        |   | STATUTE   | OTH-<br>ER   |          |              |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                  |                        |   |          |                        |   | E.L. EACH ACCIDE!                                 |              | \$       |              |
|              | If yes, describe under   |                      |                        |   |          |                        |   | E.L. DISEASE - EA E                               |              |          |              |
|              | DÉSCRIPTION OF OPERATIONS below  |                      |                        |   |          |                        |   | E.L. DISEASE - POL                                | ICY LIMIT    | \$       |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
| DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | FS //                | COBL                   | 101 Additional Pemarks Schodu                 | le may h | e attached if mor      | e snace is requir                         | red)  |              |          |              |
| City         | of Largo is granted additional insured   | status               | s with                 | regard to the General Lia                     | bility p | olicy when re          | quired by wri                             | itten contract or                                 | agreeme      | nt CG    | 2010 0413.   |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
|              |  |                      |                        |   |          |                        |   |   |              |          |              |
| CE           | RTIFICATE HOLDER   |                      |                        |   | CANO     | CELLATION              |   |   |              |          |              |
|              |  |                      |                        |   | SHC      | OULD ANY OF            | N DATE TH                                 | ESCRIBED POLIC<br>EREOF, NOTICE<br>CY PROVISIONS. |              |          |              |
|              |  |                      |                        |   | AUTHO    | RIZED REPRESE          | NTATIVE                                   |   |              |          |              |
|              | City of Largo  |                      |                        |   | l 👡      | 1 1                    |   |   |              |          |              |

PO Box 296 Largo, FL 33770

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| tl          | nis c         | BROGATION IS WAIVED, subject ertificate does not confer rights to   |                     |                        | ificate holder in lieu of su  | ch end    | orsement(s).                             |   | •   |          |            |
|-------------|---------------|---|---------------------|------------------------|---|-----------|--|---|---|----------|------------|
|             | DUCE          | :R<br>ce Office of America. Inc.  |                     |                        | -   |           | T Alexandr                               |   | FAX   |          |            |
| 185         | 5 We          | est State Road 434  |                     |                        |   | (A/C, No  | Ext): (407) 2                            | 12-3541                                   | FAX (A/C, No):                                |          |            |
| Lon         | gwo           | od, FL 32750  |                     |                        |   | ADDRES    |  |   | @ioausa.com                                   |          |            |
|             |               |   |                     |                        |   |           |  |   | RDING COVERAGE                                |          | NAIC#      |
|             |               |   |                     |                        |   | INSURE    | RA: Regent                               | Insurance                                 | Company                                       |          | 24449      |
| INSU        | JRED          |   |                     |                        | -   | INSURE    | RB:                                      |   |   |          |            |
|             |               | Puff N Stuff Catering LLC   |                     |                        | -   | INSURE    | RC:                                      |   |   |          |            |
|             |               | 5802-5804 E Columbus Dr<br>Tampa, FL 33619-1643   |                     |                        |   | INSURE    | RD:                                      |   |   |          |            |
|             |               | Tampa, TE 00010-10-0  |                     |                        |   | INSURE    | RE:                                      |   |   |          |            |
|             |               |   |                     |                        |   | INSURE    | RF:                                      |   |   |          |            |
|             |               |   |                     |                        | NUMBER:   |           |  |   | REVISION NUMBER: 1                            |          |            |
| IN<br>C     | IDICA<br>ERTI | IS TO CERTIFY THAT THE POLICIE<br>ATED. NOTWITHSTANDING ANY R<br>FICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE I | N OF A    | NY CONTRAC<br>THE POLICIE<br>EDUCED BY F | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | DOCUMENT WITH RESPE                           | CT TO    | WHICH THIS |
| INSR<br>LTR |               | TYPE OF INSURANCE   | ADDL<br>INSD        | SUBR<br>WVD            | POLICY NUMBER   |           | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT   | s        |            |
| Α           | X             | COMMERCIAL GENERAL LIABILITY  |                     |                        |   |           | `  | ,   | EACH OCCURRENCE                               | \$       | 1,000,000  |
|             |               | CLAIMS-MADE X OCCUR   | Х                   |                        | CCI1372400  |           | 2/7/2021                                 | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)     | \$       | 300,000    |
|             |               |   |                     |                        |   |           |  |   | MED EXP (Any one person)                      | \$       | 10,000     |
|             |               |   |                     |                        |   |           |  |   | PERSONAL & ADV INJURY                         | \$       | 1,000,000  |
|             | GEN           | N'L AGGREGATE LIMIT APPLIES PER:  |                     |                        |   |           |  |   | GENERAL AGGREGATE                             | \$       | 2,000,000  |
|             |               | POLICY X PRO- X LOC   |                     |                        |   |           |  |   | PRODUCTS - COMP/OP AGG                        | \$       | 2,000,000  |
|             |               | OTHER:  |                     |                        |   |           |  |   | Liquor Liab                                   | \$       | 1,000,000  |
| Α           | AUT           | TOMOBILE LIABILITY  |                     |                        |   |           |  |   | COMBINED SINGLE LIMIT (Ea accident)           | \$       | 1,000,000  |
|             | X             | ANY AUTO  |                     |                        | CBA1372400  |           | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (Per person)                    | \$       |            |
|             |               | OWNED SCHEDULED AUTOS   |                     |                        |   |           |  |   | BODILY INJURY (Per accident)                  | \$       |            |
|             |               | HIRED NON-OWNED AUTOS ONLY  |                     |                        |   |           |  |   | PROPERTY DAMAGE (Per accident)                | \$       |            |
|             |               |   |                     |                        |   |           |  |   |   | \$       |            |
| Α           | X             | UMBRELLA LIAB X OCCUR   |                     |                        |   |           |  |   | EACH OCCURRENCE                               | \$       | 2,000,000  |
|             |               | EXCESS LIAB CLAIMS-MADE   |                     |                        | CCU1372400  |           | 2/7/2021                                 | 2/7/2022                                  | AGGREGATE                                     | \$       | 2,000,000  |
|             |               | DED X RETENTION \$ 10,000   |                     |                        |   |           |  |   |   | \$       |            |
|             | WOF           | RKERS COMPENSATION EMPLOYERS' LIABILITY   |                     |                        |   |           |  |   | PER OTH-<br>STATUTE ER                        |          |            |
|             | ANY           | PROPRIETOR/PARTNER/EXECUTIVE T/N  | N/A                 |                        |   |           |  |   | E.L. EACH ACCIDENT                            | \$       |            |
|             |               | ICER/MEMBER EXCLUDED?   |                     |                        |   |           |  |   | E.L. DISEASE - EA EMPLOYEE                    | \$       |            |
|             | If yes        | s, describe under<br>CRIPTION OF OPERATIONS below   |                     |                        |   |           |  |   | E.L. DISEASE - POLICY LIMIT                   | \$       |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
| DES         | CRIPT         | TION OF OPERATIONS / LOCATIONS / VEHICI   | LES (A              | CORE                   | 101, Additional Remarks Schedul   | e, may be | attached if more                         | space is requir                           | ed)   | 41       |            |
| Gen         | eral          | of St. Petersburg, Florida, its office<br>Liability as required by written cont   | ers, e<br>tract     | mpio<br>per f          | yees, agents, Sunken Gard<br>orm CG7323 (12-16)                           | ens and   | a The Collseu                            | ım are includ                             | ied as additional insureds                    | s with i | regard to  |
|             |               |   |                     | •                      |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
| CE          | RTIF          | ICATE HOLDER  |                     |                        |   | CANC      | ELLATION                                 |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   |   |          |            |
|             |               |   |                     |                        |   |           |  |   | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL |          |            |
|             |               |   |                     |                        |   |           |  |   | EREOF, NOTICE WILL I                          | DE DE    | LIVERED IN |

ACORD 25 (2016/03)

City of St. Petersburg, Florida

Saint Petersburg, FL 33731-2842

PO Box 2842

C/O Downtown Enterprise Facilities Dept.

AUTHORIZED REPRESENTATIVE

PALACIOS



#### **CERTIFICATE OF LIABILITY INSURANCE**

2/5/2021

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).

| PRO<br>Insu   | DUCER  Trance Office of America, Inc.  West State Road 434   | o the c                   | ertii               | icate holder in lieu of su                 | CONTAC<br>NAME:<br>PHONE<br>(A/C, No | T Alexandr<br>, Ext): (407) 2 | ra Palacios<br>12-3541                   |   | FAX<br>(A/C, No): |       |            |
|---------------|--|---------------------------|---------------------|--|--------------------------------------|-------------------------------|--|---|-------------------|-------|------------|
|               | gwood, FL 32750  |                           |                     |  | E-MAIL<br>ADDRES                     | <sub>ss:</sub> Alexandr       | a.Palacios                               | @ioausa.com                                 |                   |       |            |
|               |  |                           |                     |  |                                      | INS                           | URER(S) AFFOR                            | RDING COVERAGE                              |                   |       | NAIC#      |
|               |  |                           |                     |  | INSURE                               | RA: Regent                    | Insurance                                | Company                                     |                   |       | 24449      |
| INSL          | RED  |                           |                     |  | INSURE                               | RB:                           |  |   |                   |       |            |
|               | Puff N Stuff Catering LLC  |                           |                     |  | INSURE                               | RC:                           |  |   |                   |       |            |
|               | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619  | /e                        |                     |  | INSURE                               | RD:                           |  |   |                   |       |            |
|               | . apa, 000 .0  |                           |                     |  | INSURE                               |                               |  |   |                   |       |            |
|               |  |                           |                     |  | INSURE                               | RF:                           |  |   |                   |       |            |
| TI<br>IN<br>C | VERAGES CER  HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | ES OF<br>REQUIRI<br>PERTA | INSI<br>EME<br>AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORE | N OF A                               | NY CONTRAC<br>THE POLICI      | O THE INSUR<br>CT OR OTHER<br>ES DESCRIB | DOCUMENT WIT                                | VE FOR T          | CT TC | WHICH THIS |
| INSR<br>LTR   | TYPE OF INSURANCE  | ADDL SI                   | UBR<br>WD           | POLICY NUMBER                              |                                      | POLICY EFF<br>(MM/DD/YYYY)    | POLICY EXP<br>(MM/DD/YYYY)               |   | LIMIT             | s     |            |
| Α             | X COMMERCIAL GENERAL LIABILITY   |                           |                     |  |                                      | ,                             | , ,                                      | EACH OCCURRENCE                             | CE                | \$    | 1,000,000  |
|               | CLAIMS-MADE X OCCUR  |                           | (                   | CCI1372400                                 |                                      | 2/7/2021                      | 2/7/2022                                 | DAMAGE TO RENT<br>PREMISES (Ea occu         | ED<br>urrence)    | \$    | 300,000    |
|               |  |                           |                     |  |                                      |                               |  | MED EXP (Any one                            | person)           | \$    | 10,000     |
|               |  |                           |                     |  |                                      |                               |  | PERSONAL & ADV                              | INJURY            | \$    | 1,000,000  |
|               | GEN'L AGGREGATE LIMIT APPLIES PER:   |                           |                     |  |                                      |                               |  | GENERAL AGGREC                              | SATE              | \$    | 2,000,000  |
|               | POLICY X PRO-<br>JECT X LOC  |                           |                     |  |                                      |                               |  | PRODUCTS - COMP                             | P/OP AGG          | \$    | 2,000,000  |
|               | OTHER:   |                           |                     |  |                                      |                               |  | Liquor Liab                                 |                   | \$    | 1,000,000  |
| Α             | AUTOMOBILE LIABILITY   |                           |                     |  |                                      |                               |  | COMBINED SINGLE (Ea accident)               | LIMII             | \$    | 1,000,000  |
|               | X ANY AUTO   |                           | (                   | CBA1372400                                 |                                      | 2/7/2021                      | 2/7/2022                                 | BODILY INJURY (Pe                           | er person)        | \$    |            |
|               | OWNED SCHEDULED AUTOS  |                           |                     |  |                                      |                               |  | BODILY INJURY (Pe                           | er accident)      | \$    |            |
|               | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                           |                     |  |                                      |                               |  | PROPERTY DAMAC<br>(Per accident)            | Þ.                | \$    |            |
| _             |  |                           |                     |  |                                      |                               |  |   |                   | \$    | 2 000 000  |
| Α             | X UMBRELLA LIAB X OCCUR  |                           |                     | CCU1372400                                 |                                      | 2/7/2021                      | 2/7/2022                                 | EACH OCCURRENCE                             | CE                | \$    | 2,000,000  |
|               | EXCESS LIAB CLAIMS-MADE  | -                         | ľ                   | CCU 1372400                                |                                      | 2/1/2021                      | 21112022                                 | AGGREGATE                                   |                   | \$    | 2,000,000  |
|               | DED X RETENTION \$ 10,000  |                           |                     |  |                                      |                               |  | PER   | OTH-              | \$    |            |
|               | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                           |                     |  |                                      |                               |  | STATUTE                                     | OTH-<br>ER        |       |            |
|               | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                       |                     |  |                                      |                               |  | E.L. EACH ACCIDE                            |                   | \$    |            |
|               | If yes, describe under DESCRIPTION OF OPERATIONS below   |                           |                     |  |                                      |                               |  | E.L. DISEASE - EA I                         |                   |       |            |
|               | DÉSCRIPTION OF OPERATIONS below  |                           |                     |  |                                      |                               |  | E.L. DISEASE - POL                          | ICY LIMIT         | \$    |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
| DES           | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (AC                   | OPD                 | 101 Additional Pomarks Schodul             | o may b                              | a attached if more            | o enaco le roquir                        | od)   |                   |       |            |
| DLS           | CRIF HON OF OPERATIONS / LOCATIONS / VEHIC   | LLS (AC                   | OND                 | 101, Additional Remarks Schedul            | e, illay b                           | e attached il lilon           | e space is requir                        | euj   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
|               |  |                           |                     |  |                                      |                               |  |   |                   |       |            |
| CE            | RTIFICATE HOLDER   |                           |                     |  | CANC                                 | ELLATION                      |  |   |                   |       |            |
|               |  |                           |                     |  | SHO<br>THE                           | ULD ANY OF T                  | N DATE TH                                | ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS. |                   |       |            |

ACORD 25 (2016/03)

City of Tampa

306 E Jackson St Tampa, FL 33602

Parks & Recreation Dept.

Attn: Risk Management Department

AUTHORIZED REPRESENTATIVE

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>tł     | F SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to   | t to               | the                    | terms and conditions of ificate holder in lieu of su                     | the pol   | licy, certain p                         | policies may                             | require an endorsemen   | t. As | statement on |
|--------------|---|--------------------|------------------------|--|-----------|---|--|---|-------|--------------|
|              | DUCER   | , 1110             | 0011                   | moute notice in new or su  |           | CT Alexandr                             |  | i   |       |              |
|              | urance Office of America, Inc.  |                    |                        |  |           | o, Ext): (407) 2                        |  | FAX<br>(A/C, No):   |       |              |
|              | 5 West State Road 434<br>gwood, FL 32750  |                    |                        |  | E-MAIL    | o, Ext): (407) 2                        | ra.Palacios                              | @ioausa.com   |       |              |
| LUII         | igwood, FL 32730  |                    |                        |  | ADDRES    |   |  |   |       | NAI0#        |
|              |   |                    |                        |  |           | RA: Regent                              | • •                                      | Company   |       | NAIC #       |
| INICI        | URED  |                    |                        |  |           |   | ili Sui alice                            | Company   |       | 24443        |
| INSC         |   |                    |                        |  | INSURE    |   |  |   |       |              |
|              | Puff N Stuff Catering LLC<br>5802-5804 E. Columbus Driv   | A                  |                        |  | INSURE    |   |  |   |       |              |
|              | Tampa, FL 33619   | •                  |                        |  | INSURE    |   |  |   |       |              |
|              |   |                    |                        |  | INSURE    |   |  |   |       |              |
|              | VERAGES CER   | TIEI               | ^ A T E                | NUMBER:  | INSUKL    | KF.                                     |  | REVISION NUMBER:  |       |              |
| T<br>IN<br>C | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | S O<br>EQUI<br>PER | F INS<br>REME<br>TAIN, | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI | N OF A    | NY CONTRAC<br>'THE POLICI               | O THE INSUF<br>CT OR OTHER<br>ES DESCRIB | RED NAMED ABOVE FOR T<br>R DOCUMENT WITH RESPE                  | CT TO | WHICH THIS   |
| INSR<br>LTR  | TYPE OF INSURANCE   | ADDL               | SUBR<br>WVD            | POLICY NUMBER  |           | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP                               | LIMIT   | s     |              |
| Α            | X COMMERCIAL GENERAL LIABILITY  | IIIOD              |                        |  |           | (11111111111111111111111111111111111111 | (MINI/25/1111)                           | EACH OCCURRENCE   | \$    | 1,000,000    |
|              | CLAIMS-MADE X OCCUR   |                    |                        | CCI1372400   |           | 2/7/2021                                | 2/7/2022                                 | DAMAGE TO RENTED PREMISES (Ea occurrence)                       | \$    | 300,000      |
|              |   |                    |                        |  |           |   |  | MED EXP (Any one person)  | \$    | 10,000       |
|              |   |                    |                        |  |           |   |  | PERSONAL & ADV INJURY   | \$    | 1,000,000    |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:  |                    |                        |  |           |   |  | GENERAL AGGREGATE   | \$    | 2,000,000    |
|              | POLICY X PRO- X LOC   |                    |                        |  |           |   |  | PRODUCTS - COMP/OP AGG  | \$    | 2,000,000    |
|              | OTHER:  |                    |                        |  |           |   |  | Liquor Liab   | \$    | 1,000,000    |
| Α            | AUTOMOBILE LIABILITY  |                    |                        |  |           |   |  | COMBINED SINGLE LIMIT (Ea accident)                             | \$    | 1,000,000    |
|              | X ANY AUTO  |                    |                        | CBA1372400   |           | 2/7/2021                                | 2/7/2022                                 | BODILY INJURY (Per person)                                      | \$    |              |
|              | OWNED SCHEDULED AUTOS ONLY  |                    |                        |  |           |   |  | BODILY INJURY (Per accident)                                    | \$    |              |
|              | HIRED NON-OWNED AUTOS ONLY  |                    |                        |  |           |   |  | PROPERTY DAMAGE<br>(Per accident)                               | \$    |              |
|              |   |                    |                        |  |           |   |  |   | \$    |              |
| Α            | X UMBRELLA LIAB X OCCUR   |                    |                        |  |           |   |  | EACH OCCURRENCE   | \$    | 2,000,000    |
|              | EXCESS LIAB CLAIMS-MADE   |                    |                        | CCU1372400   |           | 2/7/2021                                | 2/7/2022                                 | AGGREGATE   | \$    | 2,000,000    |
|              | DED X RETENTION \$ 10,000   |                    |                        |  |           |   |  | DED OTH   | \$    |              |
|              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                    |                        |  |           |   |  | PER OTH-<br>STATUTE ER  |       |              |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A                |                        |  |           |   |  | E.L. EACH ACCIDENT  | \$    |              |
|              | (Mandatory in NH)  If yes, describe under   |                    |                        |  |           |   |  | E.L. DISEASE - EA EMPLOYEE                                      | \$    |              |
|              | DESCRIPTION OF OPERATIONS below   |                    |                        |  |           |   |  | E.L. DISEASE - POLICY LIMIT                                     | \$    |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
| DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (A              | ACORE                  | 0 101, Additional Remarks Schedu   | le, may b | e attached if more                      | e space is requir                        | red)  |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
|              |   |                    |                        |  |           |   |  |   |       |              |
| CE           | RTIFICATE HOLDER  |                    |                        |  | CANC      | ELLATION                                |  |   |       |              |
|              |   |                    |                        |  | THE       | EXPIRATION                              | N DATE TH                                | ESCRIBED POLICIES BE C<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |       |              |
|              | Davis Island Garden Club  |                    |                        |  | AUTHO     | RIZED REPRESEI                          | NTATIVE                                  |   |       |              |
|              | Attn: Michelle<br>81 Columbia Dr  |                    |                        |  | Tra       | un Andun                                |  |   |       |              |

Tampa, FL 33606

**PALACIOS** 



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/5/2021

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.

ADDITIONAL INCLIDED

|             |               |  | t confe         | r rights t         | o the                | cert                   | ificate holder in lieu of su  |                  |                                 |                            |                          |                  |                   |       |                        |
|-------------|---------------|--|-----------------|--------------------|----------------------|------------------------|---|------------------|---------------------------------|----------------------------|--------------------------|------------------|-------------------|-------|------------------------|
| Insi        |               | ce Office of Ameri   |                 | ·                  |                      |                        |   |                  | CT Alexandı<br>o, Ext): (407) 2 |                            | )                        |                  | FAX<br>(A/C, No): |       |                        |
| Lon         | gwo           | est State Road 434<br>ood, FL 32750  | •               |                    |                      |                        |   | E-MAIL<br>ADDRE  | ss: Alexandı                    | ra.Palacios                | @ioausa                  | .com             |                   |       |                        |
|             | •             |  |                 |                    |                      |                        |   |                  |                                 | URER(S) AFFO               |                          |                  |                   |       | NAIC#                  |
|             |               |  |                 |                    |                      |                        |   | INSURE           | RA: Regent                      | Insurance                  | Compan                   | у                |                   |       | 24449                  |
| INSU        | JRED          |  |                 |                    |                      |                        |   | INSURE           | RB:                             |                            |                          |                  |                   |       |                        |
|             |               | Puff N Stuff   | Caterir         | ng LLC             |                      |                        |   | INSURE           | RC:                             |                            |                          |                  |                   |       |                        |
|             |               | 5802-5804 E.   |                 | nbus Driv          | /e                   |                        |   | INSURE           | RD:                             |                            |                          |                  |                   |       |                        |
|             |               | Tampa, FL 3  | 3019            |                    |                      |                        |   | INSURE           | RE:                             |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   | INSURE           | RF:                             |                            |                          |                  |                   |       |                        |
| CO          | VER           | RAGES  |                 | CER                | TIFIC                | CATE                   | NUMBER:   |                  |                                 |                            | REVISIO                  | N NU             | MBER:             |       |                        |
| IN<br>C     | IDIC/<br>ERTI | ATED. NOTWITHS IFICATE MAY BE IS   | TANDIN<br>SSUED | IG ANY F<br>OR MAY | REQUI<br>PER<br>POLI | REMI<br>TAIN,<br>CIES. | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITIOI<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY | NY CONTRAC                      | CT OR OTHER<br>ES DESCRIB  | R DOCUME<br>SED HEREI    | NT WI            | TH RESPE          | CT T  | O WHICH THIS           |
| INSR<br>LTR |               | TYPE OF INSUI  | RANCE           |                    | ADDL<br>INSD         | SUBR<br>WVD            | POLICY NUMBER   |                  | POLICY EFF<br>(MM/DD/YYYY)      | POLICY EXP<br>(MM/DD/YYYY) |                          |                  | LIMIT             | s     |                        |
| Α           | Х             | COMMERCIAL GENER   |                 | BILITY             |                      |                        |   |                  |                                 |                            | EACH OCC                 | URREN            | ICE               | \$    | 1,000,000              |
|             |               | CLAIMS-MADE  | <b>X</b> oc     | CUR                | X                    |                        | CCI1372400  |                  | 2/7/2021                        | 2/7/2022                   | DAMAGE T<br>PREMISES     | O REN<br>(Ea occ | rED<br>currence)  | \$    | 300,000                |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            | MED EXP (                | Any one          | person)           | \$    | 10,000                 |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            | PERSONAL                 | . & ADV          | INJURY            | \$    | 1,000,000              |
|             | GEI           | N'L AGGREGATE LIMIT A  |                 | PER:               |                      |                        |   |                  |                                 |                            | GENERAL A                | AGGRE            | GATE              | \$    | 2,000,000              |
|             |               | POLICY X PRO-  | X               | LOC                |                      |                        |   |                  |                                 |                            | PRODUCTS                 |                  | P/OP AGG          | \$    | 2,000,000              |
| _           |               | OTHER:   |                 |                    |                      |                        |   |                  |                                 |                            | Liquor L                 |                  | ELIMIT            | \$    | 1,000,000<br>1,000,000 |
| Α           | _             | TOMOBILE LIABILITY   |                 |                    |                      |                        |   |                  |                                 |                            | (Ea acciden              |                  | L LIIVIII         | \$    | 1,000,000              |
|             | X             |  | SCHE            | OULED              |                      |                        | CBA1372400  |                  | 2/7/2021                        | 2/7/2022                   | BODILY INJ               | IURY (F          | er person)        | \$    |                        |
|             |               | OWNED<br>AUTOS ONLY  | SCHEI<br>AUTOS  |                    |                      |                        |   |                  |                                 |                            | BODILY IN                | IURY (F          | er accident)      | \$    |                        |
|             |               | HIRED AUTOS ONLY   | NON-C<br>AUTOS  | SONLY              |                      |                        |   |                  |                                 |                            | PROPERTY<br>(Per accider | nt)              |                   | \$    |                        |
| Α           | X             | UMBRELLA LIAB  | X               | CUR                |                      |                        |   |                  |                                 |                            | F40U 000                 |                  | 105               | \$    | 2,000,000              |
| •           | _             | EXCESS LIAB  | — "             | CUR<br>AIMS-MADE   |                      |                        | CCU1372400  |                  | 2/7/2021                        | 2/7/2022                   | AGGREGA                  |                  | ICE               | \$    | 2,000,000              |
|             |               | DED X RETENTION  |                 | 10,000             | _                    |                        |   |                  |                                 |                            | AGGREGA                  | <u>  E</u>       |                   | \$    |                        |
|             | wor           | RKERS COMPENSATION<br>DEMPLOYERS' LIABILITY  |                 | · ·                |                      |                        |   |                  |                                 |                            | PER<br>STATI             | ITE              | OTH-<br>ER        | Ψ     |                        |
|             |               |  |                 | TIVE Y/N           |                      |                        |   |                  |                                 |                            | E.L. EACH                |                  |                   | \$    |                        |
|             | OFF<br>(Mar   | PROPRIETOR/PARTNER CICER/MEMBER EXCLUDE CONTROL OF THE PROPERTY OF THE PROPERT | ED?             |                    | N/A                  |                        |   |                  |                                 |                            |                          |                  | EMPLOYEE          |       |                        |
|             | If ye         | s, describe under<br>SCRIPTION OF OPERATION  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  | LICY LIMIT        | \$    |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   | ·     |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
| DES         | CRIP          | TION OF OPERATIONS /   | LOCATION        | ONS / VEHIC        | LES (                | ACORE                  | 0 101, Additional Remarks Schedu<br>College is included as Add                                    | ile, may b       | e attached if mor               | e space is requi           | red)                     | L !!!4 .         |                   |       | L                      |
|             |               | Board of Trustees,<br>per form CG8224 (  |                 | rougn Co           | mmu                  | inity (                | College is included as Add  | itionai          | insureas with                   | respect to G               | enerai Lia               | DIIITY           | wnen req          | uirea | by written             |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   |                  |                                 |                            |                          |                  |                   |       |                        |
| CE          | RTIF          | FICATE HOLDER  |                 |                    |                      |                        |   | CANO             | ELLATION                        |                            |                          |                  |                   |       |                        |
|             |               |  |                 |                    |                      |                        |   | SHO              | ULD ANY OF T                    | THE ABOVE D                | ESCRIRED                 | POLI             | CIES BE CA        | ANCE  | LLED BEFORE            |
|             |               |  |                 |                    |                      |                        |   | THE              |                                 | N DATE TH                  | IEREOF,                  | NOTIC            |                   |       | DELIVERED IN           |
|             |               |  |                 |                    |                      |                        |   | - ACC            | .urijani(:= Wi                  | . A . HE P()   (           | . PROVIS                 | IL JNIS          |                   |       |                        |

Duluth, GA 30096-9302 ACORD 25 (2016/03)

**Insurance Compliance** P.O. Box 100085 - HL

District Board of Trustees, Hillsborough Community College

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**AUTHORIZED REPRESENTATIVE** 

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| lf                                 | SU           | RTANT: If the certificate holde<br>BROGATION IS WAIVED, subje-<br>ertificate does not confer rights t                         | ct to       | the           | terms and conditions of inficate holder in lieu of su | the po         | licy, certain p<br>lorsement(s). | oolicies may                           | require an endorsement                       |           |            |
|------------------------------------|--------------|---|-------------|---------------|---|----------------|----------------------------------|--|--|-----------|------------|
| PROD                               | DUCE         | ER .  |             |               |   | CONTA<br>NAME: | <sup>C⊤</sup> Alexandr           | ra Palacios                            |  |           |            |
|                                    |              | ce Office of America, Inc.  |             |               |   |                | o, Ext): (407) 2                 |  | FAX<br>(A/C, No):                            |           |            |
|                                    |              | est State Road 434<br>ood, FL 32750   |             |               |   | E-MAIL         | ss. Alexandr                     | a.Palacios                             | @ioausa.com                                  |           |            |
|                                    |              |   |             |               |   | ADDIKE         |                                  |  | RDING COVERAGE                               |           | NAIC#      |
|                                    |              |   |             |               |   | INSURE         | RA: Regent                       |  |  |           | 24449      |
| INSU                               | RED          |   |             |               |   | INSURE         | -                                |  |  |           |            |
|                                    |              | Puff N Stuff Catering LLC   |             |               |   | INSURE         | ERC:                             |  |  |           |            |
|                                    |              | 5802-5804 E. Columbus Driv  | /e          |               |   | INSURE         | RD:                              |  |  |           |            |
|                                    |              | Tampa, FL 33619-1643  |             |               |   | INSURE         | RE:                              |  |  |           |            |
|                                    |              |   |             |               |   | INSURE         | RF:                              |  |  |           |            |
| CO                                 | /ER          | AGES CER  | TIFIC       | CATE          | NUMBER:   |                |                                  |  | REVISION NUMBER:                             |           |            |
| IN<br>CE                           | DIC/<br>ERTI | IS TO CERTIFY THAT THE POLICII<br>ATED. NOTWITHSTANDING ANY F<br>FICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | EQUI<br>PER | REME<br>TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORE           | N OF A         | ANY CONTRAC                      | CT OR OTHER<br>ES DESCRIB              | DOCUMENT WITH RESPEC                         | CT TO     | WHICH THIS |
| NSR<br>LTR                         |              | TYPE OF INSURANCE   | ADDL        | SUBR          | POLICY NUMBER   |                | POLICY EFF<br>(MM/DD/YYYY)       | POLICY EXP                             | LIMITS                                       | ;         |            |
| Α                                  | Х            | COMMERCIAL GENERAL LIABILITY  |             |               |   |                |                                  | ······································ | EACH OCCURRENCE                              | \$        | 1,000,000  |
|                                    |              | CLAIMS-MADE X OCCUR   | Х           | х             | CCI1372400  |                | 2/7/2021                         | 2/7/2022                               | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$        | 300,000    |
|                                    |              |   |             |               |   |                |                                  | , ,                                    | \$   | 10,000    |            |
|                                    |              |   |             |               |   |                |                                  |  | PERSONAL & ADV INJURY                        | \$        | 1,000,000  |
| GEN'L AGGREGATE LIMIT APPLIES PER: |              |   |             |               |   |                |                                  | GENERAL AGGREGATE                      | \$   | 2,000,000 |            |
|                                    |              | POLICY X PRO-<br>JECT X LOC   |             |               |   |                |                                  |  | PRODUCTS - COMP/OP AGG                       | \$        | 2,000,000  |

|   | 24   |     |   |            |          |          | EACH OCCURRENCE                              | Þ  |           |
|---|--|-----|---|------------|----------|----------|--|----|-----------|
|   | CLAIMS-MADE X OCCUR                                    | Χ   | Х | CCI1372400 | 2/7/2021 | 2/7/2022 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ | 300,000   |
|   |  |     |   |            |          |          | MED EXP (Any one person)                     | \$ | 10,000    |
|   |  |     |   |            |          |          | PERSONAL & ADV INJURY                        | \$ | 1,000,000 |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                     |     |   |            |          |          | GENERAL AGGREGATE                            | \$ | 2,000,000 |
|   | POLICY X PRO-  |     |   |            |          |          | PRODUCTS - COMP/OP AGG                       | \$ | 2,000,000 |
|   | OTHER:   |     |   |            |          |          | Liquor Liab                                  | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY                                   |     |   |            |          |          | COMBINED SINGLE LIMIT (Ea accident)          | \$ | 1,000,000 |
|   | X ANY AUTO   |     |   | CBA1372400 | 2/7/2021 | 2/7/2022 | BODILY INJURY (Per person)                   | \$ |           |
|   | OWNED SCHEDULED AUTOS                                  |     |   |            |          |          | BODILY INJURY (Per accident)                 | \$ |           |
|   | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY                  |     |   |            |          |          | PROPERTY DAMAGE (Per accident)               | \$ |           |
|   |  |     |   |            |          |          |  | \$ |           |
| Α | X UMBRELLA LIAB X OCCUR                                |     |   |            |          |          | EACH OCCURRENCE                              | \$ | 2,000,000 |
|   | EXCESS LIAB CLAIMS-MADE                                |     |   | CCU1372400 | 2/7/2021 | 2/7/2022 | AGGREGATE                                    | \$ | 2,000,000 |
|   | DED X RETENTION \$ 10,000                              |     |   |            |          |          |  | \$ |           |
|   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY       |     |   |            |          |          | PER OTH-<br>STATUTE ER                       |    |           |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N                   | N/A |   |            |          |          | E.L. EACH ACCIDENT                           | \$ |           |
|   | (Mandatory in NH)                                      |     |   |            |          |          | E.L. DISEASE - EA EMPLOYEE                   | \$ |           |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below |     |   |            |          |          | E.L. DISEASE - POLICY LIMIT                  | \$ |           |
|   |  |     |   |            |          |          |  | ĺ  |           |
|   |  |     |   |            |          |          |  |    |           |
|   |  |     |   |            |          |          |  | ĺ  |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
F7 CCO, LLC., and Jones Lang LaSalle Americas, Inc are listed as Additional Insureds with respect to General Liability per form CG2037 when required by written contract. Waiver of Subrogation is in favor of the Additional Insureds with respect to General Liability when required by written contract per form CG7323 (12-16).

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| F7 CCO. LLC  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| c/o Jones Lang LaSalle Americas Inc<br>100 Colonial Center Parkway | AUTHORIZED REPRESENTATIVE  |

ACORD 25 (2016/03)

Suite 120

Heathrow, FL 32746

**PALACIOS** 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|         | f SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights t  |             |                         |  |                 |  |  | require an end                                     | orsemen           | t. As  | statement on      |  |  |
|---------|---|-------------|-------------------------|--|-----------------|--|--|--|-------------------|--------|-------------------|--|--|
|         | DDUCER  |             |                         |  |                 | <sup>c⊤</sup> Alexand                  |  |  |                   |        |                   |  |  |
| Ins     | urance Office of America, Inc.  |             |                         |  |                 | o, Ext): (407) 2                       |  |  | FAX<br>(A/C, No): |        |                   |  |  |
|         | 5 West State Road 434<br>ngwood, FL 32750   |             |                         |  | E-MAIL<br>ADDRE | ss: Alexand                            | ra.Palacios                                | @ioausa.com  | (/ 2 0, 110)      |        |                   |  |  |
|         |   |             |                         |  |                 |  |  | RDING COVERAGE                                     |                   |        | NAIC#             |  |  |
|         |   |             |                         |  | INSURE          | RA: Regent                             |  |  |                   |        | 24449             |  |  |
| INS     | URED  |             |                         |  | INSURE          | RB:                                    |  |  |                   |        |                   |  |  |
|         | Puff N Stuff Catering LLC   |             |                         |  | INSURE          | RC:                                    |  |  |                   |        |                   |  |  |
|         | 5802-5804 E. Columbus Driv  | ⁄e          |                         |  | INSURE          | R D :                                  |  |  |                   |        |                   |  |  |
|         | Tampa, FL 33619   |             |                         |  | INSURER E :     |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  | INSURER F:      |  |  |  |                   |        |                   |  |  |
| CC      | OVERAGES CER  | TIFI        | CATE                    | NUMBER:  |                 |  |  | REVISION NUM                                       | IBER:             |        |                   |  |  |
| II<br>C | THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A          | NY CONTRAI<br>THE POLICI<br>REDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WIT<br>ED HEREIN IS SU                  | H RESPE           | CT TO  | O WHICH THIS      |  |  |
| LTR     | TYPE OF INSURANCE   | INSD        | SUBR                    | POLICY NUMBER  |                 | (MM/DD/YYYY)                           | POLICY EXP<br>(MM/DD/YYYY)                 |  | LIMIT             | s      | 4 000 000         |  |  |
| Α       |   |             |                         |  |                 |  |  | EACH OCCURRENT                                     |                   | \$     | 1,000,000         |  |  |
|         | CLAIMS-MADE X OCCUR   | X           |                         | CCI1372400   |                 | 2/7/2021                               | 2/7/2022                                   | DAMAGE TO RENT<br>PREMISES (Ea occi                | irrence)          | \$     | 300,000<br>10,000 |  |  |
|         |   |             |                         |  |                 |  |  | MED EXP (Any one                                   | ,                 | \$     | 1,000,000         |  |  |
|         |   |             |                         |  |                 |  |  | PERSONAL & ADV                                     |                   | \$     | 2,000,000         |  |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC   |             |                         |  |                 |  |  | GENERAL AGGREC                                     |                   | \$     | 2,000,000         |  |  |
|         |   |             |                         |  |                 |  |  | PRODUCTS - COMP                                    | P/OP AGG          | \$     | 1,000,000         |  |  |
| Α       | OTHER: AUTOMOBILE LIABILITY   |             |                         |  |                 |  |  | COMBINED SINGLE                                    | LIMIT             | \$     | 1,000,000         |  |  |
|         | X ANY AUTO  |             |                         | CBA1372400   |                 | 2/7/2021                               | 2/7/2022                                   | (Ea accident) BODILY INJURY (Pe                    | er nerson)        | \$     |                   |  |  |
|         | OWNED AUTOS ONLY SCHEDULED AUTOS  |             |                         |  |                 |  |  | BODILY INJURY (Pe                                  | •                 |        |                   |  |  |
|         | HIRED NON-OWNED AUTOS ONLY  |             |                         |  |                 |  |  | PROPERTY DAMAC<br>(Per accident)                   | SE                | \$     |                   |  |  |
|         | ACTOS ONET  |             |                         |  |                 |  |  | (i di desident)                                    |                   | \$     |                   |  |  |
| Α       | X UMBRELLA LIAB X OCCUR   |             |                         |  |                 |  |  | EACH OCCURRENG                                     | CE                | \$     | 2,000,000         |  |  |
|         | EXCESS LIAB CLAIMS-MADE   |             |                         | CCU1372400   |                 | 2/7/2021                               | 2/7/2022                                   | AGGREGATE  |                   | \$     | 2,000,000         |  |  |
|         | DED X RETENTION \$ 10,000   |             |                         |  |                 |  |  |  |                   | \$     |                   |  |  |
|         | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |             |                         |  |                 |  |  | PER<br>STATUTE                                     | OTH-<br>ER        |        |                   |  |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A         |                         |  |                 |  |  | E.L. EACH ACCIDE                                   | NT                | \$     |                   |  |  |
|         | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |             |                         |  |                 |  |  | E.L. DISEASE - EA I                                | MPLOYEE           | \$     |                   |  |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below  |             |                         |  |                 |  |  | E.L. DISEASE - POL                                 | ICY LIMIT         | \$     |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
| Floi    | SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>rida Museium of Photographic Arts is gr  | LES (       | ACORE                   | 0 101, Additional Remarks Schedu<br>itional insured status with        | ile, may b      | e attached if mor                      | e space is requiral Liability po           | <sup>red)</sup><br>blicv when requir               | ed by co          | ntract | or agreement.     |  |  |
|         | 3   |             |                         |  |                 |  | , , , ,                                    | ,  | <b>,</b>          |        | <b></b>           |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         |   |             |                         |  |                 |  |  |  |                   |        |                   |  |  |
|         | EDTIFICATE HOLDED   |             |                         |  | CANG            | CELLATION.                             |  |  |                   |        |                   |  |  |
|         | RTIFICATE HOLDER  |             |                         |  | CANC            | CELLATION                              |  |  |                   |        |                   |  |  |
|         |   |             |                         |  | THE             | EXPIRATIO                              | N DATE TH                                  | ESCRIBED POLICI<br>EREOF, NOTICE<br>CY PROVISIONS. |                   |        |                   |  |  |
|         |   |             |                         |  | AUTUA           | DIZED DEDDES=                          | ALT A TIVE                                 |  |                   |        |                   |  |  |
|         | Florida Museum of Photogra  | : Arts      | •                       | AUTHORIZED REPRESENTATIVE  |                 |  |  |  |                   |        |                   |  |  |

400 W Ashley Dr. Tampa, FL 33602

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|          | SUBROGATION IS WAIVED, subjective subjections certificate does not confer rights to |       |  |                                  | ch end           | lorsement(s).             |   | •  | it. A s | tatement on  |
|----------|---|-------|--|----------------------------------|------------------|---------------------------|---|--|---------|--------------|
|          | DUCER   |       |  |                                  |                  | <sup>CT</sup> Alexandr    |   | FAV  |         |              |
|          | ırance Office of America, Inc.<br>5 West State Road 434                             |       |  |                                  | (A/C, No         | o, Ext): (407) 2          | 12-3541   | FAX<br>(A/C, No):                                  |         |              |
| Lon      | gwood, FL 32750   |       |  |                                  | ADDRE:           | <sub>ss:</sub> Alexandr   | a.Palacios  | @ioausa.com  |         |              |
|          |   |       |  |                                  |                  |                           |   | RDING COVERAGE                                     |         | NAIC#        |
|          |   |       |  |                                  | INSURE           | RA: Regent                | Insurance   | Company  |         | 24449        |
| INSL     | JRED  |       |  |                                  | INSURE           | R B :                     |   |  |         |              |
|          | Puff N Stuff Catering LLC   | _     |  |                                  | INSURE           |                           |   |  |         |              |
|          | 5802-5804 E. Columbus Drive<br>Tampa, FL 33619                                      | е     |  |                                  | INSURE           |                           |   |  |         |              |
|          | , p.,   |       |  |                                  | INSURE           |                           |   |  |         |              |
|          | V5D4050   |       |  |                                  | INSURE           | RF:                       |   | DEVIOLON NUMBER                                    |         |              |
|          | VERAGES CERT  HIS IS TO CERTIFY THAT THE POLICIE                                    |       |  | NUMBER:                          | UA\/E D          | EEN ICCUED T              |   | REVISION NUMBER:                                   | UE DO   |              |
|          | NDICATED. NOTWITHSTANDING ANY RE  |       |  |                                  |                  |                           |   |  |         |              |
|          | ERTIFICATE MAY BE ISSUED OR MAY   |       |  |                                  |                  |                           |   |  | O ALL   | . THE TERMS, |
| INSR     | XCLUSIONS AND CONDITIONS OF SUCH F TYPE OF INSURANCE                                |       | SUBR<br>WVD  |                                  | DEEN             | POLICY FFF                | POLICY EXP  |  |         |              |
| LTR<br>A | X COMMERCIAL GENERAL LIABILITY  | INSD  | WVD  | POLICT NUMBER                    |                  | (MM/DD/YYYY)              | (MM/DD/YYYY)  |  | \$      | 1,000,000    |
| - •      | CLAIMS-MADE X OCCUR   |       |  | CCI1372400                       |                  | 2/7/2021                  | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) |  |         | 300,000      |
|          | X 5555.   |       |  | 33.1012-700                      |                  | 21112021                  | _,,,_V_L  | PREMISES (Ea occurrence)  MED EXP (Any one person) | \$      | 10,000       |
|          |   |       |  |                                  |                  |                           |   | PERSONAL & ADV INJURY                              | \$      | 1,000,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |       |  |                                  |                  |                           |   | GENERAL AGGREGATE                                  | \$      | 2,000,000    |
|          | POLICY X PRO-   |       |  |                                  |                  |                           |   | PRODUCTS - COMP/OP AGG                             | \$      | 2,000,000    |
|          | OTHER:  |       |  |                                  |                  |                           |   | Liquor Liab  | \$      | 1,000,000    |
| Α        | AUTOMOBILE LIABILITY  |       |  |                                  |                  |                           |   | COMBINED SINGLE LIMIT<br>(Ea accident)             | \$      | 1,000,000    |
|          | X ANY AUTO  |       |  | CBA1372400                       |                  | 2/7/2021                  | 2/7/2022  | BODILY INJURY (Per person)                         | \$      |              |
|          | OWNED SCHEDULED AUTOS ONLY  |       |  |                                  |                  |                           |   | BODILY INJURY (Per accident)                       |         |              |
|          | HIRED NON-OWNED AUTOS ONLY  |       |  |                                  |                  |                           |   | PROPERTY DAMAGE<br>(Per accident)                  | \$      |              |
|          | ACTOS CINET   |       |  |                                  |                  |                           |   |  | \$      |              |
| Α        | X UMBRELLA LIAB X OCCUR   |       |  |                                  |                  |                           |   | EACH OCCURRENCE                                    | \$      | 2,000,000    |
|          | EXCESS LIAB CLAIMS-MADE   |       |  | CCU1372400                       |                  | 2/7/2021                  | 2/7/2022  | AGGREGATE  | \$      | 2,000,000    |
|          | DED X RETENTION \$ 10,000   |       |  |                                  |                  |                           |   |  | \$      |              |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                    |       |  |                                  |                  |                           |   | PER OTH-<br>STATUTE ER                             |         |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE T/N  | N/A   |  |                                  |                  |                           |   | E.L. EACH ACCIDENT                                 | \$      |              |
|          | (Mandatory in NH)   | 117.7 |  |                                  |                  |                           |   | E.L. DISEASE - EA EMPLOYEE                         | \$      |              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                              |       |  |                                  |                  |                           |   | E.L. DISEASE - POLICY LIMIT                        | \$      |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
| DES      | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (A | CORE   | 0 101, Additional Remarks Schedu | le, may b        | e attached if more        | e space is requir   | red)   |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  |                  |                           |   |  |         |              |
|          |   |       |  |                                  | 0.111            |                           |   |  |         |              |
| CE       | RTIFICATE HOLDER  |       |  |                                  | CANC             | ELLATION                  |   |  |         |              |
|          |   |       | 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 |   |  |         |              |
|          | Franklin Templeton Investme   | ents  |  |                                  | Tam Andun        |                           |   |  |         |              |
|          | 100 Fountain Parkway N  |       |  |                                  | 1 1 <i>X X</i> / | YUUN BIBILDUV V           | -   |  |         |              |

Saint Petersburg, FL 33716

**PALACIOS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|          | this certificate does not confer rights to the cer |  |   |              |                |  | ich end              | lorsement(s)                        |                                   |   | L. AS | statement on   |
|----------|--|--|---|--------------|----------------|--|----------------------|-------------------------------------|-----------------------------------|---|-------|----------------|
|          |  | R<br>Ce Office of Amer                                     | ica Inc                                 |              |                |  |                      | CT Alexand                          |                                   | FAX   |       |                |
| 185      | 5 We   | est State Road 434   |   |              |                |  | (A/C, No             | o, Ext): (407) 2                    | 12-3541                           | (A/C, No):  |       |                |
| Lon      | gwo  | od, FL 32750   |   |              |                |  | ADDRE                |                                     |                                   | @ioausa.com   |       |                |
|          |  |  |   |              |                |  |                      |                                     | •                                 | RDING COVERAGE  |       | NAIC#          |
|          |  |  |   |              |                |  | INSURE               | RA: Regent                          | Insurance                         | Company   |       | 24449          |
| INSL     | RED  |  |   |              |                |  | INSURE               | R B :                               |                                   |   |       |                |
|          |  |  | Catering LLC                            |              |                |  | INSURE               | RC:                                 |                                   |   |       |                |
|          |  | 5802-5804 E<br>Tampa. FL 3                                 | . Columbus Driv<br>3619                 | /e           |                |  | INSURE               | R D :                               |                                   |   |       |                |
|          |  | rampa, r E o   | .0010                                   |              |                |  | INSURE               | RE:                                 |                                   |   |       |                |
|          |  |  |   |              |                |  | INSURE               | RF:                                 |                                   |   |       |                |
|          |  | RAGES  |   |              |                | NUMBER:  |                      |                                     |                                   | REVISION NUMBER:  |       |                |
| IN<br>C  | IDIC/<br>ERTI                                      | ATED. NOTWITHS   | TANDING ANY F<br>SSUED OR MAY           | REQUI<br>PER | IREMI<br>TAIN, | SURANCE LISTED BELOW  <br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A               | NY CONTRAC                          | CT OR OTHER<br>ES DESCRIB         | R DOCUMENT WITH RESPE   | CT TO | WHICH THIS     |
| INSR     |  | TYPE OF INSU   |   |              | SUBR<br>WVD    |  | DLLINI               | POLICY EFF                          | POLICY EXP                        | LIMIT   |       |                |
| LTR<br>A | х  | COMMERCIAL GENER   |   | INSD         | WVD            | POLICT NUMBER  |                      | (MM/DD/YYYY)                        | (MM/DD/YYYY)                      |   |       | 1,000,000      |
| •        | _  | CLAIMS-MADE  | X OCCUR                                 | _            |                | CCI1372400   |                      | 2/7/2021                            | 2/7/2022                          | DAMAGE TO RENTED PREMISES (Ea occurrence)                     | \$    | 300,000        |
|          |  | OE/ IIIIO IVI/ IBE   | X GOOGIK                                | X            |                | 0011372400   |                      | 2/1/2021                            | ZITIZUZZ                          |   | \$    | 10,000         |
|          |  |  |   |              |                |  |                      |                                     |                                   | MED EXP (Any one person)                                      | \$    | 1,000,000      |
|          | CEN  | J<br>N'L AGGREGATE LIMIT .                                 | ADDI IEC DED.                           |              |                |  |                      |                                     |                                   | PERSONAL & ADV INJURY GENERAL AGGREGATE                       | \$    | 2,000,000      |
|          | GEN  | POLICY X PRO-  | X LOC                                   |              |                |  |                      |                                     |                                   | PRODUCTS - COMP/OP AGG  | \$    | 2,000,000      |
|          |  | OTHER:   | 200                                     |              |                |  |                      |                                     |                                   | Liquor Liab   | \$    | 1,000,000      |
| Α        | AUT  | TOMOBILE LIABILITY   |   |              |                |  |                      |                                     |                                   | COMBINED SINGLE LIMIT   | Φ     | 1,000,000      |
|          | X  | ANY AUTO   |   |              |                | CBA1372400   |                      | 2/7/2021                            | 2/7/2022                          | (Ea accident)  BODILY INJURY (Per person)                     | \$    |                |
|          |  | OWNED<br>AUTOS ONLY  | SCHEDULED<br>AUTOS                      |              |                |  |                      |                                     |                                   | BODILY INJURY (Per accident)                                  | \$    |                |
|          |  | HIRED<br>AUTOS ONLY  | NON-OWNED<br>AUTOS ONLY                 |              |                |  |                      |                                     |                                   | PROPERTY DAMAGE<br>(Per accident)                             | \$    |                |
|          |  | AUTOS ONLY   | AUTOS ONLY                              |              |                |  |                      |                                     |                                   | (Fer accident)  | \$    |                |
| Α        | Х  | UMBRELLA LIAB  | X OCCUR                                 |              |                |  |                      |                                     |                                   | EACH OCCURRENCE   | \$    | 2,000,000      |
|          |  | EXCESS LIAB  | CLAIMS-MADE                             |              |                | CCU1372400   |                      | 2/7/2021                            | 2/7/2022                          | AGGREGATE   | \$    | 2,000,000      |
|          |  | DED X RETENTI  | ON \$ 10,000                            |              |                |  |                      |                                     |                                   | AGGILGATE   | \$    |                |
|          | WOF  | RKERS COMPENSATION<br>EMPLOYERS' LIABILIT                  |   |              |                |  |                      |                                     |                                   | PER OTH-<br>STATUTE ER  | Ψ     |                |
|          |  |  |   |              |                |  |                      |                                     |                                   | E.L. EACH ACCIDENT  | \$    |                |
|          | OFFI<br>(Man                                       | PROPRIETOR/PARTNEI<br>ICER/MEMBER EXCLUD<br>Idatory in NH) | ED?                                     | N/A          |                |  |                      |                                     |                                   | E.L. DISEASE - EA EMPLOYEE                                    |       |                |
|          | If yes   | s, describe under<br>CRIPTION OF OPERAT                    |   |              |                |  |                      |                                     |                                   | E.L. DISEASE - POLICY LIMIT                                   | \$    |                |
|          | DEC  | ON HONOI OF ENAT   | IOI40 BCIOW                             |              |                |  |                      |                                     |                                   | E.E. BIOLAGE - I GLIGI EIWIT                                  | Ψ     |                |
|          |  |  |   |              |                |  |                      |                                     |                                   |   |       |                |
|          |  |  |   |              |                |  |                      |                                     |                                   |   |       |                |
|          | CRIPT<br>er [F<br>eme                              |  | LOCATIONS / VEHIC<br>er for the Cultura | LES (A       | ACORE          | 0 101, Additional Remarks Schedu<br>granted additional insured                                   | ile, may b<br>status | e attached if mor<br>with regard to | e space is requi<br>o the General | <sup>ed)</sup><br>Liability policy when req                   | uired | by contract or |
| CE       | RTIF   | FICATE HOLDER  |   |              |                |  | CANO                 | ELLATION                            |                                   |   |       |                |
|          |  |  |   |              |                |  | ACC                  | EXPIRATION<br>ORDANCE WI            | N DATE TH                         | ESCRIBED POLICIES BE C<br>EREOF, NOTICE WILL<br>Y PROVISIONS. |       |                |
|          |  | FSU-Ringling   | ural A                                  | Arts         | _              | rized represe<br>un Hudun-   |                      |                                     |                                   |   |       |                |

Sarasota, FL 34243

PALACIOS



#### CERTIFICATE OF LIABILITY INSURANCE

2/5/2021

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).

| tl          | nis certificate does not confer rights to  |                     |                         |  | ich end                | lorsement(s)                        |                                   | •   | orsemen           | t. A 3 | taternent on  |
|-------------|--|---------------------|-------------------------|--|------------------------|-------------------------------------|-----------------------------------|---|-------------------|--------|---------------|
|             | DUCER  |                     |                         |  |                        | <sup>C⊤</sup> Alexandı              |                                   | <b>;</b>  |                   |        |               |
|             | urance Office of America, Inc.<br>5 West State Road 434  |                     |                         |  | PHONE<br>(A/C, No      | o, Ext): (40 <i>1 ) 2</i>           | 12-3541                           |   | FAX<br>(A/C, No): |        |               |
|             | gwood, FL 32750  |                     |                         |  | E-MAIL<br>ADDRE        | <sub>ss:</sub> Alexandı             | ra.Palacios                       | @ioausa.com                                       | 1                 |        |               |
|             |  |                     |                         |  |                        | INS                                 | URER(S) AFFOI                     | RDING COVERAGE                                    |                   |        | NAIC#         |
|             |  |                     |                         |  | INSURE                 | RA: Regent                          | Insurance                         | Company   |                   |        | 24449         |
| INSU        | JRED   |                     |                         |  | INSURE                 | RB:                                 |                                   |   |                   |        |               |
|             | Puff N Stuff Catering LLC  |                     |                         |  | INSURE                 | RC:                                 |                                   |   |                   |        |               |
|             | 5802-5804 E. Columbus Driv   | e                   |                         |  | INSURE                 | R D :                               |                                   |   |                   |        |               |
|             | Tampa, FL 33619-1643   |                     |                         |  | INSURE                 | RE:                                 |                                   |   |                   |        |               |
|             |  |                     |                         |  | INSURE                 | RF:                                 |                                   |   |                   |        |               |
| СО          | VERAGES CER  | TIFIC               | CATE                    | E NUMBER:  |                        |                                     |                                   | <b>REVISION NUI</b>                               | MBER:             |        |               |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A                 | NY CONTRAC                          | CT OR OTHER<br>ES DESCRIB         | R DOCUMENT WI<br>SED HEREIN IS S                  | TH RESPE          | CT TC  | WHICH THIS    |
| INSR<br>LTR |  | ADDL<br>INSD        | SUBR                    | POLICY NUMBER  |                        | POLICY EFF<br>(MM/DD/YYYY)          | POLICY EXP<br>(MM/DD/YYYY)        |   | LIMIT             | s      |               |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                     |                         |  |                        | Ì                                   |                                   | EACH OCCURREN                                     |                   | \$     | 1,000,000     |
|             | CLAIMS-MADE X OCCUR  | Х                   |                         | CCI1372400   |                        | 2/7/2021                            | 2/7/2022                          | DAMAGE TO RENT<br>PREMISES (Ea occ                | ED<br>currence)   | \$     | 300,000       |
|             |  |                     |                         |  |                        |                                     |                                   | MED EXP (Any one                                  |                   | \$     | 10,000        |
|             |  |                     |                         |  |                        |                                     |                                   | PERSONAL & ADV                                    | INJURY            | \$     | 1,000,000     |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                         |  |                        |                                     |                                   | GENERAL AGGRE                                     | GATE              | \$     | 2,000,000     |
|             | POLICY X PRO- X LOC  |                     |                         |  |                        |                                     |                                   | PRODUCTS - COM                                    | P/OP AGG          | \$     | 2,000,000     |
|             | OTHER:   |                     |                         |  |                        |                                     |                                   | Liquor Liab                                       |                   | \$     | 1,000,000     |
| Α           | AUTOMOBILE LIABILITY   |                     |                         |  |                        |                                     |                                   | COMBINED SINGL<br>(Ea accident)                   | E LIMIT           | \$     | 1,000,000     |
|             | X ANY AUTO   |                     |                         | CBA1372400   |                        | 2/7/2021                            | 2/7/2022                          | BODILY INJURY (P                                  | er person)        | \$     |               |
|             | OWNED SCHEDULED AUTOS  |                     |                         |  |                        |                                     |                                   | BODILY INJURY (P                                  |                   | \$     |               |
|             | HIRED NON-OWNED AUTOS ONLY   |                     |                         |  |                        |                                     |                                   | PROPERTY DAMA<br>(Per accident)                   | GE                | \$     |               |
|             |  |                     |                         |  |                        |                                     |                                   |   |                   | \$     |               |
| Α           | X UMBRELLA LIAB X OCCUR  |                     |                         |  |                        |                                     |                                   | EACH OCCURREN                                     | CE                | \$     | 2,000,000     |
|             | EXCESS LIAB CLAIMS-MADE  |                     |                         | CCU1372400   |                        | 2/7/2021                            | 2/7/2022                          | AGGREGATE   |                   | \$     | 2,000,000     |
|             | DED X RETENTION \$ 10,000  |                     |                         |  |                        |                                     |                                   |   |                   | \$     |               |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                         |  |                        |                                     |                                   | PER<br>STATUTE                                    | OTH-<br>ER        |        |               |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                         |  |                        |                                     |                                   | E.L. EACH ACCIDE                                  | NT                | \$     |               |
|             |  | II / A              |                         |  |                        |                                     |                                   | E.L. DISEASE - EA                                 | EMPLOYEE          | \$     |               |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |                         |  |                        |                                     |                                   | E.L. DISEASE - PO                                 | LICY LIMIT        | \$     |               |
|             |  |                     |                         |  |                        |                                     |                                   |   |                   |        |               |
|             |  |                     |                         |  |                        |                                     |                                   |   |                   |        |               |
|             |  |                     |                         |  |                        |                                     |                                   |   |                   |        |               |
|             | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI<br>demans Secret Garden and Hardeman L<br>ten contract.                                | LES ( <i>i</i>      | ACORI<br>scape          | 0 101, Additional Remarks Schedu<br>are included as Additiona          | ile, may b<br>I Insurc | e attached if mor<br>Is with respec | e space is requi<br>ct to General | <sup>red)</sup><br>Liability per for              | m CG2037          | 7 wher | n required by |
| CE          | RTIFICATE HOLDER   |                     |                         |  | CANC                   | ELLATION                            |                                   |   |                   |        |               |
| <u>ve</u>   | NIII IOAIL IIOLDEN   |                     |                         |  | SHO<br>THE<br>ACC      | OULD ANY OF 1                       | N DATE TH                         | ESCRIBED POLIC<br>IEREOF, NOTIC<br>CY PROVISIONS. |                   |        |               |
|             | HARDEMAN LANDSCAPE N   | INC.                |                         |  |                        |                                     |                                   |   |                   |        |               |

3515 Gallagher Road Dover, FL 33527

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|  | SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to   |                      |                |   |                          |                                     |  |                                     |                   |          |                   |
|--|---|----------------------|----------------|---|--------------------------|-------------------------------------|--|-------------------------------------|-------------------|----------|-------------------|
|  | DDUCER OFF  |                      |                |   |                          | <sup>C⊤</sup> Alexandı              |  |                                     |                   |          |                   |
|  | urance Office of America, Inc.<br>5 West State Road 434   |                      |                |   | PHONE<br>(A/C, No        | o, Ext): (407) 2                    | 12-3541  |                                     | FAX<br>(A/C, No): |          |                   |
| Lor  | igwood, FL 32750  |                      |                |   | E-MAIL<br>ADDRE          | <sub>ss:</sub> Alexandı             | ra.Palacios                                      | @ioausa.com                         |                   |          |                   |
|  |   |                      |                |   |                          | INS                                 | URER(S) AFFOR                                    | RDING COVERAGE                      |                   |          | NAIC#             |
|  |   |                      |                |   | INSURE                   | RA: Regent                          | Insurance  | Company                             |                   |          | 24449             |
| INS  | JRED  |                      |                |   | INSURE                   | RB:                                 |  |                                     |                   |          |                   |
|  | Puff N Stuff Catering LLC   |                      |                |   | INSURE                   | RC:                                 |  |                                     |                   |          |                   |
|  | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619   | е                    |                |   | INSURE                   | RD:                                 |  |                                     |                   |          |                   |
|  | 1 ampa, FL 33019  |                      |                |   | INSURE                   | RE:                                 |  |                                     |                   |          |                   |
|  |   |                      |                |   | INSURE                   | RF:                                 |  |                                     |                   |          |                   |
| CC   | VERAGES CER   | TIFIC                | CATE           | NUMBER:   |                          |                                     |  | REVISION NUM                        | IBER:             |          |                   |
| II<br>C                                      | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REPRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIC | REME<br>TAIN,  | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A                   | NY CONTRAC                          | CT OR OTHER<br>ES DESCRIB                        | DOCUMENT WIT                        | H RESPE           | CT TC    | WHICH THIS        |
| LTR  | TYPE OF INSURANCE   | INSD                 | WVD            | POLICY NUMBER   |                          | (MM/DD/YYYY)                        | (MM/DD/YYYY)                                     |                                     | LIMIT             | S        | 4 000 000         |
| Α  | X COMMERCIAL GENERAL LIABILITY  |                      |                |   |                          |                                     |  | EACH OCCURRENCE                     |                   | \$       | 1,000,000         |
|  | CLAIMS-MADE X OCCUR   | X                    |                | CCI1372400  |                          | 2/7/2021                            | 2/7/2022   | DAMAGE TO RENT<br>PREMISES (Ea occu | irrence)          | \$       | 300,000<br>10.000 |
|  |   |                      |                |   |                          |                                     |  | MED EXP (Any one                    | person)           | \$       | 1,000,000         |
|  |   |                      |                |   |                          |                                     |  | PERSONAL & ADV                      |                   | \$       | 2,000,000         |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |                      |                |   |                          |                                     |  | GENERAL AGGREG                      |                   | \$       | 2,000,000         |
|  | POLICY X PRO-   |                      |                |   |                          |                                     |  | PRODUCTS - COMP                     | P/OP AGG          | \$       | 1,000,000         |
| Α  | OTHER:  |                      |                |   |                          |                                     |  | COMBINED SINGLE                     | LIMIT             | \$       | 1,000,000         |
|  | X ANY AUTO  |                      |                | CBA1372400  |                          | 2/7/2021                            | 2/7/2022   | (Ea accident)                       | ,                 | \$       |                   |
|  | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS   |                      |                | CDA 137 2400  |                          | 2///2021                            | 21112022   | BODILY INJURY (Pe                   |                   | \$       |                   |
|  | HIRED NON-OWNED AUTOS ONLY  |                      |                |   |                          |                                     |  | BODILY INJURY (PE                   |                   | \$       |                   |
|  | AUTOS ONLY AUTOS ONLY   |                      |                |   |                          |                                     |  | (Per accident)                      |                   | \$       |                   |
| Α  | X UMBRELLA LIAB X OCCUR   |                      |                |   |                          |                                     |  | EAGU GOOLIDDEN                      | )                 | \$       | 2,000,000         |
|  | EXCESS LIAB CLAIMS-MADE   |                      |                | CCU1372400  |                          | 2/7/2021                            | 2/7/2022   | EACH OCCURRENCE                     | JE .              | \$<br>\$ | 2,000,000         |
|  | DED X RETENTION \$ 10,000   |                      |                |   |                          |                                     |  | AGGREGATE                           |                   | \$<br>\$ |                   |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                      |                |   |                          |                                     |  | PER<br>STATUTE                      | OTH-<br>ER        | φ        |                   |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE  |                      |                |   |                          |                                     |  | E.L. EACH ACCIDE                    |                   | \$       |                   |
|  | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                  |                |   |                          |                                     |  | E.L. DISEASE - EA E                 |                   |          |                   |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |                      |                |   |                          |                                     |  | E.L. DISEASE - POL                  |                   |          |                   |
|  | 2200.111 1.011 0. 0. 2.111.1010 25.011  |                      |                |   |                          |                                     |  |                                     |                   | Ψ        |                   |
|  |   |                      |                |   |                          |                                     |  |                                     |                   |          |                   |
| <u>.                                    </u> |   |                      |                |   |                          |                                     |  |                                     |                   |          |                   |
|  | cription of operations / Locations / Vehici<br>o! Florida Destination Management, Inc.<br>sement.                                   | ES (A                | ACORE<br>rante | ) 101, Additional Remarks Schedu<br>d additional insured status         | le, may b<br>s with re   | e attached if mor<br>egard to the G | e space is requir<br>General Liabil              | <sup>ed)</sup><br>ity policy when ı | equired l         | by coi   | itract or         |
|  | DTIFICATE LIQUES  |                      |                |   | 0637                     | SELLATION                           |  |                                     |                   |          |                   |
| <u>UE</u>                                    | RTIFICATE HOLDER  |                      |                | SHC<br>THE<br>ACC   | EXPIRATION<br>ORDANCE WI | N DATE TH                           | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                                     |                   |          |                   |
|  | Hello! Florida Destination Ma   | emer                 | nt. Inc.       | AUTHORIZED REPRESENTATIVE   |                          |                                     |  |                                     |                   |          |                   |

324 West Gore Street

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|             |              | - · · · · · · · · · · · · · · · · · · ·   |                     |                         |   |                 |  |   |   |           |            |
|-------------|--------------|---|---------------------|-------------------------|---|-----------------|--|---|---|-----------|------------|
| lf          | SU           | RTANT: If the certificate holde<br>BROGATION IS WAIVED, subje<br>ertificate does not confer rights t                | ct to               | the                     | terms and conditions of t   | the po          | licy, certain ¡                        | policies may                              |   |           |            |
| PROI        | DUCE         | :R  |                     |                         |   | CONTAC<br>NAME: | CT Alexand                             | ra Palacios                               | ;   |           |            |
|             |              | ce Office of America, Inc.  |                     |                         |   |                 | o, Ext): (407) 2                       |   | FAX                                       | , No):    |            |
|             |              | est State Road 434<br>od, FL 32750  |                     |                         | -   | E-MAIL<br>ADDRE | ss: Alexand                            | ra.Palacios                               | @ioausa.com                               | ,,.       |            |
|             |              |   |                     |                         |   |                 |  |   | RDING COVERAGE                            |           | NAIC#      |
|             |              |   |                     |                         |   | INSURE          | R A : Regent                           | Insurance                                 | Company                                   |           | 24449      |
| INSU        | RED          |   |                     |                         |   | INSURE          |  |   | •   |           |            |
|             |              | Puff N Stuff Catering LLC   |                     |                         |   | INSURE          | RC:                                    |   |   |           |            |
|             |              | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619   | e e                 |                         | -   | INSURE          | RD:                                    |   |   |           |            |
|             |              | Tampa, FL 33019   |                     |                         | _   | INSURE          | RE:                                    |   |   |           |            |
|             |              |   |                     |                         |   | INSURE          | RF:                                    |   |   |           |            |
| CO          | /ER          | AGES CER  | TIFIC               | CATE                    | E NUMBER:   |                 |  |   | REVISION NUMBER                           | R:        |            |
| IN<br>CE    | DIC/<br>ERTI | IS TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE ! | N OF A          | NY CONTRAC<br>THE POLICI<br>REDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS | R DOCUMENT WITH RE<br>SED HEREIN IS SUBJE | ESPECT TO | WHICH THIS |
| INSR<br>LTR |              | TYPE OF INSURANCE   | ADDL<br>INSD        | SUBR                    | POLICY NUMBER   |                 | POLICY EFF<br>(MM/DD/YYYY)             | POLICY EXP<br>(MM/DD/YYYY)                |   | LIMITS    |            |
| Α           | X            | COMMERCIAL GENERAL LIABILITY  |                     |                         |   |                 | , ,                                    | ,   | EACH OCCURRENCE                           | \$        | 1,000,000  |
|             |              | CLAIMS-MADE X OCCUR   | Х                   |                         | CCI1372400  |                 | 2/7/2021                               | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence  | :e) \$    | 300,000    |
|             |              |   |                     |                         |   |                 |  |   | MED EXP (Any one persor                   | ·         | 10,000     |
|             |              |   |                     |                         |   |                 |  |   | PERSONAL & ADV INJUR                      | RY \$     | 1,000,000  |
|             | GEN          | N'L AGGREGATE LIMIT APPLIES PER:  |                     |                         |   |                 |  |   | GENERAL AGGREGATE                         | \$        | 2,000,000  |
|             |              | POLICY X PRO-   |                     |                         |   |                 |  |   | PRODUCTS - COMP/OP A                      | AGG \$    | 2,000,000  |
|             |              | OTHER:  |                     |                         |   |                 |  |   | Liquor Liab                               | \$        | 1,000,000  |
| Α           | AUT          | TOMOBILE LIABILITY  |                     |                         |   |                 |  |   | COMBINED SINGLE LIMIT<br>(Ea accident)    | T \$      | 1,000,000  |
|             | X            | ANY AUTO  |                     |                         | CBA1372400  |                 | 2/7/2021                               | 2/7/2022                                  | BODILY INJURY (Per pers                   | son) \$   |            |
|             |              | OWNED SCHEDULED AUTOS   |                     |                         |   |                 |  |   | BODILY INJURY (Per acci                   |           |            |
|             |              | HIRED NON-OWNED AUTOS ONLY  |                     |                         |   |                 |  |   | PROPERTY DAMAGE<br>(Per accident)         | \$        |            |
|             |              | / NOTOS GNET  |                     |                         |   |                 |  |   |   | \$        |            |
| Α           | Χ            | UMBRELLA LIAB X OCCUR   |                     |                         |   |                 |  |   | EACH OCCURRENCE                           | \$        | 2,000,000  |
|             |              | EXCESS LIAB CLAIMS-MADE   |                     |                         | CCU1372400  |                 | 2/7/2021                               | 2/7/2022                                  | AGGREGATE                                 | \$        | 2,000,000  |
|             |              | DED X RETENTION \$ 10,000   | 1                   |                         |   |                 |  |   |   | \$        |            |
|             | WOF          | RKERS COMPENSATION EMPLOYERS' LIABILITY   |                     |                         |   |                 |  |   | PER OT                                    | TH-       |            |
|             | AND          | ENIFLUTERS LIABILIT   | 1                   | 1                       | 1   |                 |  | I   | , 51/(151E   El                           |           |            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Highwoods Properties, Inc. & Highwoods Realty Limited Partnership are granted additional insured status with regard to the General Liability policy when required by contract or agreement.

| CERTIFICATE HOLDER                                   | CANCELLATION   |
|--|--|
| Highwoods Properties, Inc. &Highwoods Realty Limited | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Partnership  | AUTHORIZED REPRESENTATIVE  |

Partnership 3111 West Dr. M.L. King Boulevard Suite100 Tampa, FL 33607

ACORD 25 (2016/03)

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

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E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| tl       | SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights to  | o the                | certi                  | ficate holder in lieu of su   | ich end    | lorsement(s)                                  |  |                                 | luorsemen                 | i. A:    |                        |
|----------|---|----------------------|------------------------|---|------------|---|--|---------------------------------|---------------------------|----------|------------------------|
|          | DUCER<br>urance Office of America, Inc.   |                      |                        |   |            | CT Alexandi                                   |  | •                               | FΔY                       |          |                        |
|          | 5 West State Road 434   |                      |                        |   | (A/C, No   | o, Ext): (407) 2                              | 212-3541                                 |                                 | FAX<br>(A/C, No):         |          |                        |
| Lon      | gwood, FL 32750   |                      |                        |   | ADDRE      | <sub>ss:</sub> Alexandı                       | ra.Palacios                              | @ioausa.co                      | m                         |          |                        |
|          |   |                      |                        |   |            |   | • •                                      | RDING COVERAGE                  | <b>.</b>                  |          | NAIC#                  |
|          |   |                      |                        |   | INSURE     | RA: Regent                                    | Insurance                                | Company                         |                           |          | 24449                  |
| INSU     | JRED  |                      |                        |   | INSURE     | R B :   |  |                                 |                           |          |                        |
|          | Puff N Stuff Catering LLC   |                      |                        |   | INSURE     | RC:   |  |                                 |                           |          |                        |
|          | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619   | e                    |                        |   | INSURE     | R D :   |  |                                 |                           |          |                        |
|          | 1 ampa, 1 L 33013   |                      |                        |   | INSURE     | RE:   |  |                                 |                           |          |                        |
|          |   |                      |                        |   | INSURE     | RF:   |  |                                 |                           |          |                        |
|          |   |                      |                        | NUMBER:   |            |   |  | REVISION N                      |                           |          |                        |
| IN<br>C  | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIC | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A     | NY CONTRAC<br>THE POLICI<br>REDUCED BY I      | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS | R DOCUMENT V<br>BED HEREIN IS   | VITH RESPE<br>SUBJECT T   | O ALL    | O WHICH THIS           |
| LTR<br>A |   | ADDL<br>INSD         | WVD                    | POLICY NUMBER   |            | POLICY EFF<br>(MM/DD/YYYY)                    | (MM/DD/YYYY)                             |                                 | LIMIT                     |          | 1,000,000              |
|          | CLAIMS-MADE X OCCUR   | X                    |                        | CCI1372400  |            | 2/7/2021                                      | 2/7/2022                                 | DAMAGE TO REI<br>PREMISES (Ea o | NCE<br>NTED<br>ccurrence) | \$       | 300,000                |
|          |   |                      |                        |   |            |   |  | MED EXP (Any or                 | ne person)                | \$       | 10,000                 |
|          |   |                      |                        |   |            |   |  | PERSONAL & AD                   | V INJURY                  | \$       | 1,000,000              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                      |                        |   |            |   |  | GENERAL AGGR                    | EGATE                     | \$       | 2,000,000              |
|          | POLICY X PRO-   |                      |                        |   |            |   |  | PRODUCTS - CC                   | MP/OP AGG                 | \$       | 2,000,000<br>1.000.000 |
| Α        | OTHER:  |                      |                        |   |            |   |  | COMBINED SING                   | SLETIMIT                  | \$       | 1,000,000              |
| A        | X ANY AUTO  |                      |                        | 0044070400  |            | 0/7/0004                                      | 0/7/0000                                 | (Ea accident)                   |                           | \$       | 1,000,000              |
|          | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS   |                      |                        | CBA1372400  |            | 2/7/2021                                      | 2/7/2022                                 | BODILY INJURY                   |                           | \$       |                        |
|          |   |                      |                        |   |            |   |  | PROPERTY DAN<br>(Per accident)  | (Per accident)<br>AGE     | \$       |                        |
|          | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                      |                        |   |            |   |  | (Per accident)                  |                           | \$       |                        |
| Α        | X UMBRELLA LIAB X OCCUR   |                      |                        |   |            |   |  |                                 |                           | \$       | 2,000,000              |
|          | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE   |                      |                        | CCU1372400  |            | 2/7/2021                                      | 2/7/2022                                 | EACH OCCURRE                    | NCE                       | \$       | 2,000,000              |
|          | DED X RETENTION\$ 10,000  |                      |                        |   |            |   |  | AGGREGATE                       |                           | \$       |                        |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                      |                        |   |            |   |  | PER<br>STATUTE                  | OTH-<br>ER                | \$       |                        |
|          | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   |                      |                        |   |            |   |  | E.L. EACH ACCIE                 |                           | \$       |                        |
|          | OFFICER/MEMBER EXCLUDED?  | N/A                  |                        |   |            |   |  | E.L. DISEASE - E                |                           | r e      |                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |                      |                        |   |            |   |  | E.L. DISEASE - P                |                           | \$       |                        |
|          | DESCRIPTION OF OPERATIONS DEIOW   |                      |                        |   |            |   |  | E.L. DISEASE - P                | OLICY LIMIT               | <b>3</b> |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
| DES      | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A               | CORD                   | ) 101, Additional Remarks Schedu  | ile, may b | e attached if mor                             | e space is requi                         | red)                            |                           |          |                        |
| IR-R     | tivergate LLC is granted additional insu  | red st               | tatus                  | with regard to the Genera   | l Liabili  | ty policy whe                                 | n required by                            | y contract or a                 | greement.                 |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
|          |   |                      |                        |   |            |   |  |                                 |                           |          |                        |
| CE       | RTIFICATE HOLDER  |                      |                        |   | CAN        | CELLATION                                     |  |                                 |                           |          |                        |
|          |   |                      | THE                    | EXPIRATION  | N DATE TH  | ESCRIBED POL<br>IEREOF, NOTI<br>CY PROVISIONS | CE WILL                                  |                                 |                           |          |                        |
|          | IR-Rivergate LLC  |                      |                        |   | AUTHO      | RIZED REPRESE                                 | NTATIVE                                  |                                 |                           |          |                        |

Ste C-100 Tampa, FL 33602

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>tl    | SUBROGATION IS WAIVED, subjecting certificate does not confer rights to   | ct to               | the                     | terms and conditions of<br>ificate holder in lieu of su                 | the pol                   | licy, certain p<br>lorsement(s)          | policies may   | require an endorsemen                           | t. As | statement on |  |  |  |
|-------------|---|---------------------|-------------------------|---|---------------------------|--|--|---|-------|--------------|--|--|--|
|             | DUCER   | <u> </u>            |                         | mouto notaor in nou or ou   |                           | <sup>c⊤</sup> Alexandı                   |  |   |       |              |  |  |  |
| Inst        | urance Office of America, Inc.  |                     |                         |   |                           | o, Ext): (407) 2                         |  | FAX<br>(A/C, No):                               |       |              |  |  |  |
|             | 5 West State Road 434<br>gwood, FL 32750  |                     |                         |   | E-MAIL                    | ss. Alexandı                             | ra.Palacios  | @ioausa.com                                     |       |              |  |  |  |
|             | .g.,  |                     |                         |   | ADDRE                     |  |  | RDING COVERAGE                                  |       | NAIC#        |  |  |  |
|             |   |                     |                         |   | INSURE                    | RA: Regent                               | • •  |   |       | 24449        |  |  |  |
| INSL        | JRED  |                     |                         |   | INSURE                    |  |  |   |       |              |  |  |  |
|             | Puff N Stuff Catering LLC   |                     |                         |   | INSURE                    |  |  |   |       |              |  |  |  |
|             | 5802-5804 E. Columbus Driv  | e                   |                         |   | INSURE                    |  |  |   |       |              |  |  |  |
|             | Tampa, FL 33619   |                     |                         |   | INSURE                    |  |  |   |       |              |  |  |  |
|             |   |                     |                         |   | INSURE                    |  |  |   |       |              |  |  |  |
| СО          | VERAGES CER   | TIFI                | CATE                    | NUMBER:   |                           |  |  | REVISION NUMBER:                                |       |              |  |  |  |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE<br>NDICATED. NOTWITHSTANDING ANY R<br>PERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY          | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS                           | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T | CT TO | O WHICH THIS |  |  |  |
| INSR<br>LTR |   | ADDL                | SUBR                    | POLICY NUMBER   |                           | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)   | LIMIT   | s     |              |  |  |  |
| Α           | X COMMERCIAL GENERAL LIABILITY  |                     |                         |   |                           | ,  | ,  | EACH OCCURRENCE                                 | \$    | 1,000,000    |  |  |  |
|             | CLAIMS-MADE X OCCUR   | Х                   |                         | CCI1372400  |                           | 2/7/2021                                 | 2/7/2022   | DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$    | 300,000      |  |  |  |
|             |   |                     |                         |   |                           |  |  | MED EXP (Any one person)                        | \$    | 10,000       |  |  |  |
|             |   |                     |                         |   |                           |  |  | PERSONAL & ADV INJURY                           | \$    | 1,000,000    |  |  |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                     |                         |   |                           |  |  | GENERAL AGGREGATE                               | \$    | 2,000,000    |  |  |  |
|             | POLICY X PRO-<br>JECT X LOC   |                     |                         |   |                           |  |  | PRODUCTS - COMP/OP AGG                          | \$    | 2,000,000    |  |  |  |
|             | OTHER:  |                     |                         |   |                           |  |  | Liquor Liab                                     | \$    | 1,000,000    |  |  |  |
| Α           | AUTOMOBILE LIABILITY  |                     |                         |   |                           |  |  | COMBINED SINGLE LIMIT (Ea accident)             | \$    | 1,000,000    |  |  |  |
|             | X ANY AUTO  |                     |                         | CBA1372400  |                           | 2/7/2021                                 | 2/7/2022   | BODILY INJURY (Per person)                      | \$    |              |  |  |  |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS  |                     |                         |   |                           |  |  | BODILY INJURY (Per accident)                    | \$    |              |  |  |  |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                     |                         |   |                           |  |  | PROPERTY DAMAGE (Per accident)                  | \$    |              |  |  |  |
| _           | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |                     |                         |   |                           |  |  |   | \$    | 2 000 000    |  |  |  |
| Α           | X UMBRELLA LIAB X OCCUR   |                     |                         | CC114272400   |                           | 2/7/2021                                 | 2/7/2022   | EACH OCCURRENCE                                 | \$    | 2,000,000    |  |  |  |
|             | EXCESS LIAB CLAIMS-MADE   |                     |                         | CCU1372400  |                           | 21112021                                 | 21112022   | AGGREGATE                                       | \$    | 2,000,000    |  |  |  |
|             | DED X RETENTION \$ 10,000   |                     |                         |   |                           |  |  | PER OTH-  | \$    |              |  |  |  |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N  |                     |                         |   |                           |  |  | PER OTH-<br>STATUTE ER                          |       |              |  |  |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                 |                         |   |                           |  |  | E.L. EACH ACCIDENT                              | \$    |              |  |  |  |
|             | If ves. describe under  |                     |                         |   |                           |  |  | E.L. DISEASE - EA EMPLOYEE                      |       |              |  |  |  |
|             | DÉSCRIPTION OF OPERATIONS below   |                     |                         |   |                           |  |  | E.L. DISEASE - POLICY LIMIT                     | \$    |              |  |  |  |
|             |   |                     |                         |   |                           |  |  |   |       |              |  |  |  |
|             |   |                     |                         |   |                           |  |  |   |       |              |  |  |  |
| DES<br>Jam  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>les and Natalie Goodwin is included as a  | LES (Addit          | ACORE<br>tional         | D 101, Additional Remarks Schedu<br>Insured with respect to G           | ile, may b<br>eneral I    | e attached if mor<br>Liabiltiy when      | e space is requi<br>required by                                    | red)<br>written contract per form               | CG20  | 010 0413     |  |  |  |
| CE          | RTIFICATE HOLDER  |                     |                         |   | CANO                      | ELLATION                                 |  |   |       |              |  |  |  |
|             |   |                     |                         | THE<br>ACC  | EXPIRATION<br>CORDANCE WI | N DATE TH                                | ESCRIBED POLICIES BE C.<br>IEREOF, NOTICE WILL I<br>CY PROVISIONS. |   |       |              |  |  |  |
|             | James and Natalie Goodwin   |                     |                         | ~   | RIZED REPRESEI            |  |  |   |       |              |  |  |  |
|             | 3306 W Lvkes Ave  | 3306 W Lykes Ave    |                         |   |                           |  | mm Hndun-  |   |       |              |  |  |  |

Tampa, FL 33606

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

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| If SUBROGATION IS WAIVED, subject this certificate does not confer rights to  |                             |   | ıch endorsemen   | ıt(s).   | •   | orsemen              | ı. AS          | tatement on            |  |
|---|-----------------------------|---|--|--|---|----------------------|----------------|------------------------|--|
| PRODUCER  |                             |   | CONTACT Alexa  | ındra Palacio                                    | S   |                      |                |                        |  |
| Insurance Office of America, Inc.<br>1855 West State Road 434   |                             |   | PHONE<br>(A/C, No, Ext): <b>(40</b>                        | 7) 212-3541                                      |   | FAX<br>(A/C, No):    |                |                        |  |
| Longwood, FL 32750  |                             |   | E-MAIL<br>ADDRESS: Alexa                                   | ındra.Palacio                                    | s@ioausa.com                                    |                      |                |                        |  |
|   |                             |   |  | INSURER(S) AFFO                                  | ORDING COVERAGE                                 |                      |                | NAIC#                  |  |
|   |                             |   | INSURER A : Reg  | ent Insurance                                    | e Company                                       |                      |                | 24449                  |  |
| INSURED   |                             |   | INSURER B:   |  |   |                      |                |                        |  |
| Puff N Stuff Catering LLC   |                             |   | INSURER C:   |  |   |                      |                |                        |  |
| 5802-5804 E. Columbus Driv  | re                          |   | INSURER D :  |  |   |                      |                |                        |  |
| Tampa, FL 33619   |                             |   | INSURER E :  |  |   |                      |                |                        |  |
|   |                             |   | INSURER F:   |  |   |                      |                |                        |  |
| COVERAGES CER   | TIFICA                      | TE NUMBER:  |  |  | REVISION NUM                                    | MBER:                |                |                        |  |
| THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUIRE<br>PERTAI<br>POLICIE | MENT, TERM OR CONDITIO<br>IN, THE INSURANCE AFFOR<br>S. LIMITS SHOWN MAY HAVE | N OF ANY CON <sup>-</sup><br>DED BY THE PC<br>BEEN REDUCED | FRACT OR OTHE<br>PLICIES DESCRI<br>BY PAID CLAIM | R DOCUMENT WIT<br>BED HEREIN IS SI              | TH RESPE<br>UBJECT T | CT TO<br>O ALL | WHICH THIS             |  |
| LTR TYPE OF INSURANCE   | ADDL SU<br>INSD W           | POLICY NUMBER   | POLICY E<br>(MM/DD/YY                                      | YY) (MM/DD/YYYY                                  | 1   | LIMIT                |                | 1,000,000              |  |
| A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   |                             | CCI1372400  | 2/7/202  | 21 2/7/2022                                      | DAMAGE TO RENT<br>PREMISES (Ea occi             |                      | \$             | 300,000                |  |
|   |                             |   |  |  | MED EXP (Any one                                | person)              | \$             | 10,000                 |  |
|   |                             |   |  |  | PERSONAL & ADV                                  | INJURY               | \$             | 1,000,000              |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                             |   |  |  | GENERAL AGGREC                                  | GATE                 | \$             | 2,000,000              |  |
| POLICY X PRO-   |                             |   |  |  | PRODUCTS - COMI                                 | P/OP AGG             | \$             | 2,000,000<br>1,000,000 |  |
| OTHER:  |                             |   |  |  | COMBINED SINGLE                                 | FLIMIT               | \$             | 1,000,000              |  |
| AGTOMOBILE LIABILITY  |                             | 0044070400  | 0/7/00/  | 0/7/0000   | (Ea accident)                                   |                      | \$             | 1,000,000              |  |
| ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS   |                             | CBA1372400  | 2/7/202  | 21 2/7/2022                                      | BODILY INJURY (Pe                               |                      | \$             |                        |  |
|   |                             |   |  |  | PROPERTY DAMAG<br>(Per accident)                | er accident)<br>GE   | \$             |                        |  |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                             |   |  |  | (Per accident)                                  |                      | \$             |                        |  |
| A X UMBRELLA LIAB X OCCUR   |                             |   |  |  |   |                      | \$             | 2,000,000              |  |
| X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE   |                             | CCU1372400  | 2/7/202  | 21 2/7/2022                                      | EACH OCCURREN                                   | CE                   | \$             | 2,000,000              |  |
| DED X RETENTION \$ 10,000   |                             |   |  |  | AGGREGATE                                       |                      | \$             | ,,,,,,,,               |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                             |   |  |  | PER<br>STATUTE                                  | OTH-<br>ER           | \$             |                        |  |
| AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  |                             |   |  |  | E.L. EACH ACCIDE                                |                      | \$             |                        |  |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)   | N/A                         |   |  |  | E.L. DISEASE - EA                               |                      |                |                        |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |                             |   |  |  | E.L. DISEASE - POL                              |                      | \$             |                        |  |
| DESCRIPTION OF OPERATIONS BEIOW   |                             |   |  |  | L.L. DISLAGE - FOL                              | LICT LIMIT           | Ψ              |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (ACO                    | DRD 101, Additional Remarks Schedu  | ıle, may be attached i                                     | f more space is requ                             | ıired)  |                      |                |                        |  |
|   | •                           | ,   | , •  |  | ,   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
|   |                             |   |  |  |   |                      |                |                        |  |
| CERTIFICATE HOLDER  |                             |   | CANCELLATI   | ON   |   |                      |                |                        |  |
|   |                             |   | THE EXPIRA   | TION DATE T                                      | DESCRIBED POLICE HEREOF, NOTICE ICY PROVISIONS. |                      |                |                        |  |
| Junior League of Greater La   | keland                      |   | AUTHORIZED REPRESENTATIVE                                  |  |   |                      |                |                        |  |

90 Lake Morton Drive Lakeland, FL 33801

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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| lf<br>tł    | SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to  | t to                | the                       | terms and conditions of ificate holder in lieu of su                    | the pol     | licy, certain p                          | policies may                              | require an endorsemen  | t. As | statement on |
|-------------|--|---------------------|---------------------------|---|-------------|--|---|--|-------|--------------|
|             | DUCER  | 00.0                | mouto notaor in nou or ou |   | CT Alexandr |  | i   |  |       |              |
| Insu        | urance Office of America, Inc.   |                     |                           |   |             | o, Ext): (407) 2                         |   | FAX<br>(A/C, No):  |       |              |
|             | 5 West State Road 434<br>Igwood, FL 32750  |                     |                           |   | E-MAIL      | ss. Alexandr                             | a.Palacios                                | @ioausa.com  |       |              |
|             | 911004, 1 2 02700  |                     |                           |   | ADDRE       |  |   | RDING COVERAGE   |       | NAIC#        |
|             |  |                     |                           |   | INCLIDE     | RA: Regent                               | • •                                       |  |       | 24449        |
| INSI        | JRED   |                     |                           |   | INSURE      |  | inourunoo                                 | Company  |       | 21110        |
|             | Puff N Stuff Catering LLC  |                     |                           |   | INSURE      |  |   |  |       |              |
|             | 5802-5804 E. Columbus Driv   | е                   |                           |   | INSURE      |  |   |  |       |              |
|             | Tampa, FL 33619  |                     |                           |   | INSURE      |  |   |  |       |              |
|             |  |                     |                           |   | INSURE      |  |   |  |       |              |
| CO          | VERAGES CER  | TIFIC               | CATE                      | NUMBER:   |             |  |   | REVISION NUMBER:   |       |              |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE<br>NDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REMI<br>TAIN,<br>CIES.    | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A      | NY CONTRAC<br>THE POLICI<br>REDUCED BY F | OT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T                  | CT TO | O WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSD        | SUBR<br>WVD               | POLICY NUMBER   |             | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT  | s     |              |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                     |                           |   |             |  |   | EACH OCCURRENCE  | \$    | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  |                     |                           | CCI1372400  |             | 2/7/2021                                 | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                        | \$    | 300,000      |
|             |  |                     |                           |   |             |  |   | MED EXP (Any one person)   | \$    | 10,000       |
|             |  |                     |                           |   |             |  |   | PERSONAL & ADV INJURY  | \$    | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                           |   |             |  |   | GENERAL AGGREGATE  | \$    | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC  |                     |                           |   |             |  |   | PRODUCTS - COMP/OP AGG   | \$    | 2,000,000    |
|             | OTHER:   |                     |                           |   |             |  |   | Liquor Liab  | \$    | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY   |                     |                           |   |             |  |   | COMBINED SINGLE LIMIT (Ea accident)                              | \$    | 1,000,000    |
|             | X ANY AUTO   |                     |                           | CBA1372400  |             | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (Per person)                                       | \$    |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |                     |                           |   |             |  |   | BODILY INJURY (Per accident)                                     | \$    |              |
|             | HIRED NON-OWNED AUTOS ONLY   |                     |                           |   |             |  |   | PROPERTY DAMAGE<br>(Per accident)                                | \$    |              |
|             |  |                     |                           |   |             |  |   |  | \$    |              |
| Α           | X UMBRELLA LIAB X OCCUR  |                     |                           |   |             |  |   | EACH OCCURRENCE  | \$    | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE  |                     |                           | CCU1372400  |             | 2/7/2021                                 | 2/7/2022                                  | AGGREGATE  | \$    | 2,000,000    |
|             | DED X RETENTION \$ 10,000  |                     |                           |   |             |  |   | DED CTU  | \$    |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                           |   |             |  |   | PER OTH-<br>STATUTE ER   |       |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A                 |                           |   |             |  |   | E.L. EACH ACCIDENT   | \$    |              |
|             | (Mandatory in NH)  If yes, describe under  |                     |                           |   |             |  |   | E.L. DISEASE - EA EMPLOYEE                                       | \$    |              |
|             | DESCRIPTION OF OPERATIONS below  |                     |                           |   |             |  |   | E.L. DISEASE - POLICY LIMIT                                      | \$    |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL  | ES (                | ACORE                     | 0 101, Additional Remarks Schedu  | le, may b   | e attached if more                       | e space is requir                         | red)   |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
|             |  |                     |                           |   |             |  |   |  |       |              |
| CE          | RTIFICATE HOLDER   |                     |                           |   | CANC        | ELLATION                                 |   |  |       |              |
|             |  |                     |                           |   | THE         | EXPIRATION                               | N DATE TH                                 | ESCRIBED POLICIES BE CA<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |       |              |
|             | Junior League of Tampa   |                     |                           |   | AUTHO       | RIZED REPRESEI                           | NTATIVE                                   |  |       |              |
|             | 87 Columbia Dr.  |                     |                           |   | Day         | un Andun                                 |   |  |       |              |

ACORD 25 (2016/03)

Tampa, FL 33606

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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|         | SUBROGATION IS WAIVED, subjection is certificate does not confer rights to  |             |                         |  | ıch end           | lorsement(s)           |                            |   | orsemen  | t. A | statement on |  |
|---------|---|-------------|-------------------------|--|-------------------|------------------------|----------------------------|---|--|------|--------------|--|
|         | DUCER   |             |                         |  |                   | <sup>CT</sup> Alexand  | ra Palacios                | 1   |  |      |              |  |
|         | ırance Office of America, Inc.<br>5 West State Road 434   |             |                         |  | PHONE<br>(A/C, No | o, Ext): (407) 2       | 212-3541                   |   | FAX<br>(A/C, No):  |      |              |  |
|         | gwood, FL 32750   |             |                         |  | E-MAIL<br>ADDRE   | <sub>ss:</sub> Alexand | ra.Palacios                | @ioausa.com   |  |      |              |  |
|         |   |             |                         |  |                   | INS                    | SURER(S) AFFOI             | RDING COVERAGE  |  |      | NAIC#        |  |
|         |   |             |                         |  | INSURE            | R A : Regent           | Insurance                  | Company   |  |      | 24449        |  |
| INSL    | JRED  |             |                         |  | INSURE            | RB:                    |                            |   |  |      |              |  |
|         | Puff N Stuff Catering LLC   |             |                         |  | INSURE            | RC:                    |                            |   |  |      |              |  |
|         | 5802-5804 E. Columbus Driv  | ⁄e          |                         |  | INSURE            | RD:                    |                            |   |  |      |              |  |
|         | Tampa, FL 33619   |             |                         |  | INSURE            | RE:                    |                            |   |  |      |              |  |
|         |   |             |                         |  | INSURE            | RF:                    |                            |   |  |      |              |  |
| СО      | VERAGES CER   | TIFIC       | CATE                    | NUMBER:  |                   |                        |                            | <b>REVISION NUM</b>                                   | /IBER:   |      |              |  |
| IN<br>C | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A            | ANY CONTRAC            | CT OR OTHEF<br>IES DESCRIB | R DOCUMENT WIT<br>SED HEREIN IS SU                    | TH RESPE   | CT T | O WHICH THIS |  |
| LTR     | TYPE OF INSURANCE   | INSD        | SUBR                    | POLICY NUMBER  |                   | (MM/DD/YYYY)           | (MM/DD/YYYY)               |   | LIMIT  | S    | 1 000 000    |  |
| Α       | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   |             |                         | CCI1372400   |                   | 2/7/2021               | 2/7/2022                   | EACH OCCURRENT<br>DAMAGE TO RENT<br>PREMISES (Ea occu | CE<br>ED<br>(rrence)   | \$   | 300,000      |  |
|         |   |             |                         |  |                   |                        |                            | MED EXP (Any one                                      |  | \$   | 10,000       |  |
|         |   |             |                         |  |                   |                        |                            | PERSONAL & ADV  | INJURY   | \$   | 1,000,000    |  |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |                         |  |                   |                        |                            | GENERAL AGGREC  | GATE   | \$   | 2,000,000    |  |
|         | POLICY X PRO-<br>JECT X LOC   |             |                         |  |                   |                        |                            | PRODUCTS - COM  | P/OP AGG   | \$   | 2,000,000    |  |
| _       | OTHER:  |             |                         |  |                   |                        |                            | Liquor Liab  COMBINED SINGLE                          | LIMIT  | \$   |              |  |
| Α       | AUTOMOBILE LIABILITY  |             |                         |  |                   |                        |                            | (Ea accident)   | E LIMIT  | \$   | 1,000,000    |  |
|         | X ANY AUTO  |             |                         | CBA1372400   |                   | 2/7/2021               | 2/7/2022                   | BODILY INJURY (Pe                                     | er person)   | \$   |              |  |
|         | OWNED AUTOS ONLY SCHEDULED AUTOS  |             |                         |  |                   |                        |                            | BODILY INJURY (Pe                                     |  | \$   |              |  |
|         | HIRED AUTOS ONLY AUTOS ONLY   |             |                         |  |                   |                        |                            | (Per accident)  |  | \$   |              |  |
| Α       | X UMBRELLA LIAB X OCCUR   |             |                         |  |                   |                        |                            |   |  |      | 2 000 000    |  |
| ^       | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE   |             |                         | CCU1372400   |                   | 2/7/2021               | 2/7/2022                   | EACH OCCURRENCE                                       | CE   |      | 2,000,000    |  |
|         | DED X RETENTION \$ 10,000   |             |                         |  |                   |                        |                            | AGGREGATE   |  |      |              |  |
|         | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |             |                         |  |                   |                        |                            | PER<br>STATUTE  | отн-   | \$   |              |  |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE  |             |                         |  |                   |                        |                            | E.L. EACH ACCIDE                                      |  | ¢    |              |  |
|         | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A         |                         |  |                   |                        |                            | E.L. DISEASE - EA I                                   |  | -    |              |  |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below  |             |                         |  |                   |                        |                            | E.L. DISEASE - POL                                    |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
| DES     | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (       | ACORE                   | 0 101, Additional Remarks Schedu                                       | ıle, may b        | e attached if mor      | e space is requi           | red)  |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
|         |   |             |                         |  |                   |                        |                            |   |  |      |              |  |
| CE      | RTIFICATE HOLDER  |             |                         |  | CANO              | CELLATION              |                            |   |  |      |              |  |
|         |   |             |                         | THE  | EXPIRATION        | N DATE TH              |                            |   | E FOR THE POLICY PERIOD RESPECT TO WHICH THIS SIJECT TO ALL THE TERMS,  LIMITS  1,000,00  10,0 |      |              |  |
|         |   |             |                         |  | AUTUO             | DIZED DEDDESE          | NITATIVE                   |   |  |      |              |  |
|         | Kapok Pavilion I. LTD   |             |                         |  | AUTHO             | RIZED REPRESE          | NIAIIVE                    |   |  |      |              |  |

923 N. McMullen Booth Road Clearwater, FL 33759

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|                           | SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights to           |            |                |  |                                       |   |                                    | require an en                    | aorsemen          | t. A    | statement on             |
|---------------------------|--|------------|----------------|--|---------------------------------------|---|------------------------------------|----------------------------------|-------------------|---------|--------------------------|
| PRO                       | DUCER  |            |                |  | CONTA<br>NAME:                        | ст Alexandı   | ra Palacios                        | i                                |                   |         |                          |
|                           | urance Office of America, Inc.<br>5 West State Road 434                                |            |                |  |                                       | o, Ext): (407) 2                                    |                                    |                                  | FAX<br>(A/C, No): |         |                          |
|                           | gwood, FL 32750  |            |                |  | E-MAIL<br>ADDRE                       | <sub>ss:</sub> Alexandı                             | ra.Palacios                        | @ioausa.cor                      | n                 |         |                          |
|                           |  |            |                |  |                                       | INS   | URER(S) AFFO                       | RDING COVERAGE                   |                   |         | NAIC#                    |
|                           |  |            |                |  | INSURE                                | RA: Regent  | Insurance                          | Company                          |                   |         | 24449                    |
| INSU                      | JRED   |            |                |  | INSURE                                | RB:   |                                    |                                  |                   |         |                          |
|                           | Puff N Stuff Catering LLC  |            |                |  | INSURE                                | RC:   |                                    |                                  |                   |         |                          |
|                           | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619  | е          |                |  | INSURE                                | R D :   |                                    |                                  |                   |         |                          |
|                           | 1 ampa, 1 L 33013  |            |                |  | INSURE                                |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  | INSURE                                | RF:   |                                    |                                  |                   |         |                          |
|                           |  |            |                | NUMBER:  |                                       |   |                                    | REVISION NU                      |                   |         |                          |
| T                         | HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY R                      | S O<br>FOU | F INS          | SURANCE LISTED BELOW  <br>ENT TERM OR CONDITION                | HAVE B<br>NOFA                        | EEN ISSUED 1<br>NY CONTRAC                          | TO THE INSUF                       | RED NAMED ABO<br>R DOCUMENT W    | OVE FOR T         | HE PO   | OLICY PERIOD OWNICH THIS |
| С                         | ERTIFICATE MAY BE ISSUED OR MAY  | PER        | TAIN,          | THE INSURANCE AFFOR  | DED BY                                | THE POLICI  | ES DESCRIB                         | ED HEREIN IS                     | SUBJECT T         | O ALI   | THE TERMS,               |
| INSR                      | XCLUSIONS AND CONDITIONS OF SUCH   |            |                |  | BEEN F                                | POLICY FFF  | POLICY EXP                         |                                  |                   |         |                          |
| LTR                       | TYPE OF INSURANCE  | INSD       | SUBR           | POLICY NUMBER  |                                       | (MM/DD/YYYY)  | (MM/DD/YYYY)                       |                                  | LIMIT             |         | 1,000,000                |
| ~                         | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR                                    |            |                | 0014070400   |                                       | 0/7/0004  | 0/7/0000                           | DAMAGE TO REN<br>PREMISES (Ea ou | NCE<br>ITED       | \$      | 300,000                  |
|                           | CLAIMS-IMADE X OCCUR   | X          | X              | CCI1372400   |                                       | 2/7/2021  | 2/7/2022                           |                                  |                   | \$      | 10,000                   |
|                           |  |            |                |  |                                       |   |                                    | MED EXP (Any on                  | •                 | \$      | 1,000,000                |
|                           |  |            |                |  |                                       |   |                                    | PERSONAL & AD                    |                   | \$      | 2,000,000                |
|                           | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC                            |            |                |  |                                       |   |                                    | GENERAL AGGRE                    |                   | \$      | 2,000,000                |
|                           | OTHER:   |            |                |  |                                       |   |                                    | Liquor Liab                      | VIF/OF AGG        | \$      | 1,000,000                |
| Α                         | AUTOMOBILE LIABILITY   |            |                |  |                                       |   |                                    | COMBINED SING<br>(Ea accident)   | LE LIMIT          | \$      | 1,000,000                |
|                           | X ANY AUTO   |            |                | CBA1372400   |                                       | 2/7/2021  | 2/7/2022                           | BODILY INJURY (                  | Per person)       | \$      |                          |
|                           | OWNED SCHEDULED AUTOS ONLY   |            |                |  |                                       |   |                                    | BODILY INJURY (                  | ,                 |         |                          |
|                           | HIRED NON-OWNED AUTOS ONLY   |            |                |  |                                       |   |                                    | PROPERTY DAM/<br>(Per accident)  | AGE               | \$      |                          |
|                           | 76.55 5112   |            |                |  |                                       |   |                                    |                                  |                   | \$      |                          |
| Α                         | X UMBRELLA LIAB X OCCUR  |            |                |  |                                       |   |                                    | EACH OCCURRE                     | NCE               | \$      | 2,000,000                |
|                           | EXCESS LIAB CLAIMS-MADE  |            |                | CCU1372400   |                                       | 2/7/2021  | 2/7/2022                           | AGGREGATE                        |                   | \$      | 2,000,000                |
|                           | DED X RETENTION \$ 10,000  |            |                |  |                                       |   |                                    |                                  |                   | \$      |                          |
|                           | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                       |            |                |  |                                       |   |                                    | PER<br>STATUTE                   | OTH-<br>ER        |         |                          |
|                           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                              | N/A        |                |  |                                       |   |                                    | E.L. EACH ACCID                  | ENT               | \$      |                          |
|                           | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under                      |            |                |  |                                       |   |                                    | E.L. DISEASE - EA                | A EMPLOYEE        | \$      |                          |
|                           | DESCRIPTION OF OPERATIONS below  |            |                |  |                                       |   |                                    | E.L. DISEASE - PO                | OLICY LIMIT       | \$      |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
| DES<br>Linc               | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI<br>OIn Property Company of Florida Inc. ai | .es (      | acort<br>agicw | 0 101, Additional Remarks Schedu<br>700d TT, LLC are granted a | <sub>ile, may b</sub><br>addition     | e attached if mor<br>I <mark>al insured st</mark> a | e space is requir<br>atus with reg | red)<br>ard to the Gene          | ral Liabilit      | y pol   | icy when                 |
|                           | rired by contract or agreement. A waive  | r of s     | ubro           | gation is provided in favor                                    | of Line                               | oln Property  | Company of                         | Florida, Inc. fo                 | r General L       | _iabili | ty when                  |
| equ                       | med by contract or agreement.  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
| CF                        | RTIFICATE HOLDER   |            |                |  | CANO                                  | ELLATION  |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       | <u> </u>  |                                    |                                  |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    | ESCRIBED POL                     |                   |         |                          |
|                           |  |            |                |  |                                       |   |                                    | IEREOF, NOTIC<br>CY PROVISIONS.  |                   | RF D    | ELIVERED IN              |
|                           |  |            |                |  |                                       |   |                                    |                                  |                   |         |                          |
|                           | Lincoln Property Company   |            |                |  | AUTHO                                 | RIZED REPRESE                                       | NTATIVE                            |                                  |                   |         |                          |
| Westwood Corporate Center |  |            |                |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |                                    |                                  |                   |         |                          |

6675 Westwood Blvd Suite 110

Orlando, FL 32821

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|             | SUBROGATION IS WAIVED, subjecting certificate does not confer rights t  | ct to        | the            | terms and conditions of                          | the poli        | icy, certain p             | oolicies may               | require an endo                                  | orsemen        | t. As    | statement on |
|-------------|---|--------------|----------------|--|-----------------|----------------------------|----------------------------|--|----------------|----------|--------------|
| PRO         | DUCER<br>urance Office of America, Inc.   | o uit        | Cert           | moute noider in hed of Su                        | CONTAC<br>NAME: |                            | a Palacios                 |  | FAX            |          |              |
| 185         | 5 West State Road 434<br>gwood, FL 32750  |              |                |  | (A/C, No,       | Ext): (407) 2              | a.Palacios                 | @ioausa.com                                      | (A/C, No):     |          |              |
|             | 911000, 1 2 027 00  |              |                |  | ADDRES          |                            |                            | RDING COVERAGE                                   |                |          | NAIC#        |
|             |   |              |                |  | INSURER         |                            | Insurance                  |  |                |          | 24449        |
| INS         | JRED  |              |                |  | INSURER         |                            |                            |  |                |          |              |
|             | Puff N Stuff Catering LLC   |              |                |  | INSURER         | RC:                        |                            |  |                |          |              |
|             | 5802-5804 E. Columbus Driv  | /e           |                |  | INSURER         | RD:                        |                            |  |                |          |              |
|             | Tampa, FL 33619   |              |                |  | INSURE          | RE:                        |                            |  |                |          |              |
|             |   |              |                |  | INSURE          | RF:                        |                            |  |                |          |              |
|             |   |              |                | E NUMBER:  |                 |                            |                            | REVISION NUM                                     |                |          |              |
| l II        | HIS IS TO CERTIFY THAT THE POLICII<br>VDICATED. NOTWITHSTANDING ANY R<br>SERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER   | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORI | N OF ANDED BY   | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB  | R DOCUMENT WIT                                   | H RESPE        | CT TO    | O WHICH THIS |
| INSF<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSD | SUBR           | POLICY NUMBER                                    |                 | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |  | LIMIT          | s        |              |
| Α           | X COMMERCIAL GENERAL LIABILITY  |              |                |  |                 |                            | ,                          | EACH OCCURRENC                                   | CE             | \$       | 1,000,000    |
|             | CLAIMS-MADE X OCCUR   |              |                | CCI1372400                                       |                 | 2/7/2021                   | 2/7/2022                   | DAMAGE TO RENTI<br>PREMISES (Ea occu             | ED<br>ırrence) | \$       | 300,000      |
|             |   |              |                |  |                 |                            |                            | MED EXP (Any one )                               | person)        | \$       | 10,000       |
|             |   |              |                |  |                 |                            |                            | PERSONAL & ADV I                                 | INJURY         | \$       | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |              |                |  |                 |                            |                            | GENERAL AGGREG                                   | SATE           | \$       | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC   |              |                |  |                 |                            |                            | PRODUCTS - COMF                                  | P/OP AGG       | \$       | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY  |              |                |  |                 |                            |                            | COMBINED SINGLE                                  | LIMIT          | \$       | 1,000,000    |
|             | X ANY AUTO  |              |                | CBA1372400                                       |                 | 2/7/2021                   | 2/7/2022                   | (Ea accident) BODILY INJURY (Pe                  | er person)     | \$       |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS  |              |                |  |                 |                            |                            | BODILY INJURY (Pe                                | •              | \$       |              |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |              |                |  |                 |                            |                            | PROPERTY DAMAG<br>(Per accident)                 | SE             | \$       |              |
|             | 76.00 0.12.   |              |                |  |                 |                            |                            |  |                | \$       |              |
| Α           | X UMBRELLA LIAB X OCCUR   |              |                |  |                 |                            |                            | EACH OCCURRENC                                   | CE             | \$       | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE   | -            |                | CCU1372400                                       |                 | 2/7/2021                   | 2/7/2022                   | AGGREGATE  |                | \$       | 2,000,000    |
|             | DED X RETENTION \$ 10,000   |              |                |  |                 |                            |                            | DED  | ОТН            | \$       |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N  |              |                |  |                 |                            |                            | PER<br>STATUTE                                   | OTH-<br>ER     | <u> </u> |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A          |                |  |                 |                            |                            | E.L. EACH ACCIDEN                                |                | \$       |              |
|             | If yes, describe under  |              |                |  |                 |                            |                            | E.L. DISEASE - EA E                              |                |          |              |
|             | DÉSCRIPTION OF OPERATIONS below   |              |                |  |                 |                            |                            | E.L. DISEASE - POL                               | ICY LIMIT      | \$       |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (        | ACORI          | D 101, Additional Remarks Schedu                 | ule, may be     | attached if more           | e space is requir          | red)   |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             |   |              |                |  |                 |                            |                            |  |                |          |              |
|             | DTIEICATE HOLDED  |              |                |  | CANC            | ELL ATION                  |                            |  |                |          |              |
|             | RTIFICATE HOLDER  |              |                |  | CANC            | ELLATION                   |                            |  |                |          |              |
|             |   |              |                |  | THE             | EXPIRATION                 | N DATE TH                  | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                |          |              |
|             |   |              |                |  | AUTHOR          | IZED REPRESEI              | NTATIVE                    |  |                |          |              |
|             | Lucia Paul Design Inc.<br>4895 Higginbotham Road  |              |                |  | MA              | in Andun                   |                            |  |                |          |              |

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|             | SUBROGATION IS WAIVED, subjecting subjections to subject the subject to subject the subject to subject to subject to subject the subject to subject the subject to subject to subject to subject the subject to subject to subject the subject to subject the subject to sub |            |                |  |                  |  |                           | require an en                    | aorsemen          | t. A | statement on |
|-------------|--|------------|----------------|--|------------------|--|---------------------------|----------------------------------|-------------------|------|--------------|
| PRC         | DUCER  |            |                |  | CONTA<br>NAME:   | <sup>C⊤</sup> Alexandr                           | a Palacios                | i                                |                   |      |              |
|             | urance Office of America, Inc.   |            |                |  |                  | o, Ext): (407) 2                                 |                           |                                  | FAX<br>(A/C, No): |      |              |
|             | 5 West State Road 434<br>gwood, FL 32750   |            |                |  | E-MAIL<br>ADDRE  | ss: Alexandr                                     | a.Palacios                | @ioausa.cor                      |                   |      |              |
|             |  |            |                |  |                  |  |                           | RDING COVERAGE                   |                   |      | NAIC#        |
|             |  |            |                |  | INSURE           | RA: Regent                                       |                           |                                  |                   |      | 24449        |
| INS         | JRED   |            |                |  | INSURE           | RB:  |                           |                                  |                   |      |              |
|             | Puff N Stuff Catering LLC  |            |                |  | INSURE           | RC:  |                           |                                  |                   |      |              |
|             | 5802-5804 E. Columbus Driv   | е          |                |  | INSURE           | RD:  |                           |                                  |                   |      |              |
|             | Tampa, FL 33619  |            |                |  | INSURE           | RE:  |                           |                                  |                   |      |              |
|             |  |            |                |  | INSURE           | RF:  |                           |                                  |                   |      |              |
| СО          | VERAGES CER  | TIFI       | CATE           | E NUMBER:                                    |                  |  |                           | REVISION NU                      | MBER:             |      |              |
| II<br>C     | HIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH   | EQU<br>PER | IREMI<br>TAIN, | ENT, TERM OR CONDITION, THE INSURANCE AFFORD | N OF A<br>DED BY | NY CONTRAC<br>' THE POLICI                       | CT OR OTHER<br>ES DESCRIB | R DOCUMENT W                     | ITH RESPE         | CT T | O WHICH THIS |
| INSR<br>LTR | TVD= 0= W0UDANG=   |            | SUBR           |  |                  | POLICY EFF<br>(MM/DD/YYYY)                       | POLICY EXP                |                                  | LIMIT             | s    |              |
| Α           | X COMMERCIAL GENERAL LIABILITY   | IIIOD      | 1              |  |                  | (MINI/DD/1111)                                   | (MINI/DD/11111)           | EACH OCCURRE                     | NCE               | \$   | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  | Х          |                | CCI1372400                                   |                  | 2/7/2021   | 2/7/2022                  | DAMAGE TO REN<br>PREMISES (Ea oc | TED               | \$   | 300,000      |
|             |  |            |                |  |                  |  |                           | MED EXP (Any on                  |                   | \$   | 10,000       |
|             |  |            |                |  |                  |  |                           | PERSONAL & AD                    | / INJURY          | \$   | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |            |                |  |                  |  |                           | GENERAL AGGRE                    | EGATE             | \$   | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC  |            |                |  |                  |  |                           | PRODUCTS - COM                   | MP/OP AGG         | \$   | 2,000,000    |
|             | OTHER:   |            |                |  |                  |  |                           | Liquor Liab                      |                   | \$   | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY   |            |                |  |                  |  |                           | COMBINED SINGI<br>(Ea accident)  | LE LIMIT          | \$   | 1,000,000    |
|             | X ANY AUTO   |            |                | CBA1372400                                   |                  | 2/7/2021   | 2/7/2022                  | BODILY INJURY (                  | Per person)       | \$   |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |            |                |  |                  |  |                           | BODILY INJURY (                  | Per accident)     | \$   |              |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |            |                |  |                  |  |                           | PROPERTY DAMA<br>(Per accident)  | AGE               | \$   |              |
|             |  |            |                |  |                  |  |                           |                                  |                   | \$   |              |
| Α           | X UMBRELLA LIAB X OCCUR  |            |                | 00114070400                                  |                  | 0/7/0004   | 0/7/0000                  | EACH OCCURRE                     | NCE               | \$   | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE  |            |                | CCU1372400                                   |                  | 2/7/2021   | 2/7/2022                  | AGGREGATE                        |                   | \$   | 2,000,000    |
|             | DED X RETENTION \$ 10,000  |            |                |  |                  |  |                           | DED                              | OTH-              | \$   |              |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |            |                |  |                  |  |                           | PER<br>STATUTE                   | ER ER             |      |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A        |                |  |                  |  |                           | E.L. EACH ACCID                  | ENT               | \$   |              |
|             | (Mandatory in NH)  If yes, describe under  |            |                |  |                  |  |                           | E.L. DISEASE - EA                | A EMPLOYEE        | \$   |              |
|             | DÉSCRIPTION OF OPERATIONS below  |            |                |  |                  |  |                           | E.L. DISEASE - PO                | DLICY LIMIT       | \$   |              |
|             |  |            |                |  |                  |  |                           |                                  |                   |      |              |
|             |  |            |                |  |                  |  |                           |                                  |                   |      |              |
|             |  |            |                |  |                  |  |                           |                                  |                   |      |              |
| Man         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>latee County, a political division of the S<br>tract or agreement.   | tate       | of Flo         | orida is granted additional                  | insured          | d status with i                                  | egard to the              | Ğeneral Liabili                  | ty policy w       | vhen | required by  |
| CF          | RTIFICATE HOLDER   |            |                |  | CANO             | ELLATION   |                           |                                  |                   |      |              |
|             |  |            | SHO            | ULD ANY OF T                                 | I DATE TH        | ESCRIBED POLI<br>IEREOF, NOTIC<br>CY PROVISIONS. | CE WILL                   |                                  |                   |      |              |
|             | Manatee County, a political s<br>Attn: Risk Management Divis   |            | livisio        | on of the State of Florida                   | AUTHO            | RIZED REPRESEI                                   | NTATIVE                   |                                  |                   |      |              |

1112 Manatee Avenue West, Suite 969

Palmetto, FL 34221

PALACIOS

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2021

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).

| PRO          | is certificate does not confer rights to   | o the               | certi                  | ficate holder in lieu of su   | CONTAI<br>NAME:   | <sup>CT</sup> Alexandı                     | ra Palacios                               |   |       |            |
|--------------|--|---------------------|------------------------|---|-------------------|--|---|---|-------|------------|
|              | rance Office of America, Inc.<br>5 West State Road 434   |                     |                        |   | PHONE<br>(A/C, No | o, Ext): (407) 2                           | 12-3541                                   | FAX<br>(A/C, No):   |       |            |
|              | gwood, FL 32750  |                     |                        |   | E-MAIL<br>ADDRE   | <sub>ss:</sub> Alexandı                    | ra.Palacios                               | @ioausa.com   |       |            |
|              |  |                     |                        |   |                   | INS  | URER(S) AFFOR                             | RDING COVERAGE  |       | NAIC#      |
|              |  |                     |                        |   | INSURE            | RA: Regent                                 | Insurance                                 | Company   |       | 24449      |
| INSL         | RED  |                     |                        |   | INSURE            | RB:  |   |   |       |            |
|              | Puff N Stuff Catering LLC  |                     |                        |   | INSURE            | RC:  |   |   |       |            |
|              | 5802-5804 E. Columbus Driv   | e                   |                        |   | INSURE            | RD:  |   |   |       |            |
|              | Tampa, FL 33619  |                     |                        |   | INSURE            | RE:  |   |   |       |            |
|              |  |                     |                        |   | INSURE            | RF:  |   |   |       |            |
| СО           | VERAGES CER  | TIFIC               | CATE                   | NUMBER:   |                   |  |   | REVISION NUMBER:  |       |            |
| IN<br>C<br>E | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>KCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | N OF A            | NY CONTRAC<br>7 THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE   | CT TO | WHICH THIS |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSD        | SUBR<br>WVD            | POLICY NUMBER   |                   | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT   | s     |            |
| Α            | X COMMERCIAL GENERAL LIABILITY   |                     |                        |   |                   |  |   | EACH OCCURRENCE   | \$    | 1,000,000  |
|              | CLAIMS-MADE X OCCUR  |                     |                        | CCI1372400  |                   | 2/7/2021                                   | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                       | \$    | 300,000    |
|              |  |                     |                        |   |                   |  |   | MED EXP (Any one person)  | \$    | 10,000     |
|              |  |                     |                        |   |                   |  |   | PERSONAL & ADV INJURY   | \$    | 1,000,000  |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                        |   |                   |  |   | GENERAL AGGREGATE   | \$    | 2,000,000  |
|              | POLICY X PRO-<br>JECT X LOC  |                     |                        |   |                   |  |   | PRODUCTS - COMP/OP AGG  | \$    | 2,000,000  |
|              | OTHER:   |                     |                        |   |                   |  |   | Liquor Liab   | \$    | 1,000,000  |
| Α            | AUTOMOBILE LIABILITY   |                     |                        |   |                   |  |   | COMBINED SINGLE LIMIT (Ea accident)                             | \$    | 1,000,000  |
|              | X ANY AUTO   |                     |                        | CBA1372400  |                   | 2/7/2021                                   | 2/7/2022                                  | BODILY INJURY (Per person)                                      | \$    |            |
|              | OWNED SCHEDULED AUTOS  |                     |                        |   |                   |  |   | BODILY INJURY (Per accident)                                    | \$    |            |
|              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                     |                        |   |                   |  |   | PROPERTY DAMAGE (Per accident)                                  | \$    |            |
|              |  |                     |                        |   |                   |  |   |   | \$    |            |
| Α            | X UMBRELLA LIAB X OCCUR  |                     |                        |   |                   |  |   | EACH OCCURRENCE   | \$    | 2,000,000  |
|              | EXCESS LIAB CLAIMS-MADE  |                     |                        | CCU1372400  |                   | 2/7/2021                                   | 2/7/2022                                  | AGGREGATE   | \$    | 2,000,000  |
|              | DED X RETENTION \$ 10,000  |                     |                        |   |                   |  |   |   | \$    |            |
|              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                     |                        |   |                   |  |   | PER OTH-<br>STATUTE ER  |       |            |
|              |  | N/A                 |                        |   |                   |  |   | E.L. EACH ACCIDENT  | \$    |            |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                        |   |                   |  |   | E.L. DISEASE - EA EMPLOYEE                                      | \$    |            |
|              | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |                        |   |                   |  |   | E.L. DISEASE - POLICY LIMIT                                     | \$    |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
| DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A              | CORE                   | ) 101, Additional Remarks Schedu  | le, may b         | e attached if mor                          | e space is requir                         | red)  |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
|              |  |                     |                        |   |                   |  |   |   |       |            |
| CE           | RTIFICATE HOLDER   |                     |                        |   | CANC              | ELLATION                                   |   |   |       |            |
|              |  |                     |                        |   | THE               | EXPIRATION                                 | N DATE TH                                 | ESCRIBED POLICIES BE C<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |       |            |

ACORD 25 (2016/03)

Attn: Risk Management Division 1112 Manatee Avenue West, Suite 969

Bradenton, FL 34205

Manatee County, a Political Subdivision of the State of Florida AUTHORIZED REPRESENTATIVE

**PALACIOS** 



#### **CERTIFICATE OF LIABILITY INSURANCE**

2/5/2021

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).

| tł          | nis certificate does not confer rights to  | the        | cert           | ificate holder in lieu of su                                   | ch end                   | lorsement(s).                      |  |                                    |                   |       |            |
|-------------|--|------------|----------------|--|--------------------------|------------------------------------|--|------------------------------------|-------------------|-------|------------|
| PRO         | DUCER  |            |                |  | CONTA<br>NAME:           | <sup>CT</sup> Alexandr             | ra Palacios  | 3                                  |                   |       |            |
|             | rance Office of America, Inc.  |            |                |  |                          | o, Ext): (407) 2                   |  |                                    | FAX<br>(A/C. No): |       |            |
|             | 5 West State Road 434<br>gwood, FL 32750   |            |                |  | E-MAIL<br>ADDRE          | ss: Alexandr                       | ra.Palacios  | @ioausa.com                        |                   |       |            |
|             | •  |            |                |  |                          |                                    |  | RDING COVERAGE                     |                   |       | NAIC#      |
|             |  |            |                |  | INSURE                   | RA: Regent                         | _  | _                                  |                   |       | 24449      |
| INSL        | IRED   |            |                |  | INSURE                   | RB:                                |  | . ,                                |                   |       |            |
|             | Puff N Stuff Catering LLC  |            |                |  | INSURE                   |                                    |  |                                    |                   |       |            |
|             | 5802-5804 E. Columbus Driv   | е          |                |  | INSURE                   |                                    |  |                                    |                   |       |            |
|             | Tampa, FL 33619  |            |                |  | INSURE                   |                                    |  |                                    |                   |       |            |
|             |  |            |                |  | INSURE                   |                                    |  |                                    |                   |       |            |
| СО          | VERAGES CER  | TIFI       | CATE           | NUMBER:  |                          |                                    |  | REVISION NUI                       | MBER:             |       | 1          |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI                 | N OF A                   | NY CONTRAC                         | CT OR OTHER<br>ES DESCRIB                          | R DOCUMENT WI'<br>BED HEREIN IS S  | TH RESPE          | CT TO | WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL       | SUBR<br>WVD    | POLICY NUMBER  |                          | POLICY EFF<br>(MM/DD/YYYY)         | POLICY EXP<br>(MM/DD/YYYY)                         |                                    | LIMIT             | s     |            |
| Α           | X COMMERCIAL GENERAL LIABILITY   | INOD       |                |  |                          | (MINI/DD/1111)                     | (MINI/DD/1111)                                     | EACH OCCURREN                      | CF                | \$    | 1,000,000  |
|             | CLAIMS-MADE X OCCUR  | Х          |                | CCI1372400   |                          | 2/7/2021                           | 2/7/2022   | DAMAGE TO RENT<br>PREMISES (Ea occ | ED                | \$    | 300,000    |
|             |  |            |                |  |                          |                                    |  | MED EXP (Any one                   |                   | \$    | 10,000     |
|             |  |            |                |  |                          |                                    |  | PERSONAL & ADV                     | •                 | \$    | 1,000,000  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |            |                |  |                          |                                    |  | GENERAL AGGRE                      | GATE              | \$    | 2,000,000  |
|             | POLICY X PRO-<br>JECT X LOC  |            |                |  |                          |                                    |  | PRODUCTS - COM                     | P/OP AGG          | \$    | 2,000,000  |
|             | OTHER:   |            |                |  |                          |                                    |  | Liquor Liab                        |                   | \$    | 1,000,000  |
| Α           | AUTOMOBILE LIABILITY   |            |                |  |                          |                                    |  | COMBINED SINGLI<br>(Ea accident)   | E LIMIT           | \$    | 1,000,000  |
|             | X ANY AUTO   |            |                | CBA1372400   |                          | 2/7/2021                           | 2/7/2022   | BODILY INJURY (P                   | er person)        | \$    |            |
|             | OWNED SCHEDULED AUTOS  |            |                |  |                          |                                    |  | BODILY INJURY (P                   | er accident)      | \$    |            |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |            |                |  |                          |                                    |  | PROPERTY DAMA<br>(Per accident)    | GE                | \$    |            |
|             |  |            |                |  |                          |                                    |  |                                    |                   | \$    |            |
| Α           | X UMBRELLA LIAB X OCCUR  |            |                |  |                          |                                    |  | EACH OCCURREN                      | CE                | \$    | 2,000,000  |
|             | EXCESS LIAB CLAIMS-MADE  |            |                | CCU1372400   |                          | 2/7/2021                           | 2/7/2022   | AGGREGATE                          |                   | \$    | 2,000,000  |
|             | DED X RETENTION \$ 10,000  |            |                |  |                          |                                    |  |                                    |                   | \$    |            |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N   |            |                |  |                          |                                    |  | PER<br>STATUTE                     | OTH-<br>ER        |       |            |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A        |                |  |                          |                                    |  | E.L. EACH ACCIDE                   | NT                | \$    |            |
|             | (Mandatory in NH)  If yes, describe under  |            |                |  |                          |                                    |  | E.L. DISEASE - EA                  | EMPLOYEE          | \$    |            |
|             | DESCRIPTION OF OPERATIONS below  |            |                |  |                          |                                    |  | E.L. DISEASE - PO                  | LICY LIMIT        | \$    |            |
|             |  |            |                |  |                          |                                    |  |                                    |                   |       |            |
|             |  |            |                |  |                          |                                    |  |                                    |                   |       |            |
|             |  |            |                |  |                          |                                    |  |                                    |                   |       |            |
| DES<br>Meri | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI<br>tage Homes is granted additional insure   | LES (A     | atus           | o 101, Additional Remarks Schedu<br>with regard to the General | le, may b<br>Liabilit    | e attached if mor<br>y policy when | e space is requi<br>n required by                  | red)<br>contract or agre           | eement.           |       |            |
|             |  |            |                |  | 0.000                    | NELL A ELON:                       |  |                                    |                   |       |            |
| <u>CE</u>   | RTIFICATE HOLDER   |            |                | SHO<br>THE<br>ACC  | EXPIRATION<br>ORDANCE WI | N DATE TH                          | DESCRIBED POLIC<br>HEREOF, NOTIC<br>CY PROVISIONS. |                                    |                   |       |            |
|             | Meritage Homes   |            |                |  | AUTHO                    | RIZED REPRESEI                     | NIAIIVE  |                                    |                   |       |            |

10150 Highland Manor Dr., Ste. 120

Tampa, FL 33610

**PALACIOS** 

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 2/5/2021

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.

| lf<br>th    | SUBROGATION IS WAIVED, subjecting sertificate does not confer rights to                                | ct to<br>o the | the<br>certi    | terms and conditions of<br>ificate holder in lieu of su        | the pol<br>Ich end       | licy, certain ¡<br>lorsement(s)    | policies may                       | require an endo                                    | orsemen           | t. A: | statement on |
|-------------|--|----------------|-----------------|--|--------------------------|------------------------------------|------------------------------------|--|-------------------|-------|--------------|
|             | DUCER  |                |                 |  | CONTAC<br>NAME:          | CT Alexandi                        | ra Palacios                        | ,  |                   |       |              |
|             | urance Office of America, Inc.<br>5 West State Road 434  |                |                 |  | PHONE<br>(A/C, No        | o, Ext): (407) 2                   | 212-3541                           |  | FAX<br>(A/C, No): |       |              |
|             | gwood, FL 32750  |                |                 |  | E-MAIL<br>ADDRES         | <sub>ss:</sub> Alexandı            | ra.Palacios                        | @ioausa.com  |                   |       |              |
|             |  |                |                 |  |                          |                                    |                                    | RDING COVERAGE                                     |                   |       | NAIC#        |
|             |  |                |                 |  | INSURE                   | RA: Regent                         | Insurance                          | Company  |                   |       | 24449        |
| INSL        | JRED   |                |                 |  | INSURE                   | RB:                                |                                    |  |                   |       |              |
|             | Puff N Stuff Catering LLC  |                |                 |  | INSURE                   | RC:                                |                                    |  |                   |       |              |
|             | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619  | е              |                 |  | INSURE                   |                                    |                                    |  |                   |       |              |
|             | , , , , , , , , , , , , , , , , , , ,  |                |                 |  | INSURE                   |                                    |                                    |  |                   |       |              |
|             | VEDACES OF   | TIFI           | ~ A T           | - NUMBER.  | INSURE                   | RF:                                |                                    | DEVICION NUM                                       | IDED.             |       |              |
|             | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE   |                |                 | ENUMBER:   | UAVE DI                  | EEN IQQUED 1                       | TO THE INICI I                     | REVISION NUN                                       |                   | UE D  | OLICY BEBIOD |
| IN<br>C     | NDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER     | IREMI<br>TAIN,  | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR                  | N OF A<br>DED BY         | NY CONTRAC                         | CT OR OTHER<br>ES DESCRIB          | R DOCUMENT WIT<br>SED HEREIN IS SU                 | H RESPE           | CT T  | O WHICH THIS |
| INSR<br>LTR | TYPE OF INQUESTION   |                | SUBR            |  |                          | POLICY EFF<br>(MM/DD/YYYY)         | POLICY EXP                         |  | LIMIT             | s     |              |
| A           | X COMMERCIAL GENERAL LIABILITY   | INSD           | WVD             |  |                          | (WIW//DD/1111)                     | (MIM/DD/1111)                      | EACH OCCURRENC                                     | CE .              | \$    | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  | X              |                 | CCI1372400   |                          | 2/7/2021                           | 2/7/2022                           | DAMAGE TO RENTI<br>PREMISES (Ea occu               | ED<br>irrence)    | \$    | 300,000      |
|             |  |                |                 |  |                          |                                    |                                    | MED EXP (Any one                                   |                   | \$    | 10,000       |
|             |  |                |                 |  |                          |                                    |                                    | PERSONAL & ADV I                                   | NJURY             | \$    | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                |                 |  |                          |                                    |                                    | GENERAL AGGREG                                     | SATE              | \$    | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC  |                |                 |  |                          |                                    |                                    | PRODUCTS - COMP                                    | P/OP AGG          | \$    | 2,000,000    |
| _           | OTHER:   |                |                 |  |                          |                                    |                                    | Liquor Liab  COMBINED SINGLE                       | LIMIT             | \$    | 1,000,000    |
| Α           | AUTOMOBILE LIABILITY   |                |                 |  |                          |                                    |                                    | (Ea accident)                                      | LIIVIII           | \$    | 1,000,000    |
|             | X ANY AUTO OWNED SCHEDULED   |                |                 | CBA1372400   |                          | 2/7/2021                           | 2/7/2022                           | BODILY INJURY (Pe                                  | er person)        | \$    |              |
|             | AUTOS ONLY AUTOS   |                |                 |  |                          |                                    |                                    | BODILY INJURY (PE                                  | er accident)      | \$    |              |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                |                 |  |                          |                                    |                                    | PROPERTY DAMAG<br>(Per accident)                   | ,_                | \$    |              |
| Α           | X UMBRELLA LIAB X OCCUR  |                |                 |  |                          |                                    |                                    |  |                   | \$    | 2,000,000    |
| ^           | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  |                |                 | CCU1372400   |                          | 2/7/2021                           | 2/7/2022                           | EACH OCCURRENC                                     | CE                | \$    | 2,000,000    |
|             | DED X RETENTION\$ 10,000   |                |                 |  |                          |                                    |                                    | AGGREGATE  |                   | \$    | _,,,,,,,,    |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                |                 |  |                          |                                    |                                    | PER<br>STATUTE                                     | OTH-<br>ER        | \$    |              |
|             |  |                |                 |  |                          |                                    |                                    | 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 - POL                                 |                   | \$    |              |
|             | 2200   |                |                 |  |                          |                                    |                                    | 2.2. 3.02, 102                                     |                   |       |              |
|             |  |                |                 |  |                          |                                    |                                    |  |                   |       |              |
|             |  |                |                 |  |                          |                                    |                                    |  |                   |       |              |
| DES<br>Mich | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>nael & June Annis is included as Addition                | LES (A         | ACORE<br>Insure | 0 101, Additional Remarks Schedu<br>eds with respect to Genera | ıle, may b<br>al Liabili | e attached if mor<br>ity when requ | e space is requi<br>iired by writt | red)<br>en contract per fo                         | orm CG2(          | 010 0 | 413          |
| CE          | RTIFICATE HOLDER   |                |                 |  | CANO                     | ELLATION                           |                                    |  |                   |       |              |
|             |  |                |                 |  | THE                      | EXPIRATION                         | N DATE TH                          | ESCRIBED POLIC<br>IEREOF, NOTICE<br>CY PROVISIONS. |                   |       |              |
|             | Michael & June Annis   |                |                 |  | _                        | un Andun-                          |                                    |  |                   |       |              |
|             | 3314 W Mullen Ave  |                |                 |  | + + YM                   | VAN TYVUUVV V                      |                                    |  |                   |       |              |

Tampa, FL 33606

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|          | SUBROGATION IS WAIVED, subjective subjections conferrights to          |       |             |                                  | ch end    | lorsement(s).           |                   | •  | t. As | tatement on  |
|----------|--|-------|-------------|----------------------------------|-----------|-------------------------|-------------------|--|-------|--------------|
|          | DUCER  |       |             |                                  |           | <sup>CT</sup> Alexandr  |                   | FAV  |       |              |
|          | ırance Office of America, Inc.<br>5 West State Road 434                |       |             |                                  | (A/C, No  | o, Ext): (407) 2        | 12-3541           | FAX (A/C, No):   |       |              |
| Lon      | gwood, FL 32750  |       |             |                                  | ADDRE:    | <sub>ss:</sub> Alexandr | a.Palacios        | @ioausa.com  |       |              |
|          |  |       |             |                                  |           |                         | . ,               | RDING COVERAGE   |       | NAIC#        |
|          |  |       |             |                                  | INSURE    | RA: Regent              | Insurance         | Company  |       | 24449        |
| INSL     | IRED   |       |             |                                  | INSURE    | R B :                   |                   |  |       |              |
|          | Puff N Stuff Catering LLC  | _     |             |                                  | INSURE    |                         |                   |  |       |              |
|          | 5802-5804 E. Columbus Drive<br>Tampa, FL 33619                         | е     |             |                                  | INSURE    |                         |                   |  |       |              |
|          | , p.,  |       |             |                                  | INSURE    |                         |                   |  |       |              |
|          | VED 4 050  |       |             | · NUMBER                         | INSURE    | RF:                     |                   |  |       |              |
|          | VERAGES CERT  HIS IS TO CERTIFY THAT THE POLICIE                       |       |             | NUMBER:                          | UA\/E D   | EEN ICCUED T            |                   | REVISION NUMBER:   | HE DO |              |
|          | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY RI |       |             |                                  |           |                         |                   |  |       |              |
|          | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F     |       |             |                                  |           |                         |                   | ED HEREIN IS SUBJECT T   | O ALL | . THE TERMS, |
| INSR     |  |       | SUBR<br>WVD |                                  | DEEN      | POLICY FFF              | POLICY EXP        | LIMIT  | ·e    |              |
| LTR<br>A | X COMMERCIAL GENERAL LIABILITY   | INSD  | WVD         | POLICY NUMBER                    |           | (MM/DD/YYYY)            | (MM/DD/YYYY)      |  |       | 1,000,000    |
|          | CLAIMS-MADE X OCCUR  |       |             | CCI1372400                       |           | 2/7/2021                | 2/7/2022          | DAMAGE TO RENTED PREMISES (Ea occurrence)                      | \$    | 300,000      |
|          |  |       |             | 0011072400                       |           | 2,1,2021                | LITTLULL          | MED EXP (Any one person)                                       | \$    | 10,000       |
|          |  |       |             |                                  |           |                         |                   | PERSONAL & ADV INJURY  | \$    | 1,000,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                     |       |             |                                  |           |                         |                   | GENERAL AGGREGATE  | \$    | 2,000,000    |
|          | POLICY X PRO-  |       |             |                                  |           |                         |                   | PRODUCTS - COMP/OP AGG   | \$    | 2,000,000    |
|          | OTHER:   |       |             |                                  |           |                         |                   | Liquor Liab  | \$    | 1,000,000    |
| Α        | AUTOMOBILE LIABILITY   |       |             |                                  |           |                         |                   | COMBINED SINGLE LIMIT<br>(Ea accident)                         | \$    | 1,000,000    |
|          | X ANY AUTO   |       |             | CBA1372400                       |           | 2/7/2021                | 2/7/2022          | BODILY INJURY (Per person)                                     | \$    |              |
|          | OWNED SCHEDULED AUTOS ONLY AUTOS                                       |       |             |                                  |           |                         |                   | BODILY INJURY (Per accident)                                   |       |              |
|          |  |       |             |                                  |           |                         |                   | PROPERTY DAMAGE (Per accident)                                 | \$    |              |
|          | TOTOS GILLI  |       |             |                                  |           |                         |                   | ,  | \$    |              |
| Α        | X UMBRELLA LIAB X OCCUR  |       |             |                                  |           |                         |                   | EACH OCCURRENCE  | \$    | 2,000,000    |
|          | EXCESS LIAB CLAIMS-MADE  |       |             | CCU1372400                       |           | 2/7/2021                | 2/7/2022          | AGGREGATE  | \$    | 2,000,000    |
|          | DED X RETENTION \$ 10,000  |       |             |                                  |           |                         |                   |  | \$    |              |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                       |       |             |                                  |           |                         |                   | PER OTH-<br>STATUTE ER   |       |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE                                       | N/A   |             |                                  |           |                         |                   | E.L. EACH ACCIDENT   | \$    |              |
|          | (Mandatory in NH)  | 117.7 |             |                                  |           |                         |                   | E.L. DISEASE - EA EMPLOYEE                                     | \$    |              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                 |       |             |                                  |           |                         |                   | E.L. DISEASE - POLICY LIMIT                                    | \$    |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
| DES      | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL                            | ES (A | CORE        | 0 101, Additional Remarks Schedu | le, may b | e attached if more      | e space is requir | red)   |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          |  |       |             |                                  |           |                         |                   |  |       |              |
|          | DTIFICATE UOI DED  |       |             |                                  | 0416      | NELL ATION              |                   |  |       |              |
| CE       | RTIFICATE HOLDER   |       |             |                                  | CANC      | ELLATION                |                   |  |       |              |
|          |  |       |             |                                  | THE       | EXPIRATION              | I DATE TH         | ESCRIBED POLICIES BE C.<br>EREOF, NOTICE WILL<br>Y PROVISIONS. |       |              |
|          |  |       |             |                                  | AUTHO     | RIZED REPRESEI          | NTATIVE           |  |       |              |
|          | Mote Marine Laboratory   |       |             |                                  | _         | un Andun                |                   |  |       |              |
|          | 1600 Ken Thompson Parkwa   | У     |             |                                  | 1   YM    | VOW TYVOUV -            |                   |  |       |              |

Sarasota, FL 34236

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|          | SUBROGATION IS WAIVED, subjectives conferminate subjections conferminate does not conferminate to |       |             |                                | ch end             | lorsement(s).           |                   | •   | it. A s | tatement on |
|----------|---|-------|-------------|--------------------------------|--------------------|-------------------------|-------------------|---|---------|-------------|
|          | DUCER   |       |             |                                |                    | <sup>C⊤</sup> Alexandr  |                   | i - v   |         |             |
|          | urance Office of America, Inc.<br>5 West State Road 434   |       |             |                                | PHONE<br>(A/C, No  | o, Ext): (407) 2        | 12-3541           | FAX<br>(A/C, No):   |         |             |
| Lon      | gwood, FL 32750   |       |             |                                | ADDRE:             | <sub>ss:</sub> Alexandr | a.Palacios        | @ioausa.com   |         |             |
|          |   |       |             |                                |                    |                         |                   | RDING COVERAGE  |         | NAIC#       |
|          |   |       |             |                                | INSURE             | RA: Regent              | Insurance         | Company   |         | 24449       |
| INSL     | JRED  |       |             |                                | INSURE             | RB:                     |                   |   |         |             |
|          | Puff N Stuff Catering LLC   | _     |             |                                | INSURE             | RC:                     |                   |   |         |             |
|          | 5802-5804 E. Columbus Drive<br>Tampa, FL 33619  | е     |             |                                | INSURE             | R D :                   |                   |   |         |             |
|          | · apa, · _ 000 · 0  |       |             |                                | INSURE             |                         |                   |   |         |             |
|          |   |       |             |                                | INSURE             | RF:                     |                   |   |         |             |
|          |   |       |             | NUMBER:                        | LAVE D             | EEN JOOUED T            |                   | REVISION NUMBER:  |         |             |
|          | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE                               |       |             |                                |                    |                         |                   |   |         |             |
| С        | ERTIFICATE MAY BE ISSUED OR MAY   | PER   | TAIN,       | THE INSURANCE AFFORI           | DED BY             | THE POLICI              | ES DESCRIB        | ED HEREIN IS SUBJECT T  |         |             |
| INSR     | XCLUSIONS AND CONDITIONS OF SUCH F  |       | SUBR<br>WVD |                                | BEEN               | POLICY FFF              | POLICY EXP        |   |         |             |
| LTR<br>A | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY   | INSD  | WVD         | POLICY NUMBER                  |                    | (MM/DD/YYYY)            | (MM/DD/YYYY)      |   |         | 1,000,000   |
|          | CLAIMS-MADE X OCCUR   |       |             | CCI1372400                     |                    | 2/7/2021                | 2/7/2022          | DAMAGE TO RENTED PREMISES (Ea occurrence)                       | \$      | 300,000     |
|          | CLAINIS-IVIADE X OCCUR  |       |             | CC11372400                     |                    | 2///2021                | 21112022          |   | \$      | 10,000      |
|          |   |       |             |                                |                    |                         |                   | MED EXP (Any one person)  | \$      | 1,000,000   |
|          |   |       |             |                                |                    |                         |                   | PERSONAL & ADV INJURY   | \$      | 2,000,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC                                       |       |             |                                |                    |                         |                   | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG                        | \$      | 2,000,000   |
|          | OTHER:  |       |             |                                |                    |                         |                   | Liquor Liab   | \$      | 1,000,000   |
| Α        | AUTOMOBILE LIABILITY  |       |             |                                |                    |                         |                   | COMBINED SINGLE LIMIT<br>(Ea accident)                          | \$      | 1,000,000   |
|          | X ANY AUTO  |       |             | CBA1372400                     |                    | 2/7/2021                | 2/7/2022          | BODILY INJURY (Per person)                                      | \$      |             |
|          | OWNED SCHEDULED AUTOS ONLY  |       |             |                                |                    |                         |                   | BODILY INJURY (Per accident)                                    |         |             |
|          | HIRED NON-OWNED AUTOS ONLY  |       |             |                                |                    |                         |                   | PROPERTY DAMAGE<br>(Per accident)                               | \$      |             |
|          | AUTOS ONLY AUTOS ONLY   |       |             |                                |                    |                         |                   | (i ci accident)   | \$      |             |
| Α        | X UMBRELLA LIAB X OCCUR   |       |             |                                |                    |                         |                   | EACH OCCURRENCE   | \$      | 2,000,000   |
|          | EXCESS LIAB CLAIMS-MADE   |       |             | CCU1372400                     |                    | 2/7/2021                | 2/7/2022          | AGGREGATE   | \$      | 2,000,000   |
|          | DED X RETENTION \$ 10,000   |       |             |                                |                    |                         |                   |   | \$      |             |
|          | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |       |             |                                |                    |                         |                   | PER OTH-<br>STATUTE ER  |         |             |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A   |             |                                |                    |                         |                   | E.L. EACH ACCIDENT  | \$      |             |
|          | (Mandatory in NH)   | N/A   |             |                                |                    |                         |                   | E.L. DISEASE - EA EMPLOYEE                                      | \$      |             |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |       |             |                                |                    |                         |                   | E.L. DISEASE - POLICY LIMIT                                     | \$      |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
| DES      | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (A | ACORE       | 101, Additional Remarks Schedu | le, may b          | e attached if more      | e space is requir | red)  |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
|          |   |       |             |                                |                    |                         |                   |   |         |             |
| CE       | RTIFICATE HOLDER  |       |             |                                | CANO               | ELLATION                |                   |   |         |             |
|          |   |       |             |                                | THE                | EXPIRATION              | I DATE TH         | ESCRIBED POLICIES BE C<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |         |             |
|          |   |       |             |                                | AUTHO              | RIZED REPRESEI          | NTATIVE           |   |         |             |
|          | Nova 535  |       |             |                                | _                  | 1 1                     |                   |   |         |             |
|          | 535 Doctor M.L.K. Jr. Street N  | ٧.    |             |                                | $1 + Y $ $\lambda$ | un HNOUN-               |                   |   |         |             |

Saint Petersburg, FL 33701

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| li<br>t     | SU<br>his c   | BROGATION IS V                                | /AIVED, subject                  | ct to           | the              | terms and conditions of ificate holder in lieu of su  | the po           | licy, certain plorsement(s)   | oolicies may                    | require an endo                                    | orsemen           | t. As  | statement on                       |
|-------------|---------------|---|----------------------------------|-----------------|------------------|---|------------------|-------------------------------|---------------------------------|--|-------------------|--------|------------------------------------|
| PRO<br>Ins  | DUCE          | ER<br>ce Office of Americ                     |                                  | 0 1.10          |                  | mouto notaci in noa ci ca   | CONTAI<br>NAME:  | ст Alexandı                   | ra Palacios                     |  | FAX (A/C No)      |        |                                    |
|             |               | est State Road 434<br>ood. FL 32750           |                                  |                 |                  |   | E-MAIL           | <sub>ss</sub> . Alexandı      | ra.Palacios                     | @ioausa.com  | (A/C, No):        |        |                                    |
|             |               | ,   |                                  |                 |                  |   | ADDICE           |                               |                                 | RDING COVERAGE                                     |                   |        | NAIC#                              |
|             |               |   |                                  |                 |                  |   | INSURE           | RA: Regent                    |                                 |  |                   |        | 24449                              |
| INS         | JRED          |   |                                  |                 |                  |   | INSURE           | RB:                           |                                 | •  |                   |        |                                    |
|             |               | Puff N Stuff C                                | atering LLC                      |                 |                  |   | INSURE           | RC:                           |                                 |  |                   |        |                                    |
|             |               |   | Columbus Driv                    | /e              |                  |   | INSURE           | R D :                         |                                 |  |                   |        |                                    |
|             |               | Tampa, FL 33                                  | 619-1643                         |                 |                  |   | INSURE           | RE:                           |                                 |  |                   |        |                                    |
|             |               |   |                                  |                 |                  |   | INSURE           | RF:                           |                                 |  |                   |        |                                    |
|             |               | RAGES   |                                  |                 |                  | NUMBER:   |                  |                               |                                 | REVISION NUM                                       |                   |        |                                    |
| II          | NDIC/<br>ERTI | ATED. NOTWITHST<br>IFICATE MAY BE IS          | ANDING ANY R<br>SUED OR MAY      | REQUI<br>PER    | IREMI<br>TAIN,   | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITIOI<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE                           | N OF A<br>DED BY | NY CONTRAC                    | CT OR OTHER<br>ES DESCRIB       | R DOCUMENT WIT                                     | H RESPE           | CT TO  | WHICH THIS                         |
| INSF        |               | TYPE OF INSUR                                 | ANCE                             | ADDL<br>INSD    | SUBR             | POLICY NUMBER   |                  | POLICY EFF<br>(MM/DD/YYYY)    | POLICY EXP<br>(MM/DD/YYYY)      |  | LIMIT             | s      |                                    |
| Α           | X             | COMMERCIAL GENER                              | AL LIABILITY                     |                 |                  |   |                  | ,                             | ,                               | EACH OCCURRENC                                     | Œ                 | \$     | 1,000,000                          |
|             |               | CLAIMS-MADE                                   | X OCCUR                          |                 |                  | CCI1372400  |                  | 2/7/2021                      | 2/7/2022                        | DAMAGE TO RENTE<br>PREMISES (Ea occu               | ED<br>irrence)    | \$     | 300,000                            |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 | MED EXP (Any one p                                 | person)           | \$     | 10,000                             |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 | PERSONAL & ADV I                                   | NJURY             | \$     | 1,000,000                          |
|             | GEN           | N'L AGGREGATE LIMIT A                         |                                  |                 |                  |   |                  |                               |                                 | GENERAL AGGREG                                     | ATE               | \$     | 2,000,000                          |
|             |               | POLICY X PRO-<br>JECT                         | X LOC                            |                 |                  |   |                  |                               |                                 | PRODUCTS - COMP                                    | P/OP AGG          | \$     | 1,000,000                          |
| Α           | A117          | OTHER:  |                                  |                 |                  |   |                  |                               |                                 | COMBINED SINGLE                                    | LIMIT             | \$     | 1,000,000                          |
|             | X             | 7.1.1.7.0.1.0                                 |                                  |                 |                  | CBA1372400  |                  | 2/7/2021                      | 2/7/2022                        | (Ea accident) BODILY INJURY (Pe                    | r norson)         | \$     | ,,                                 |
|             | 7.11.7.0.0    |   | SCHEDULED<br>AUTOS               |                 |                  | ODA 1072-100  |                  | 2///2021                      | 2/1/2022                        | BODILY INJURY (Pe                                  | •                 | \$     |                                    |
|             |               | HIRED<br>AUTOS ONLY                           | NON-OWNED<br>AUTOS ONLY          |                 |                  |   |                  |                               |                                 | PROPERTY DAMAG<br>(Per accident)                   |                   | \$     |                                    |
|             |               | AUTOS ONLT                                    | AUTOS ONLT                       |                 |                  |   |                  |                               |                                 | (i di dodidenti)                                   |                   | \$     |                                    |
| Α           | Х             | UMBRELLA LIAB                                 | X OCCUR                          |                 |                  |   |                  |                               |                                 | EACH OCCURRENC                                     | Œ                 | \$     | 2,000,000                          |
|             |               | EXCESS LIAB                                   | CLAIMS-MADE                      |                 |                  | CCU1372400  |                  | 2/7/2021                      | 2/7/2022                        | AGGREGATE  |                   | \$     | 2,000,000                          |
|             |               | DED X RETENTION                               | N \$ 10,000                      |                 |                  |   |                  |                               |                                 |  |                   | \$     |                                    |
|             | WOF           | RKERS COMPENSATION<br>DEMPLOYERS' LIABILITY   | Y/N                              |                 |                  |   |                  |                               |                                 | PER<br>STATUTE                                     | OTH-<br>ER        |        |                                    |
|             | ANY           | PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE IN NH) | EXECUTIVE 77 N                   | N/A             |                  |   |                  |                               |                                 | E.L. EACH ACCIDEN                                  | NT                | \$     |                                    |
|             |               | ndatory in NH)<br>s, describe under           |                                  |                 |                  |   |                  |                               |                                 | E.L. DISEASE - EA E                                | MPLOYEE           | \$     |                                    |
|             | DÉS           | SCRIPTION OF OPERATION                        | NS below                         |                 |                  |   |                  |                               |                                 | E.L. DISEASE - POL                                 | ICY LIMIT         | \$     |                                    |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 |  |                   |        |                                    |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 |  |                   |        |                                    |
| Old<br>real | McM           | lickey's Farm, LLC (<br>perty upon which Ol   | OMF); Camp Ke<br>VIF and CK oper | eysto<br>rate a | ne, Li<br>ind/or | 0 101, Additional Remarks Schedu<br>LC ("CK); the members, m<br>r conduct activities and (5)<br>ability where required by v | anagers<br>OMF's | s, employees,<br>and CK's lan | , agents, con<br>dlords (collec | tractors of OMF a<br>ctively referred to           | and CK; to herein | the ov | vners(s) of the<br>MF Parties" are |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 |  |                   |        |                                    |
|             |               |   |                                  |                 |                  |   |                  |                               |                                 |  |                   |        |                                    |
| CE          | RTIF          | FICATE HOLDER                                 |                                  |                 |                  |   | CANC             | ELLATION                      |                                 |  |                   |        |                                    |
|             |               |   |                                  |                 |                  |   | THE              | EXPIRATION                    | N DATE TH                       | ESCRIBED POLIC<br>IEREOF, NOTICE<br>CY PROVISIONS. |                   |        |                                    |
|             |               | Old McMicky                                   | s Farm IIC                       |                 |                  |   | AUTHO            | RIZED REPRESE                 | NTATIVE                         |  |                   |        |                                    |
|             |               | 9612 Crescen                                  |                                  |                 |                  |   | Day              | un Andun                      |                                 |  |                   |        |                                    |

Odessa, FL 33556

**PALACIOS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| Insu                        | DDUCER<br>urance Office of America, Inc.  |                           |                 |  |                        | CT Alexando<br>, Ext): (407) 2      |   | •  | FAX<br>(A/C, No):  |       |                              |
|-----------------------------|---|---------------------------|-----------------|--|------------------------|-------------------------------------|---|--|--|-------|------------------------------|
|                             | 5 West State Road 434<br>gwood, FL 32750  |                           |                 |  | E-MAIL                 | es. Alexand                         | ra.Palacios                                     | @ioausa.con                                      |  |       |                              |
|                             | 911000, 1 2 027 00  |                           |                 |  | ADDRE                  |                                     |   | RDING COVERAGE                                   |  |       | NAIC#                        |
|                             |   |                           |                 |  | INSURE                 | RA: Regent                          |   |  |  |       | 24449                        |
| INSL                        | JRED  |                           |                 |  | INSURE                 |                                     |   |  |  |       |                              |
|                             | Puff N Stuff Catering LLC   |                           |                 |  | INSURE                 |                                     |   |  | IMBER:  OVE FOR THE POLICY PORTH RESPECT TO WHICK SUBJECT TO ALL THE TI  LIMITS  NCE \$ 1 ITTED SCURRED \$ 2 WINJURY \$ 1 EGATE \$ 2 WINJURY \$ 1 EGATE \$ 2 WINJURY \$ 1 EGATE \$ 2 WINJURY \$ 2 WINJURY \$ 2 WINJURY \$ 3 WINJURY \$ 3 WINJURY \$ 4 WINJURY \$ 4 WINJURY \$ 4 WINJURY \$ 5 WINJURY \$ 5 WINJURY \$ 5 WINJURY \$ 6 WINJURY \$ 7 W |       |                              |
|                             | 5802-5804 E. Columbus Dri   | ve                        |                 |  | INSURE                 |                                     |   |  |  |       |                              |
|                             | Tampa, FL 33619   |                           |                 |  | INSURE                 | RE:                                 |   |  |  |       |                              |
|                             |   |                           |                 |  | INSURE                 | RF:                                 |   |  |  |       |                              |
| СО                          | VERAGES CEI   | RTIFIC                    | CATE            | NUMBER:  |                        |                                     |   | <b>REVISION NU</b>                               | MBER:  |       |                              |
| IN<br>C<br>E<br>INSR<br>LTR | NDICATED. NOTWITHSTANDING ANY SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE | REQUI<br>' PER<br>I POLI: | REME<br>TAIN,   | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A                 | ANY CONTRAC                         | CT OR OTHER IES DESCRIB PAID CLAIMS. POLICY EXP | R DOCUMENT WI<br>SED HEREIN IS S                 | TH RESPE<br>SUBJECT T  | CT TO | O WHICH THIS<br>. THE TERMS, |
| Α                           | X COMMERCIAL GENERAL LIABILITY  |                           |                 |  |                        |                                     |   | EACH OCCURREN                                    | ICE  | \$    | 1,000,000                    |
|                             | CLAIMS-MADE X OCCUR   | X                         |                 | CCI1372400   |                        | 2/7/2021                            | 2/7/2022  | DAMAGE TO REN'<br>PREMISES (Ea occ               | currence)  | \$    | 300,000                      |
|                             |   |                           |                 |  |                        |                                     |   | MED EXP (Any one                                 | person)  | \$    | 10,000                       |
|                             |   |                           |                 |  |                        |                                     |   | PERSONAL & ADV                                   | 'INJURY  | \$    | 1,000,000<br>2,000,000       |
|                             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                           |                 |  |                        |                                     |   | GENERAL AGGRE                                    |  | \$    | 2,000,000                    |
|                             | POLICY X PRO-<br>JECT X LOC   |                           |                 |  |                        |                                     |   | PRODUCTS - CON                                   | IP/OP AGG  | \$    | 1,000,000                    |
| Α                           | OTHER:  |                           |                 |  |                        |                                     |   | COMBINED SINGL                                   | E LIMIT  | \$    | 1,000,000                    |
| ^                           | X ANY AUTO  |                           |                 | CBA1372400   |                        | 2/7/2021                            | 2/7/2022  | (Ea accident)                                    | , ,  | \$    | 1,000,000                    |
|                             | OWNED SCHEDULED   |                           |                 | ODA 137 2400   |                        | 2/1/2021                            | ZITIZUZZ  | BODILY INJURY (F                                 | •  |       |                              |
|                             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                           |                 |  |                        |                                     |   | PROPERTY DAMA<br>(Per accident)                  | GE   |       |                              |
|                             | AUTOS ONLY AUTOS ONLY   |                           |                 |  |                        |                                     |   | (Per accident)                                   |  | -     |                              |
| Α                           | X UMBRELLA LIAB X OCCUR   |                           |                 |  |                        |                                     |   | EACH OCCURREN                                    | ICE  | -     | 2,000,000                    |
|                             | EXCESS LIAB CLAIMS-MADI   | ≣                         |                 | CCU1372400   |                        | 2/7/2021                            | 2/7/2022  | AGGREGATE  | ICE  | -     | 2,000,000                    |
|                             | DED X RETENTION \$ 10,000   | )                         |                 |  |                        |                                     |   | 7.OORLO/TE                                       |  | -     |                              |
|                             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                           |                 |  |                        |                                     |   | PER<br>STATUTE                                   | OTH-<br>FR   |       |                              |
|                             |   |                           |                 |  |                        |                                     |   | E.L. EACH ACCIDE                                 |  | \$    |                              |
|                             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                       | N/A                       |                 |  |                        |                                     |   | E.L. DISEASE - EA                                | EMPLOYEE   | \$    |                              |
|                             | If yes, describe under DESCRIPTION OF OPERATIONS below  |                           |                 |  |                        |                                     |   | E.L. DISEASE - PC                                | LICY LIMIT   | \$    |                              |
|                             |   |                           |                 |  |                        |                                     |   |  |  |       |                              |
|                             |   |                           |                 |  |                        |                                     |   |  |  |       |                              |
|                             |   |                           |                 |  |                        |                                     |   |  |  |       |                              |
| Pepi                        | CRIPTION OF OPERATIONS / LOCATIONS / VEHI<br>in Distributing Company and TPepin's<br>tract or agreement.          | CLES (A                   | ACORE<br>tality | o 101, Additional Remarks Schedu<br>Centre are granted addition        | ile, may b<br>onal ins | e attached if mor<br>sured status v | e space is requin<br>vith regard to             | <sup>red)</sup><br>the General Lia               | ability poli   | cy wł | nen required by              |
|                             |   |                           |                 |  |                        |                                     |   |  |  |       |                              |
| CE                          | Pepin Distributing Company  |                           |                 |  |                        | EXPIRATION                          | N DATE TH<br>TH THE POLIC                       | ESCRIBED POLI<br>IEREOF, NOTIC<br>CY PROVISIONS. |  |       |                              |
|                             | TPepin's Hospitality Centre   |                           |                 |  | _                      | 1 1                                 | _   |  |  |       |                              |

4121 N. 50th Street Tampa, FL 33610

**PALACIOS** 

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|             | SUBROGATION IS WAIVED, subjecting certificate does not confer rights t  | ct to  | the                       | terms and conditions of                      | the pol                              | icy, certain p   | policies may               | require an ende                              | orsemen    | t. As | statement on |  |
|-------------|---|--|---------------------------|--|--------------------------------------|--|----------------------------|--|------------|-------|--------------|--|
| PRO         | DUCER<br>urance Office of America, Inc.   | CONTACT Alexandra Palacios NAME: PHONE (107) 242 2744                                    |                           |  |                                      |  |                            |  |            |       |              |  |
| 185         | 5 West State Road 434<br>gwood, FL 32750  | (A/C, No, Ext): (407) 212-3541 (A/C, No):  E-MAIL ADDRESS: Alexandra.Palacios@ioausa.com |                           |  |                                      |  |                            |  |            |       |              |  |
|             | g#100d, 1   | INSURER(S) AFFORDING COVERAGE  |                           |  |                                      |  |                            | NAIC#  |            |       |              |  |
|             |   |  |                           |  | INSURER A : Regent Insurance Company |  |                            |  |            |       | 24449        |  |
| INS         | JRED  |  |                           |  | INSURER B:                           |  |                            |  |            |       |              |  |
|             | Puff N Stuff Catering LLC   |  |                           |  | INSURER C:                           |  |                            |  |            |       |              |  |
|             | 5802-5804 E. Columbus Driv  | ⁄e   |                           |  | INSURER D:                           |  |                            |  |            |       |              |  |
|             | Tampa, FL 33619   |  |                           |  | INSURE                               |  |                            |  |            |       |              |  |
|             |   |  |                           |  | INSURER F:                           |  |                            |  |            |       |              |  |
|             |   |  |                           | E NUMBER:                                    |                                      |  |                            | REVISION NUM                                 |            |       |              |  |
| l II        | HIS IS TO CERTIFY THAT THE POLICII<br>VDICATED. NOTWITHSTANDING ANY R<br>SERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER   | IREMI<br>TAIN,            | ENT, TERM OR CONDITION, THE INSURANCE AFFORM | N OF AI<br>DED BY                    | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB  | DOCUMENT WIT                                 | H RESPE    | CT TO | O WHICH THIS |  |
| INSF<br>LTR | TYPE OF INSURANCE   | ADDL   | SUBR                      | POLICY NUMBER                                |                                      | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) |  | LIMIT      | s     |              |  |
| Α           | X COMMERCIAL GENERAL LIABILITY  |  |                           |  |                                      |  |                            | EACH OCCURRENCE                              |            | \$    | 1,000,000    |  |
|             | CLAIMS-MADE X OCCUR   |  |                           | CCI1372400                                   |                                      | 2/7/2021   | 2/7/2022                   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) |            | \$    | 300,000      |  |
|             |   |  |                           |  |                                      |  |                            | MED EXP (Any one                             | person)    | \$    | 10,000       |  |
|             |   |  |                           |  |                                      |  |                            | PERSONAL & ADV                               | INJURY     | \$    | 1,000,000    |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                           |  |                                      |  |                            | GENERAL AGGREG                               | SATE       | \$    | 2,000,000    |  |
|             | POLICY X PRO-<br>JECT X LOC   |  |                           |  |                                      |  |                            | PRODUCTS - COMP                              |            |       | 1,000,000    |  |
| Α           | OTHER:  |  |                           |  |                                      |  |                            | COMBINED SINGLE                              | LIMIT      | \$    | 1,000,000    |  |
| ^           | X ANY AUTO  |  |                           | CBA1372400                                   |                                      | 2/7/2021   | 2/7/2022                   | (Ea accident)                                |            | \$    | 1,000,000    |  |
|             | OWNED AUTOS ONLY AUTOS  |  |                           |  |                                      |  | Ziiizozz                   | BODILY INJURY (Pe                            | •          | \$    |              |  |
|             | HIRED NON-OWNED AUTOS ONLY  |  |                           |  |                                      |  |                            | PROPERTY DAMAG<br>(Per accident)             | SE         | \$    |              |  |
|             | AUTOS ONLY AUTOS ONLY   |  |                           |  |                                      |  |                            | (i ci accident)                              |            | \$    |              |  |
| Α           | X UMBRELLA LIAB X OCCUR   |  |                           |  |                                      |  |                            | EACH OCCURRENG                               | CE         | \$    | 2,000,000    |  |
|             | EXCESS LIAB CLAIMS-MADE   |  |                           | CCU1372400                                   |                                      | 2/7/2021   | 2/7/2022                   | AGGREGATE                                    |            | \$    | 2,000,000    |  |
|             | DED X RETENTION \$ 10,000   |  |                           |  |                                      |  |                            |  |            | \$    |              |  |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N   |  |                           |  |                                      |  |                            | PER<br>STATUTE                               | OTH-<br>ER |       |              |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A  |                           |  |                                      |  |                            | E.L. EACH ACCIDE                             | NT         | \$    |              |  |
|             | (Mandatory in NH)  If yes, describe under   |  |                           |  |                                      |  |                            | E.L. DISEASE - EA E                          | EMPLOYEE   | \$    |              |  |
|             | DÉSCRIPTION OF OPERATIONS below   |  |                           |  |                                      |  |                            | E.L. DISEASE - POL                           | ICY LIMIT  | \$    |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES /  | ACORI                     | N 101 Additional Pomarke Schodu              | ılo may bo                           | attached if mor  | o enaco le roquir          | od)  |            |       |              |  |
| DES         | CRIPTION OF GERATIONS / LOCATIONS / VEHIC   | LLJ (  | ACORL                     | D 101, Additional Remarks Schedu             | ile, illay be                        | attached ii iiioi  | e space is requir          | euj  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
|             |   |  |                           |  |                                      |  |                            |  |            |       |              |  |
| CE          | RTIFICATE 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. |                            |  |            |       |              |  |
|             | Polk Museum of Art  |  | AUTHORIZED REPRESENTATIVE |  |                                      |  |                            |  |            |       |              |  |
|             | 800 East Palmetto Street  | Jam Andun  |                           |  |                                      |  |                            |  |            |       |              |  |

Lakeland, FL 33801

**PALACIOS** 

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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, subjective this certificate does not confer rights to   | ct to  | the                       | terms and conditions of                                     | the police                           | cy, certain p                    | policies may                        | require an ende                              | orsemen    | t. As | statement on |  |
|---|--|---------------------------|---|--------------------------------------|----------------------------------|-------------------------------------|--|------------|-------|--------------|--|
| PRODUCER Insurance Office of America, Inc.  | CONTACT Alexandra Palacios NAME: PHONE (107) 010 0714  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
| 1855 West State Road 434<br>Longwood, FL 32750  | (A/C, No, Ext): (407) 212-3541 (A/C, No):  E-MAIL ADDRESS: Alexandra.Palacios@ioausa.com   |                           |   |                                      |                                  |                                     |  |            |       |              |  |
| Long. 1 L 02/00   | INSURER(S) AFFORDING COVERAGE  |                           |   |                                      |                                  |                                     | NAIC#  |            |       |              |  |
|   |  |                           |   | INSURER A : Regent Insurance Company |                                  |                                     |  |            |       | 24449        |  |
| INSURED   |  |                           |   | INSURER B:                           |                                  |                                     |  |            |       |              |  |
| Puff N Stuff Catering LLC   |  |                           |   | INSURER C:                           |                                  |                                     |  |            |       |              |  |
| 5802-5804 E. Columbus Driv  | /e   |                           |   | INSURER                              |                                  |                                     |  |            |       |              |  |
| Tampa, FL 33619   |  |                           |   | INSURER                              |                                  |                                     |  |            |       |              |  |
|   |  | INSURER F:                |   |                                      |                                  |                                     |  |            |       |              |  |
|   |  |                           | E NUMBER:   | REVISION NUMBER:                     |                                  |                                     |  |            |       |              |  |
| THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | REQUI<br>PER   | IREMI<br>TAIN,            | ENT, TERM OR CONDITION<br>, THE INSURANCE AFFOR             | N OF AN                              | IY CONTRAC                       | CT OR OTHER<br>ES DESCRIB           | DOCUMENT WIT                                 | H RESPE    | CT TO | O WHICH THIS |  |
| INSR<br>LTR TYPE OF INSURANCE   | ADDL<br>INSD   | SUBR                      | POLICY NUMBER   | (                                    | POLICY EFF<br>MM/DD/YYYY)        | POLICY EXP<br>(MM/DD/YYYY)          |  | LIMIT      | s     |              |  |
| A X COMMERCIAL GENERAL LIABILITY  |  |                           |   |                                      |                                  | ,                                   | EACH OCCURRENCE                              |            | \$    | 1,000,000    |  |
| CLAIMS-MADE X OCCUR   | X  |                           | CCI1372400  |                                      | 2/7/2021                         | 2/7/2022                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) |            | \$    | 300,000      |  |
|   |  |                           |   |                                      |                                  |                                     | MED EXP (Any one                             | person)    | \$    | 10,000       |  |
|   |  |                           |   |                                      |                                  |                                     | PERSONAL & ADV                               | INJURY     | \$    | 1,000,000    |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                           |   |                                      |                                  |                                     | GENERAL AGGREG                               | SATE       | \$    | 2,000,000    |  |
| POLICY X PRO-   |  |                           |   |                                      |                                  |                                     | PRODUCTS - COMP                              |            |       | 1,000,000    |  |
| OTHER:  A AUTOMOBILE LIABILITY  |  |                           |   |                                      |                                  | 2/7/2022                            | COMBINED SINGLE                              | LIMIT      | \$    | 1,000,000    |  |
| X ANY AUTO  |  |                           | CBA1372400  |                                      | 2/7/2021                         |                                     | (Ea accident)                                |            | \$    | .,,          |  |
| OWNED AUTOS ONLY AUTOS  |  |                           | OBA1012400  | 21112021                             |                                  | BODILY INJURY (Pe                   | •  | \$         |       |              |  |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |  |                           |   |                                      |                                  |                                     | PROPERTY DAMAG<br>(Per accident)             | SE         | \$    |              |  |
| AUTOS ONET  |  |                           |   |                                      |                                  |                                     | (i oi dooidoiit)                             |            | \$    |              |  |
| A X UMBRELLA LIAB X OCCUR   |  |                           |   |                                      |                                  |                                     | EACH OCCURRENCE                              | CE         | \$    | 2,000,000    |  |
| EXCESS LIAB CLAIMS-MADE   | _  |                           | CCU1372400  |                                      | 2/7/2021                         | 2/7/2022                            | AGGREGATE                                    |            | \$    | 2,000,000    |  |
| DED X RETENTION \$ 10,000   |  |                           |   |                                      |                                  |                                     | 1050   | 0.711      | \$    |              |  |
| WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N  |  |                           |   |                                      |                                  |                                     | PER<br>STATUTE                               | OTH-<br>ER |       |              |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A  |                           |   |                                      |                                  |                                     | E.L. EACH ACCIDE                             | TV         | \$    |              |  |
| If yes, describe under  |  |                           |   |                                      |                                  |                                     | E.L. DISEASE - EA E                          |            | \$    |              |  |
| DÉSCRIPTION OF OPERATIONS below   |  |                           |   |                                      |                                  |                                     | E.L. DISEASE - POL                           | ICY LIMIT  | \$    |              |  |
|   |  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
|   |  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Power Design, Inc. is granted additional ins   | LES (a   | ACORI<br>statu            | D 101, Additional Remarks Scheduus with regard to the Genei | ule, may be<br>ral Liabili           | attached if mor<br>ity policy wh | e space is requir<br>nen required l | ed)<br>by contract or aç                     | greement   |       |              |  |
|   |  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
|   |  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
| CERTIFICATE HOLDER  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                           |   |                                      |                                  |                                     |  |            |       |              |  |
|   |  |                           |   |                                      |                                  |                                     |  |            |       |              |  |
| Power Design, Inc.  |  | AUTHORIZED REPRESENTATIVE |   |                                      |                                  |                                     |  |            |       |              |  |
| 11600 Ninth Street North  | Dann Hudun-  |                           |   |                                      |                                  |                                     |  |            |       |              |  |

Saint Petersburg, FL 33716

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|   | SUBROGATION IS WAIVED, subjective subjections conferrights to          |       |             |                                  | ch end   | lorsement(s).  |                   | •   | t. As  | tatement on  |  |  |
|---|--|-------|-------------|----------------------------------|--|--|-------------------|---|--------|--------------|--|--|
| PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 |  |       |             |                                  |  | CONTACT Alexandra Palacios   |                   |   |        |              |  |  |
|   |  |       |             |                                  |  | PHONE (A/C, No, Ext): (407) 212-3541 FAX (A/C, No):  |                   |   |        |              |  |  |
| Lon   | gwood, FL 32750  |       |             |                                  | E-MAIL ADDRESS: Alexandra.Palacios@ioausa.com  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   | RDING COVERAGE                            |        | NAIC#        |  |  |
|   |  |       |             |                                  | INSURER A : Regent Insurance Company   |  |                   |   |        | 24449        |  |  |
| INSL  | IRED   |       |             |                                  | INSURE   |  |                   |   |        |              |  |  |
|   | Puff N Stuff Catering LLC  | _     |             |                                  | INSURER C:   |  |                   |   |        |              |  |  |
|   | 5802-5804 E. Columbus Drive<br>Tampa, FL 33619                         | е     |             |                                  | INSURE   |  |                   |   |        |              |  |  |
|   |  |       |             |                                  | INSURER E:   |  |                   |   |        |              |  |  |
|   | VED 4 050  |       |             | · NUMBER                         | INSURE   | RF:  |                   |   |        |              |  |  |
|   | VERAGES CERT  HIS IS TO CERTIFY THAT THE POLICIE                       |       |             | NUMBER:                          | UA\/E D  | EEN ISSUED T   |                   | REVISION NUMBER:                          | LIE DO |              |  |  |
|   | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY RI |       |             |                                  |  |  |                   |   |        |              |  |  |
|   | ERTIFICATE MAY BE ISSUED OR MAY  |       |             |                                  |  |  |                   | ED HEREIN IS SUBJECT T                    | O ALL  | . THE TERMS, |  |  |
| EXCLUSIONS AND CONDITIONS OF SUCH  INSR TYPE OF INSURANCE           |  |       | SUBR<br>WVD |                                  | DEEN   | POLICY FFF   |                   |   |        |              |  |  |
| LTR<br>A  | X COMMERCIAL GENERAL LIABILITY   | INSD  | WVD         | POLICY NUMBER                    |  | (MM/DD/YYYY)   | (MM/DD/YYYY)      |   |        | 1,000,000    |  |  |
|   | CLAIMS-MADE X OCCUR  |       |             | CCI1372400                       | 2/7/2021   | 2/7/2021   | 2/7/2022          | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$     | 300,000      |  |  |
|   |  |       |             | 0011072400                       |  | 2,1,2021   | LITTLULL          | MED EXP (Any one person)                  | \$     | 10,000       |  |  |
|   |  |       |             |                                  |  |  |                   | PERSONAL & ADV INJURY                     | \$     | 1,000,000    |  |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                                     |       |             |                                  |  |  |                   | GENERAL AGGREGATE                         | \$     | 2,000,000    |  |  |
|   | POLICY X PRO-  |       |             |                                  |  |  |                   | PRODUCTS - COMP/OP AGG                    | \$     | 2,000,000    |  |  |
|   | OTHER:   |       |             |                                  |  |  |                   | Liquor Liab                               | \$     | 1,000,000    |  |  |
| Α   | AUTOMOBILE LIABILITY   |       |             |                                  |  |  |                   | COMBINED SINGLE LIMIT<br>(Ea accident)    | \$     | 1,000,000    |  |  |
|   | X ANY AUTO   |       | CBA1372400  | CBA1372400                       |  | 2/7/2021   | 2/7/2022          | BODILY INJURY (Per person)                | \$     |              |  |  |
|   | OWNED SCHEDULED AUTOS ONLY AUTOS                                       |       |             |                                  |  |  |                   | BODILY INJURY (Per accident)              |        |              |  |  |
|   | HIRED NON-OWNED AUTOS ONLY   |       |             |                                  |  |  |                   | PROPERTY DAMAGE (Per accident)            | \$     |              |  |  |
|   | TOTOS GILLI  |       |             |                                  |  |  |                   | ,   | \$     |              |  |  |
| Α   | X UMBRELLA LIAB X OCCUR  |       |             |                                  |  |  |                   | EACH OCCURRENCE                           | \$     | 2,000,000    |  |  |
|   | EXCESS LIAB CLAIMS-MADE  |       |             | CCU1372400                       |  | 2/7/2021   | 2/7/2022          | AGGREGATE                                 | \$     | 2,000,000    |  |  |
|   | DED X RETENTION \$ 10,000  |       |             |                                  |  |  |                   |   | \$     |              |  |  |
|   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                       |       |             |                                  |  |  |                   | PER OTH-<br>STATUTE ER                    |        |              |  |  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE                                       | N/A   |             |                                  |  |  |                   | E.L. EACH ACCIDENT                        | \$     |              |  |  |
|   | (Mandatory in NH)  |       |             |                                  |  |  |                   | E.L. DISEASE - EA EMPLOYEE                | \$     |              |  |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                 |       |             |                                  |  |  |                   | E.L. DISEASE - POLICY LIMIT               | \$     |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL                            | ES (A | CORE        | 0 101, Additional Remarks Schedu | le, may b  | e attached if more   | e space is requir | red)                                      |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  |  |  |                   |   |        |              |  |  |
|   |  |       |             |                                  | 0.111  |  |                   |   |        |              |  |  |
| CE  | RTIFICATE HOLDER   |       |             |                                  | CANC   | ELLATION   |                   |   |        |              |  |  |
|   |  |       |             |                                  |  | 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  |  |                   |   |        |              |  |  |
|   | Price Waterhouse Cooper LL   | .P (P | WC)         |                                  | To make de la companya de la company |  |                   |   |        |              |  |  |
|   | 300 Madison Ave.   |       |             |                                  | Dann Andun   |  |                   |   |        |              |  |  |

New York, NY 10017

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| PRO<br>Insu  | nis certificate does not confer rights to<br>DUCER<br>JITANCE Office of America, Inc.<br>5 West State Road 434                        | o tne d                         | certi                       | ticate noider in lieu of su  | CONTA<br>NAME:<br>PHONE<br>(A/C, No | CT Alexandi                         | ra Palacios<br>12-3541                   | FAX<br>(A/C. N  | o):          |   |
|--------------|---|---------------------------------|-----------------------------|--|-------------------------------------|-------------------------------------|--|---|--------------|---|
|              | gwood, FL 32750   | Road 434                        |                             | E-MAIL<br>ADDRE  | <sub>ss:</sub> Alexandı             | a.Palacios                          | @ioausa.com                              |   |              |   |
|              |   |                                 |                             |  |                                     |                                     |  | RDING COVERAGE  |              | NAIC#                                   |
|              |   |                                 |                             |  | INSURE                              | RA: Regent                          | Insurance                                | Company   |              | 24449                                   |
| INSL         | JRED  |                                 |                             |  | INSURE                              | RB:                                 |  |   |              |   |
|              | Puff N Stuff Catering LLC<br>5802-5804 E. Columbus Drive  | _                               |                             |  | INSURE                              |                                     |  |   |              |   |
|              | Tampa, FL 33619   | е                               |                             |  | INSURE                              |                                     |  |   | NAIC   24449 |   |
|              | • •   |                                 |                             |  | INSURE                              |                                     |  |   |              |   |
|              | VERAGES CER   | TIEIC                           | ^ T E                       | : NUMBER:  | INSURE                              | KF:                                 |  | REVISION NUMBER:  |              |   |
| T<br>IN<br>C | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I | S OF<br>EQUIR<br>PERT.<br>POLIC | INS<br>REME<br>AIN,<br>IES. | URANCE LISTED BELOW I<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A                              | NY CONTRAC                          | O THE INSUF<br>CT OR OTHER<br>ES DESCRIB | RED NAMED ABOVE FOR<br>R DOCUMENT WITH RES<br>ED HEREIN IS SUBJEC | R THE PO     | WHICH THIS                              |
| INSR<br>LTR  | TYPE OF INSURANCE   | ADDL S                          | SUBR<br>WVD                 | POLICY NUMBER  |                                     | POLICY EFF<br>(MM/DD/YYYY)          | POLICY EXP<br>(MM/DD/YYYY)               | LI  | иітѕ         |   |
| Α            | X COMMERCIAL GENERAL LIABILITY  |                                 |                             |  |                                     |                                     |  | EACH OCCURRENCE   | \$           | 1,000,000                               |
|              | CLAIMS-MADE X OCCUR   | Х                               |                             | CCI1372400   |                                     | 2/7/2021                            | 2/7/2022                                 | DAMAGE TO RENTED PREMISES (Ea occurrence)                         | \$           | 300,000                                 |
|              |   |                                 |                             |  |                                     |                                     |  | MED EXP (Any one person)  | \$           | 10,000                                  |
|              |   |                                 |                             |  |                                     |                                     |  | PERSONAL & ADV INJURY   | \$           | 1,000,000<br>2,000,000                  |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                 |                             |  |                                     |                                     |  | GENERAL AGGREGATE   |              | 2,000,000                               |
|              | POLICY X PRO-   |                                 |                             |  |                                     |                                     |  | PRODUCTS - COMP/OP AG   |              | 1,000,000                               |
| Α            | OTHER:  AUTOMOBILE LIABILITY  |                                 |                             |  |                                     |                                     |  | COMBINED SINGLE LIMIT   |              | 1,000,000                               |
|              | X ANY AUTO  |                                 |                             | CBA1372400   |                                     | 2/7/2021                            | 2/7/2022                                 | (Ea accident) BODILY INJURY (Per person                           | Ť            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|              | OWNED SCHEDULED AUTOS ONLY AUTOS  |                                 |                             | OBA 107 2400   |                                     | 27772021                            | LITTLULL                                 | BODILY INJURY (Per person   |              |   |
|              | HIRED NON-OWNED AUTOS ONLY  |                                 |                             |  |                                     |                                     |  | PROPERTY DAMAGE<br>(Per accident)                                 |              |   |
|              | AUTOS ONET  |                                 |                             |  |                                     |                                     |  | (i or addiadrit)  |              |   |
| Α            | X UMBRELLA LIAB X OCCUR   |                                 |                             |  |                                     |                                     |  | EACH OCCURRENCE   |              | 2,000,000                               |
|              | EXCESS LIAB CLAIMS-MADE   |                                 |                             | CCU1372400   |                                     | 2/7/2021                            | 2/7/2022                                 | AGGREGATE   | \$           | 2,000,000                               |
|              | DED X RETENTION \$ 10,000   |                                 |                             |  |                                     |                                     |  |   |              |   |
|              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                                 |                             |  |                                     |                                     |  | PER OTH STATUTE ER  | -            |   |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                             |                             |  |                                     |                                     |  | E.L. EACH ACCIDENT  | \$           |   |
|              | (Mandatory in NH)  If yes, describe under   |                                 |                             |  |                                     |                                     |  | E.L. DISEASE - EA EMPLOY  | EE \$        |   |
|              | DESCRIPTION OF OPERATIONS below   |                                 |                             |  |                                     |                                     |  | E.L. DISEASE - POLICY LIM   | IT \$        |   |
|              |   |                                 |                             |  |                                     |                                     |  |   |              |   |
|              |   |                                 |                             |  |                                     |                                     |  |   |              |   |
|              | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL neMed Lake Nona, LLC and Avison Your ten contract or agreement.                           | ES (AC                          | CORD<br>Orida               | 101, Additional Remarks Schedu<br>a are granted additional in                                    | le, may b<br>sured s                | e attached if mor<br>status with re | e space is requir<br>gard to the G       | red)<br>reneral Liability policy v                                | when rec     | juired by                               |
|              |   |                                 |                             |  |                                     |                                     |  |   |              |   |
| CE           | RTIFICATE HOLDER  |                                 |                             |  | CANO                                | ELLATION                            |  |   |              |   |
|              |   |                                 |                             |  | THE                                 | EXPIRATION                          | N DATE TH                                | ESCRIBED POLICIES BE<br>IEREOF, NOTICE WILI<br>CY PROVISIONS.     |              |   |
|              | PrimeMed Lake Nona, LLC   |                                 |                             |  | AUTHO                               | RIZED REPRESE                       | NTATIVE                                  |   |              |   |

c/o Avison Young- Florida 2600 Lake Lucien Drive, Suite 100

Maitland, FL 32751

**PALACIOS** 



### **CERTIFICATE OF LIABILITY INSURANCE**

2/5/2021

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.

| lf          | IPORTANT: If the certificate hold<br>SUBROGATION IS WAIVED, subjection is certificate does not confer rights                            | ct to                | the            | terms and conditions of t<br>ificate holder in lieu of suc                | the pol           | icy, certain porsement(s).               | oolicies may                              | require an endorsen                       |          |            |
|-------------|---|----------------------|----------------|---|-------------------|--|---|---|----------|------------|
| PRO         | DUCER   |                      |                |   | CONTAC<br>NAME:   | CT Alexandı                              | ra Palacios                               |   |          |            |
|             | rance Office of America, Inc.<br>West State Road 434  |                      |                |   | PHONE<br>(A/C, No | o, Ext): (407) 2                         | 12-3541                                   | FAX<br>(A/C, I                            | No):     |            |
|             | gwood, FL 32750   |                      |                |   | E-MAIL<br>ADDRES  | <sub>ss:</sub> Alexandı                  | ra.Palacios                               | @ioausa.com                               |          |            |
|             |   |                      |                |   |                   | INS                                      | URER(S) AFFOR                             | RDING COVERAGE                            |          | NAIC#      |
|             |   |                      |                |   | INSURE            | RA: Regent                               | Insurance                                 | Company                                   |          | 24449      |
| INSU        | RED   |                      |                | _   | INSURE            | RB:                                      |   |   |          |            |
|             | Puff N Stuff Catering LLC   |                      |                | _   | INSURE            | RC:                                      |   |   |          |            |
|             | 5802-5804 E. Columbus Dr  | ve                   |                | _   | INSURE            | RD:                                      |   |   |          |            |
|             | Tampa, FL 33619   |                      |                |   | INSURE            | RE:                                      |   |   |          |            |
|             |   |                      |                |   | INSURE            | RF:                                      |   |   |          |            |
| CO          | VERAGES CE  | RTIFI                | CATE           | E NUMBER:   |                   |  |   | REVISION NUMBER                           | ₹:       |            |
| IN<br>CI    | HIS IS TO CERTIFY THAT THE POLIC<br>DICATED. NOTWITHSTANDING ANY<br>ERTIFICATE MAY BE ISSUED OR MA'<br>KCLUSIONS AND CONDITIONS OF SUCH | REQUI<br>PER<br>POLI | TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE I | N OF A            | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS: | R DOCUMENT WITH RE<br>ED HEREIN IS SUBJEC | SPECT TO | WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSD         | SUBR           | POLICY NUMBER   |                   | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                | L   | IMITS    |            |
| Α           | X COMMERCIAL GENERAL LIABILITY  |                      |                |   |                   |  |   | EACH OCCURRENCE                           | \$       | 1,000,000  |
|             | CLAIMS-MADE X OCCUR   |                      |                | CCI1372400  |                   | 2/7/2021                                 | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence  | ) \$     | 300,000    |
|             |   |                      |                |   |                   |  |   | MED EXP (Any one person)                  | .        | 10,000     |
|             |   |                      |                |   |                   |  |   | PERSONAL & ADV INJURY                     | Y \$     | 1,000,000  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                      |                |   |                   |  |   | GENERAL AGGREGATE                         | \$       | 2,000,000  |
|             | POLICY X PRO- X LOC   |                      |                |   |                   |  |   | PRODUCTS - COMP/OP A                      | GG \$    | 2,000,000  |
|             | OTHER:  |                      |                |   |                   |  |   | Liquor Liab                               | \$       | 1,000,000  |
| Α           | AUTOMOBILE LIABILITY  |                      |                |   |                   |  |   | COMBINED SINGLE LIMIT (Ea accident)       | \$       | 1,000,000  |
|             | X ANY AUTO  |                      |                | CBA1372400  |                   | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (Per perso                  | on) \$   |            |
|             | OWNED SCHEDULED AUTOS ONLY AUTOS  |                      |                |   |                   |  |   | BODILY INJURY (Per accid                  | lent) \$ |            |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                      |                |   |                   |  |   | PROPERTY DAMAGE (Per accident)            | \$       |            |
|             |   |                      |                |   |                   |  |   |   | \$       |            |
| Α           | X UMBRELLA LIAB X OCCUR   |                      |                |   |                   |  |   | EACH OCCURRENCE                           | \$       | 2,000,000  |
|             | EXCESS LIAB CLAIMS-MAD  |                      |                | CCU1372400  |                   | 2/7/2021                                 | 2/7/2022                                  | AGGREGATE                                 | \$       | 2,000,000  |
|             | DED X RETENTION \$ 10,00  | )                    |                |   |                   |  |   |   | \$       |            |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                      |                |   |                   |  |   | PER OTI<br>STATUTE ER                     | H-       |            |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                  |                |   |                   |  |   | E.L. EACH ACCIDENT                        | \$       |            |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |                      |                |   |                   |  |   | E.L. DISEASE - EA EMPLO                   | YEE \$   |            |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                      |                |   |                   |  |   | E.L. DISEASE - POLICY LIN                 | MIT \$   |            |
|             |   |                      |                |   |                   |  |   |   |          |            |

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

CERTIFICATE HOLDER CANCELLATION

PRISA 100 North Tampa LLC & Cushman & Wakefield U.S. Inc,

Its Successors Affiliates and/or Assigns

100 North Tampa St. Ste 2135

Tampa, FL 33602 ACORD 25 (2016/03) 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

Dann Andun

**PALACIOS** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 2/5/2021

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| lf          | MPORTANT: If the certificate holder<br>SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights to                             | t to                | the                    | terms and conditions of   | the po          | licy, certain p                            | oolicies may                              | NAL INSURED provis<br>require an endorser | sions or be<br>ment. A st | endorsed.<br>atement on |
|-------------|---|---------------------|------------------------|---|-----------------|--|---|---|---------------------------|-------------------------|
| PRO         | DUCER   |                     |                        |   | CONTA NAME:     | ст Alexandı                                | ra Palacios                               |   |                           |                         |
|             | rrance Office of America, Inc.  |                     |                        |   |                 | o, Ext): (407) 2                           |   | FAX<br>(A/C,                              | No):                      |                         |
|             | 5 West State Road 434<br>gwood, FL 32750  |                     |                        |   | E-MAIL<br>ADDRE | ss: Alexandı                               | ra.Palacios                               | @ioausa.com                               | ,.                        |                         |
|             | -   |                     |                        |   |                 |  |   | RDING COVERAGE                            |                           | NAIC#                   |
|             |   |                     |                        |   | INSURE          | R A : Regent                               | Insurance                                 | Company                                   |                           | 24449                   |
| INSU        | IRED  |                     |                        |   | INSURE          | RB:  |   | •   |                           |                         |
|             | Puff N Stuff Catering LLC   |                     |                        |   | INSURE          | RC:  |   |   |                           |                         |
|             | 5802-5804 E. Columbus Drive   | е                   |                        |   | INSURE          | RD:  |   |   |                           |                         |
|             | Tampa, FL 33619   |                     |                        |   | INSURE          | RE:  |   |   |                           |                         |
|             |   |                     |                        |   | INSURE          | RF:  |   |   |                           |                         |
| CO          | VERAGES CER   | TIFIC               | CATE                   | NUMBER:   |                 |  |   | REVISION NUMBER                           | R:                        |                         |
| IN<br>CI    | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY RI<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH I | EQUI<br>PER<br>POLI | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORE<br>LIMITS SHOWN MAY HAVE | N OF A          | NY CONTRAC<br>7 THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RE<br>ED HEREIN IS SUBJEC | SPECT TO                  | WHICH THIS              |
| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSD        | SUBR<br>WVD            | POLICY NUMBER   |                 | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY)                | ι   | LIMITS                    |                         |
| Α           | X COMMERCIAL GENERAL LIABILITY  |                     |                        |   |                 | ,  |   | EACH OCCURRENCE                           | \$                        | 1,000,000               |
|             | CLAIMS-MADE X OCCUR   |                     |                        | CCI1372400  |                 | 2/7/2021                                   | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence  | e) \$                     | 300,000                 |
|             |   |                     |                        |   |                 |  |   | MED EXP (Any one person                   | .                         | 10,000                  |
|             |   |                     |                        |   |                 |  |   | PERSONAL & ADV INJURY                     | Y \$                      | 1,000,000               |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                     |                        |   |                 |  |   | GENERAL AGGREGATE                         | \$                        | 2,000,000               |
|             | POLICY X PRO-   |                     |                        |   |                 |  |   | PRODUCTS - COMP/OP A                      | AGG \$                    | 2,000,000               |
|             | OTHER:  |                     |                        |   |                 |  |   | Liquor Liab                               | \$                        | 1,000,000               |
| Α           | AUTOMOBILE LIABILITY  |                     |                        |   |                 |  |   | COMBINED SINGLE LIMIT (Ea accident)       | \$                        | 1,000,000               |
|             | X ANY AUTO  |                     |                        | CBA1372400  |                 | 2/7/2021                                   | 2/7/2022                                  | BODILY INJURY (Per perso                  | on) \$                    |                         |
|             | OWNED SCHEDULED AUTOS ONLY  |                     |                        |   |                 |  |   | BODILY INJURY (Per accid                  | dent) \$                  |                         |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                     |                        |   |                 |  |   | PROPERTY DAMAGE<br>(Per accident)         | \$                        |                         |
|             |   |                     |                        |   |                 |  |   |   | \$                        |                         |
| Α           | X UMBRELLA LIAB X OCCUR   |                     |                        |   |                 |  | 0/=/000                                   | EACH OCCURRENCE                           | \$                        | 2,000,000               |
|             | EXCESS LIAB CLAIMS-MADE   |                     |                        | CCU1372400  |                 | 2/7/2021                                   | 2/7/2022                                  | AGGREGATE                                 | \$                        | 2,000,000               |
|             | DED X RETENTION \$ 10,000   |                     |                        |   |                 |  |   | DED OT                                    | \$                        |                         |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                     |                        |   |                 |  |   | PER OT<br>STATUTE ER                      | TH-                       |                         |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                 |                        |   |                 |  |   | E.L. EACH ACCIDENT                        | \$                        |                         |
|             | (Mandatory in NH)   |                     |                        |   |                 |  |   | E.L. DISEASE - EA EMPLO                   | OYEE \$                   |                         |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below  |                     |                        |   |                 |  |   | E.L. DISEASE - POLICY LII                 | IMIT \$                   |                         |
|             |   |                     |                        |   |                 |  |   |   |                           |                         |
|             |   |                     |                        |   |                 |  |   |   |                           |                         |

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

| 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.

PRISA LHC LLC;PR100 NORTH TAMPA LLC;PRISA 100 **NORTH** 

100 North Tampa St., Ste. 2135 Tampa, FL 33602

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|             | his certificate does not confer rights to   |                      |                        |   | ch end            | lorsement(s)                             |  | •   | orsemen  | t. A s | statement on |
|-------------|---|----------------------|------------------------|---|-------------------|--|--|---|--|--------|--------------|
|             | DDUCER  |                      |                        |   |                   | ст Alexandı                              |  |   | FAV  |        |              |
| 185         | urance Office of America, Inc.<br>5 West State Road 434   |                      |                        |   | PHONE<br>(A/C, No | o, Ext): (407) 2                         | 212-3541                                   |   | (A/C, No):   |        |              |
| Lon         | ngwood, FL 32750  |                      |                        |   | E-MAIL<br>ADDRE   | <sub>ss:</sub> Alexandı                  | ra.Palacios                                | @ioausa.com   |  |        |              |
|             |   |                      |                        |   |                   | INS                                      | SURER(S) AFFOR                             | RDING COVERAGE  |  |        | NAIC#        |
|             |   |                      |                        |   | INSURE            | RA: Regent                               | Insurance                                  | Company   |  |        | 24449        |
| INSU        | JRED  |                      |                        |   | INSURE            | RB:                                      |  | S    FAX (A/C, No):   S@ioausa.com    DRDING COVERAGE     Company |  |        |              |
|             | Puff N Stuff Catering LLC   |                      |                        |   | INSURE            | RC:                                      |  |   | IUCTS - COMP/OP AGG DO LIAB SINDER SINGE S |        |              |
|             | 5802-5804 E. Columbus Driv  | e                    |                        |   | INSURE            | RD:                                      |  |   |  |        |              |
|             | Tampa, FL 33619   |                      |                        |   | INSURE            | RE:                                      |  |   |  |        |              |
|             |   |                      |                        |   | INSURE            | RF:                                      |  |   |  |        |              |
| СО          | VERAGES CER   | TIFIC                | CATE                   | NUMBER:   |                   |  |  | REVISION NUM  | IBER:  |        |              |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIC | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A            | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | DOCUMENT WIT  | H RESPE  | CT TO  | WHICH THIS   |
| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSD         | WVD                    | POLICY NUMBER   |                   | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                 |   | LIMIT  | S      |              |
| Α           | X COMMERCIAL GENERAL LIABILITY  |                      |                        |   |                   |  |  |   |  | \$     |              |
|             | CLAIMS-MADE X OCCUR   |                      |                        | CCI1372400  |                   | 2/7/2021                                 | 2/7/2022                                   | PREMISES (Ea occu   | LD<br>irrence)   | \$     |              |
|             |   |                      |                        |   |                   |  |  | MED EXP (Any one  | person)  | \$     | .,           |
|             |   |                      |                        |   |                   |  |  | PERSONAL & ADV  | INJURY   | \$     |              |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |                      |                        |   |                   |  |  | GENERAL AGGREG  | SATE   | \$     | · · ·        |
|             | POLICY X PRO-<br>JECT X LOC   |                      |                        |   |                   |  |  |   | P/OP AGG   | \$     | · · ·        |
| _           | OTHER:  |                      |                        |   |                   |  |  |   | LINALT   | \$     |              |
| Α           | AUTOMOBILE LIABILITY  |                      |                        |   |                   |  |  |   | LIMIT  | \$     | 1,000,000    |
|             | X ANY AUTO  |                      |                        | CBA1372400  |                   | 2/7/2021                                 | 2/7/2022                                   | BODILY INJURY (Pe   | er person)   | \$     |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS  |                      |                        |   |                   |  |  |   |  | \$     |              |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                      |                        |   |                   |  |  | (Per accident)  | SE .   | \$     |              |
|             |   |                      |                        |   |                   |  |  |   |  | \$     |              |
| Α           | X UMBRELLA LIAB X OCCUR   |                      |                        |   |                   |  |  | EACH OCCURRENCE   | CE   | \$     |              |
|             | EXCESS LIAB CLAIMS-MADE   |                      |                        | CCU1372400  |                   | 2/7/2021                                 | 2/7/2022                                   | AGGREGATE   |  | \$     | 2,000,000    |
|             | DED X RETENTION \$ 10,000   |                      |                        |   |                   |  |  |   |  | \$     |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                      |                        |   |                   |  |  | PER<br>STATUTE  | OTH-<br>ER   |        |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                  |                        |   |                   |  |  | E.L. EACH ACCIDE!   | NT   | \$     |              |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |                      |                        |   |                   |  |  | E.L. DISEASE - EA E   | EMPLOYEE   | \$     |              |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below  |                      |                        |   |                   |  |  | E.L. DISEASE - POL  | ICY LIMIT  | \$     |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A               | CORE                   | 101, Additional Remarks Schedu  | le, may b         | e attached if mor                        | e space is requir                          | ed)   |  |        |              |
| For         | informational purposes only.  |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
|             |   |                      |                        |   |                   |  |  |   |  |        |              |
| CE          | RTIFICATE HOLDER  |                      |                        |   | CANO              | CELLATION                                |  |   |  |        |              |
|             |   |                      |                        |   | THE               | EXPIRATION                               | N DATE TH                                  | EREOF, NOTICE   |  |        |              |
|             | <b></b>   |                      |                        |   | AUTHO             | RIZED REPRESE                            | NTATIVE                                    |   |  |        |              |
|             | Puff N Stuff Catering LLC   |                      |                        |   | l 👡               | 1 1                                      |  |   |  |        |              |

5802-5804 E. Columbus Drive

**PALACIOS** 



DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 2/5/2021

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|             | SUBROGATION IS WAIVED, subject size to subject the subject to subj |             |                         |   |  |                                    |                            | require an end                                      | orsemen                                 | t. A | statement on      |
|-------------|--|-------------|-------------------------|---|--|------------------------------------|----------------------------|---|---|------|-------------------|
| PRO         | DDUCER   |             |                         |   | CONTA<br>NAME:                             | CT Alexand                         | ra Palacios                | ;   |   |      |                   |
|             | urance Office of America, Inc.   |             |                         |   |  | o, Ext): (407) 2                   |                            |   | FAX<br>(A/C, No):                       |      |                   |
|             | 5 West State Road 434<br>Igwood, FL 32750  |             |                         |   | E-MAIL<br>ADDRE                            | ss. Alexand                        | ra.Palacios                | @ioausa.com   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |      |                   |
|             | ,  |             |                         |   | 7,55,1,2                                   |                                    |                            | RDING COVERAGE                                      |   |      | NAIC#             |
|             |  |             |                         |   | INSURE                                     | R A : Regent                       |                            |   |   |      | 24449             |
| INS         | JRED   |             |                         |   | INSURE                                     |                                    |                            |   |   |      |                   |
|             | Puff N Stuff Catering LLC  |             |                         |   | INSURE                                     |                                    |                            |   |   |      |                   |
|             | 5802-5804 E. Columbus Driv   | ⁄e          |                         |   | INSURE                                     |                                    |                            |   |   |      |                   |
|             | Tampa, FL 33619  |             |                         |   | INSURE                                     |                                    |                            |   |   |      |                   |
|             |  |             |                         |   | INSURE                                     | RF:                                |                            |   |   |      |                   |
| CC          | VERAGES CER  | TIFIC       | CATE                    | NUMBER:   |  |                                    |                            | REVISION NUM  | MBER:                                   |      |                   |
| II<br>C     | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R EERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH   | PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITIO<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A                                     | ANY CONTRA<br>7 THE POLIC          | CT OR OTHER<br>IES DESCRIB | R DOCUMENT WITED HEREIN IS SI                       | TH RESPE                                | CT T | O WHICH THIS      |
| LTR         | TYPE OF INSURANCE  | INSD        | SUBR                    | POLICY NUMBER   |  | (MM/DD/YYYY)                       | (MM/DD/YYYY)               |   | LIMIT                                   | S    | 4 000 000         |
| Α           | X COMMERCIAL GENERAL LIABILITY   |             |                         |   |  |                                    |                            | EACH OCCURRENT                                      | CE                                      | \$   | 1,000,000         |
|             | CLAIMS-MADE X OCCUR  | X           |                         | CCI1372400  |  | 2/7/2021                           | 2/7/2022                   | DAMAGE TO RENT<br>PREMISES (Ea occ                  | urrence)                                | \$   | 300,000<br>10,000 |
|             |  |             |                         |   |  |                                    |                            | MED EXP (Any one                                    | person)                                 | \$   | 1,000,000         |
|             |  |             |                         |   |  |                                    |                            | PERSONAL & ADV                                      | INJURY                                  | \$   | 2,000,000         |
|             | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC  |             |                         |   |  |                                    |                            | GENERAL AGGREO                                      |   | \$   | 2,000,000         |
|             |  |             |                         |   |  |                                    |                            | PRODUCTS - COM                                      | P/OP AGG                                | \$   | 1,000,000         |
| Α           | OTHER:  AUTOMOBILE LIABILITY   |             |                         |   |  |                                    |                            | COMBINED SINGLE                                     | ELIMIT                                  | \$   | 1,000,000         |
|             | X ANY AUTO   |             |                         | CBA1372400  |  | 2/7/2021                           | 2/7/2022                   | (Ea accident)  BODILY INJURY (Pe                    | or norson)                              | \$   |                   |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |             |                         |   |  |                                    |                            | BODILY INJURY (P                                    |   |      |                   |
|             | HIRD AUTOS ONLY NON-OWNED AUTOS ONLY   |             |                         |   |  |                                    |                            | PROPERTY DAMAG<br>(Per accident)                    | GE accident)                            | \$   |                   |
|             | AUTOS ONLY AUTOS ONLY  |             |                         |   |  |                                    |                            | (Fer accident)                                      |   | \$   |                   |
| Α           | X UMBRELLA LIAB X OCCUR  |             |                         |   |  |                                    |                            | EACH OCCURREN                                       | CE                                      | \$   | 2,000,000         |
|             | EXCESS LIAB CLAIMS-MADE  |             |                         | CCU1372400  |  | 2/7/2021                           | 2/7/2022                   | AGGREGATE   | 02                                      | \$   | 2,000,000         |
|             | DED X RETENTION \$ 10,000  |             |                         |   |  |                                    |                            |   |   | \$   |                   |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |             |                         |   |  |                                    |                            | PER<br>STATUTE                                      | OTH-<br>ER                              |      |                   |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A         |                         |   |  |                                    |                            | E.L. EACH ACCIDE                                    | NT                                      | \$   |                   |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A         |                         |   |  |                                    |                            | E.L. DISEASE - EA                                   | EMPLOYEE                                | \$   |                   |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |             |                         |   |  |                                    |                            | E.L. DISEASE - POL                                  | ICY LIMIT                               | \$   |                   |
|             |  |             |                         |   |  |                                    |                            |   |   |      |                   |
|             |  |             |                         |   |  |                                    |                            |   |   |      |                   |
|             |  |             |                         |   |  |                                    |                            |   |   |      |                   |
| DES<br>Rela | icription of operations / Locations / Vehic<br>evant Church is granted additional insur  | LES (A      | ACORE<br>tatus          | on, Additional Remarks Scheduwith regard to the General               | <sub>i</sub> le, may b<br>I <b>Liabili</b> | e attached if moi<br>ty policy whe | e space is requin          | red)<br>/ contract or agr                           | eement.                                 |      |                   |
|             | DITION TO LICE DED   |             |                         |   | 041  | CLIATION                           |                            |   |   |      |                   |
| UE          | RTIFICATE HOLDER   |             |                         |   | SHC<br>THE<br>ACC                          | EXPIRATIO                          | N DATE TH<br>TH THE POLIC  | ESCRIBED POLICI<br>IEREOF, NOTICI<br>CY PROVISIONS. |   |      |                   |
|             | Relevant Church  |             |                         |   | 70110                                      | <br>                               | VE                         |   |   |      |                   |

ACORD 25 (2016/03)

1704 North 16th Street Tampa, FL 33605

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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|                | SUBROGATION IS WAIVE<br>nis certificate does not conf                         |                               |                     |                        |   | ıch end           | orsement(s)                              |  | •                       |                |                    |       |            |
|----------------|---|-------------------------------|---------------------|------------------------|---|-------------------|--|--|-------------------------|----------------|--------------------|-------|------------|
|                | DUCER   |                               |                     |                        |   | CONTAI<br>NAME:   | <sup>CT</sup> Alexandı                   | ra Palacios                              | 1                       |                |                    |       |            |
|                | ırance Office of America, In<br>5 West State Road 434                         | C.                            |                     |                        |   | PHONE<br>(A/C, No | o, Ext): (407) 2                         | 12-3541                                  |                         |                | FAX<br>(A/C, No):  |       |            |
|                | gwood, FL 32750   |                               |                     |                        |   | E-MAIL<br>ADDRE   | ss: Álexandı                             | ra.Palacios                              | @ioausa                 | a.com          |                    |       |            |
|                |   |                               |                     |                        |   |                   | INS                                      | URER(S) AFFOI                            | RDING COVE              | RAGE           |                    |       | NAIC#      |
|                |   |                               |                     |                        |   | INSURE            | RA: Regent                               | • •                                      |                         |                |                    |       | 24449      |
| INSU           | JRED  |                               |                     |                        |   | INSURE            |  |  |                         |                |                    |       |            |
|                |   |                               |                     |                        |   |                   |  |  |                         |                |                    |       |            |
|                | Puff N Stuff Cateri<br>5802-5804 E. Colu                                      |                               | Δ.                  |                        |   | INSURE            |  |  |                         |                |                    |       |            |
|                | Tampa, FL 33619   | IIIDUS DIIV                   |                     |                        |   | INSURE            |  |  |                         |                |                    |       |            |
|                | • •   |                               |                     |                        |   | INSURE            |  |  |                         |                |                    |       |            |
|                |   |                               |                     |                        |   | INSURE            | RF:                                      |  |                         |                |                    |       |            |
|                | VERAGES   |                               |                     |                        | NUMBER:   |                   |  |  | REVISIO                 |                |                    |       |            |
| IN<br>CI<br>EX | HIS IS TO CERTIFY THAT THAT THAT THAT THAT THAT THAT THA                      | NG ANY R<br>OR MAY<br>OF SUCH | EQUI<br>PER<br>POLI | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY  | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS | R DOCUME<br>ED HERE     | NT WI          | TH RESPE           | CT TC | WHICH THIS |
| INSR<br>LTR    | TYPE OF INSURANCE   |                               | ADDL<br>INSD        | SUBR<br>WVD            | POLICY NUMBER   |                   | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)               |                         |                | LIMIT              | s     |            |
| Α              | X COMMERCIAL GENERAL LIA  | BILITY                        |                     |                        |   |                   |  |  | EACH OCC                | URREN          | CE                 | \$    | 1,000,000  |
|                | CLAIMS-MADE X O   | CCUR                          |                     |                        | CCI1372400  |                   | 2/7/2021                                 | 2/7/2022                                 | DAMAGE T<br>PREMISES    | O RENT         | ED<br>(urrence)    | \$    | 300,000    |
|                |   |                               |                     |                        |   |                   |  |  | MED EXP (               |                |                    | \$    | 10,000     |
|                |   |                               |                     |                        |   |                   |  |  | PERSONAL                | _ & ADV        | INJURY             | \$    | 1,000,000  |
|                | GEN'L AGGREGATE LIMIT APPLIES   | S PER:                        |                     |                        |   |                   |  |  | GENERAL                 |                |                    | \$    | 2,000,000  |
|                | POLICY X PRO- X   | LOC                           |                     |                        |   |                   |  |  | PRODUCTS                |                |                    | \$    | 2,000,000  |
|                | OTHER:  |                               |                     |                        |   |                   |  |  | Liquor L                |                | .,                 | \$    | 1,000,000  |
| Α              | AUTOMOBILE LIABILITY  |                               |                     |                        |   |                   |  |  | COMBINED<br>(Ea acciden | SINGL          | E LIMIT            | \$    | 1,000,000  |
|                | X ANY AUTO  |                               |                     |                        | CBA1372400  |                   | 2/7/2021                                 | 2/7/2022                                 |                         | ,              |                    | \$    |            |
|                |   | DULED<br>S                    |                     |                        | ODA 1072-100  |                   | 27172021                                 | 2/1/2022                                 | BODILY IN               |                |                    |       |            |
|                |   | OWNED<br>OS ONLY              |                     |                        |   |                   |  |  | PROPERTY<br>(Per accide | ZDAMA<br>ZDAMA | er accident)<br>GE | \$    |            |
|                | AUTOS ONLY AÚTO   | S ONLY                        |                     |                        |   |                   |  |  | (Per accide             | nt)            |                    | \$    |            |
| Α              | X UMBRELLA LIAB X O   | 00110                         |                     |                        |   |                   |  |  |                         |                |                    | \$    | 2,000,000  |
| ^              | H   | CCUR<br>LAIMS-MADE            |                     |                        | CCU1372400  |                   | 2/7/2021                                 | 2/7/2022                                 | EACH OCC                |                | CE                 | \$    | 2,000,000  |
|                |   | 10,000                        |                     |                        | 0001012100  |                   |  | _,,,                                     | AGGREGA                 | TE             |                    | \$    | 2,000,000  |
|                | DED X RETENTION \$  | 10,000                        |                     |                        |   |                   |  |  | PER                     |                | OTH-               | \$    |            |
|                | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                 | Y/N                           |                     |                        |   |                   |  |  | PER<br>STATI            | JTE            | OTH-<br>ER         |       |            |
|                | ANY PROPRIETOR/PARTNER/EXECU<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH) | JTIVE                         | N/A                 |                        |   |                   |  |  | E.L. EACH               | ACCIDE         | NT                 | \$    |            |
|                | (Mandatory in NH) If yes, describe under                                      |                               |                     |                        |   |                   |  |  | E.L. DISEA              | SE - EA        | EMPLOYEE           | \$    |            |
|                | DESCRIPTION OF OPERATIONS be  | low                           |                     |                        |   |                   |  |  | E.L. DISEA              | SE - PO        | LICY LIMIT         | \$    |            |
|                |   |                               |                     |                        |   |                   |  |  |                         |                |                    |       |            |
|                |   |                               |                     |                        |   |                   |  |  |                         |                |                    |       |            |
|                |   |                               |                     |                        |   |                   |  |  |                         |                |                    |       |            |
| DES            | CRIPTION OF OPERATIONS / LOCAT  | IONS / VEHICI                 | LES (A              | ACORE                  | 0 101, Additional Remarks Schedu  | ıle, may b        | e attached if mor                        | e space is requi                         | red)                    |                |                    |       |            |
| DES            | CRIPTION OF OPERATIONS / LOCAT  | IONS / VEHICI                 | LES (A              | ACORE                  | <br>0 101, Additional Remarks Schedu                                    | ıle, may b        | e attached if mor                        | e space is requi                         | red)                    |                |                    |       |            |
|                |   |                               |                     |                        |   |                   |  |  |                         |                |                    |       |            |
| <u> </u>       | DTIFICATE HOLDED  |                               |                     |                        |   | CANC              | TIL ATION                                |  |                         |                |                    |       |            |
| CE             | RTIFICATE HOLDER  |                               |                     |                        |   | CANC              | ELLATION                                 |  |                         |                |                    |       |            |
|                |   |                               |                     |                        |   |                   | ULD ANY OF T                             |  |                         |                |                    |       | LED BEFORE |

ACORD 25 (2016/03)

RHH 220 7th Ave LLC &Gathering Tampa, LLC

701 S Howard Ave Ste 106-322

Tampa, FL 33606

ACCORDANCE WITH THE POLICY PROVISIONS.

**PALACIOS** 



### **CERTIFICATE OF LIABILITY INSURANCE**

2/5/2021

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).

|              | nis certificate does not confer rights t  | o the       | certi                   | ficate holder in lieu of su   |            | lorsement(s).<br><sup>c⊤</sup> Alexandr  |   | <u> </u>                         |                   |       |            |
|--------------|---|-------------|-------------------------|---|------------|--|---|----------------------------------|-------------------|-------|------------|
|              | rance Office of America, Inc.   |             |                         |   |            | o, Ext): (407) 2                         |   |                                  | FAX<br>(A/C, No): |       |            |
|              | 5 West State Road 434<br>gwood, FL 32750  |             |                         |   | E-MAIL     | ss. Alexandr                             | a.Palacios                                | @ioausa.com                      |                   |       |            |
|              | g., c.c., , _ c c.  |             |                         |   | ADDRE      |  |   | RDING COVERAGE                   |                   |       | NAIC#      |
|              |   |             |                         |   | INSLIDE    | RA: Regent                               | ,   |                                  |                   |       | 24449      |
| INSL         | JRED  |             |                         |   | INSURE     |  |   |                                  |                   |       |            |
|              | Puff N Stuff Catering LLC   |             |                         |   | INSURE     |  |   |                                  |                   |       |            |
|              | 5802-5804 E. Columbus Driv  | /e          |                         |   | INSURE     |  |   |                                  |                   |       |            |
|              | Tampa, FL 33619   |             |                         |   | INSURE     |  |   |                                  |                   |       |            |
|              |   |             |                         |   | INSURE     |  |   |                                  |                   |       |            |
| СО           | VERAGES CER   | TIFIC       | CATE                    | NUMBER:   |            |  |   | REVISION NUI                     | MBER:             |       |            |
| IN<br>C<br>E | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>CLUSIONS AND CONDITIONS OF SUCH | PER<br>POLI | IREME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A     | NY CONTRAC<br>THE POLICI<br>REDUCED BY F | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WI<br>ED HEREIN IS S  | TH RESPE          | CT TO | WHICH THIS |
| INSR<br>LTR  | TYPE OF INSURANCE   | INSD        | SUBR<br>WVD             | POLICY NUMBER   |            | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                |                                  | LIMIT             | S     | 4 000 000  |
| Α            | X COMMERCIAL GENERAL LIABILITY  |             |                         |   |            |  |   | EACH OCCURRENT<br>DAMAGE TO RENT |                   | \$    | 1,000,000  |
|              | CLAIMS-MADE X OCCUR   |             |                         | CCI1372400  |            | 2/7/2021                                 | 2/7/2022                                  | PREMISES (Ea occ                 | urrence)          | \$    | 300,000    |
|              |   |             |                         |   |            |  |   | MED EXP (Any one                 | person)           | \$    | 10,000     |
|              |   |             |                         |   |            |  |   | PERSONAL & ADV                   | INJURY            | \$    | 1,000,000  |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |                         |   |            |  |   | GENERAL AGGRE                    | GATE              | \$    | 2,000,000  |
|              | POLICY X PRO-   |             |                         |   |            |  |   | PRODUCTS - COM                   | P/OP AGG          | \$    | 1,000,000  |
| Α.           | OTHER:  |             |                         |   |            |  |   | COMBINED SINGL                   | FIIMIT            | \$    | 1,000,000  |
| Α            | AUTOMOBILE LIABILITY  |             |                         | 00440=0400  |            | 0/=/0004                                 | 0/=/0000                                  | (Ea accident)                    | _ LIWII I         | \$    | 1,000,000  |
|              | ANY AUTO SCHEDULED  |             |                         | CBA1372400  |            | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (P                 | er person)        | \$    |            |
|              | OWNED AUTOS ONLY AUTOS NON OWNED  |             |                         |   |            |  |   | BODILY INJURY (P                 | er accident)      | \$    |            |
|              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |             |                         |   |            |  |   | PROPERTY DAMA<br>(Per accident)  |                   | \$    |            |
| Α            | X UMBRELLA LIAB X OCCUR   |             |                         |   |            |  |   |                                  |                   | \$    | 2,000,000  |
| ^            | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE   |             |                         | CCU1372400  |            | 2/7/2021                                 | 2/7/2022                                  | EACH OCCURREN                    | CE                | \$    | 2,000,000  |
|              | 40,000  |             |                         | 0001012100  |            |  | _,,,                                      | AGGREGATE                        |                   | \$    | 2,000,000  |
|              | BEB RETERMONE /   |             |                         |   |            |  |   | PER<br>STATUTE                   | OTH-              | \$    |            |
|              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N  |             |                         |   |            |  |   |                                  | <u>ĒR</u>         |       |            |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A         |                         |   |            |  |   | E.L. EACH ACCIDE                 |                   | \$    |            |
|              | If yes, describe under  |             |                         |   |            |  |   | E.L. DISEASE - EA                |                   | •     |            |
|              | DÉSCRIPTION OF OPERATIONS below   |             |                         |   |            |  |   | E.L. DISEASE - PO                | LICY LIMIT        | \$    |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
| DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (       | ACORE                   | 101. Additional Remarks Schedu  | le. mav b  | e attached if more                       | e space is requir                         | red)                             |                   |       |            |
|              |   | (-          |                         | ,                                 | , <b>,</b> |  |   | ,                                |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
|              |   |             |                         |   |            |  |   |                                  |                   |       |            |
| CE           | RTIFICATE HOLDER  |             |                         |   | CANO       | CELLATION                                |   |                                  |                   |       |            |
|              |   |             |                         |   | THE        | EXPIRATION                               | N DATE TH                                 | ESCRIBED POLICIEREOF, NOTIC      |                   |       |            |

Tampa, FL 33606 ACORD 25 (2016/03)

RHH 220 7th Avenue LLC

Attention: Adam Harden

701 S. Howard Avenue, Ste 106-322

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**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| li<br>t         | f SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to   | ct to               | the            | terms and conditions of   | the po               | licy, certain p                             | policies may                                   | require an endo                                  | orsemen           | t. As          | statement on |
|-----------------|---|---------------------|----------------|---|----------------------|---|--|--|-------------------|----------------|--------------|
|                 | DDUCER  | <i>-</i> 1110       | - 0011         | mode noider in ned or sa  |                      | CT Alexand                                  |  |  |                   |                |              |
| Ins             | urance Office of America, Inc.  |                     |                |   |                      | o, Ext): (407) 2                            |  |  | FAX<br>(A/C, No): |                |              |
|                 | 5 West State Road 434<br>ngwood, FL 32750   |                     |                |   | E-MAIL<br>ADDRE      | ss: Alexandi                                | ra.Palacios                                    | @ioausa.com                                      | (740, 110).       |                |              |
|                 | ,   |                     |                |   | 7,55,1,2             |   |  | RDING COVERAGE                                   |                   |                | NAIC#        |
|                 |   |                     |                |   | INSURE               | RA: Regent                                  | Insurance                                      | Company  |                   |                | 24449        |
| INS             | URED  |                     |                |   | INSURE               | RB:   |  | •  |                   |                |              |
|                 | Puff N Stuff Catering LLC   |                     |                |   | INSURE               | ERC:  |  |  |                   |                |              |
|                 | 5802-5804 E. Columbus Driv  | e                   |                |   | INSURE               | ERD:  |  |  |                   |                |              |
|                 | Tampa, FL 33619   |                     |                |   | INSURE               | RE:   |  |  |                   |                |              |
|                 |   |                     |                |   | INSURE               | RF:   |  |  |                   |                |              |
| CC              | OVERAGES CER  | TIFI                | CATE           | NUMBER:   |                      |   |  | REVISION NUM                                     | IBER:             |                |              |
| II<br>E<br>INSF |   | EQUI<br>PER<br>POLI | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A               | ANY CONTRAC<br>Y THE POLICI<br>REDUCED BY I | CT OR OTHER ES DESCRIB PAID CLAIMS. POLICY EXP | R DOCUMENT WIT                                   | H RESPE           | CT TO<br>O ALL | O WHICH THIS |
| LTR<br>A        | X COMMERCIAL GENERAL LIABILITY  | INSD                | WVD            | FOLICT NOMBER   |                      | (MM/DD/YYYY)                                | (MM/DD/YYYY)                                   | EAGU GOOLIDDENG                                  |                   |                | 1,000,000    |
|                 | CLAIMS-MADE X OCCUR   | х                   |                | CCI1372400  |                      | 2/7/2021                                    | 2/7/2022                                       | DAMAGE TO RENTI<br>PREMISES (Ea occu             | ED .              | \$             | 300,000      |
|                 | SE LINE III E X   | ^                   |                | 0011072400  |                      | 2///2021                                    | ZITIZOZZ                                       | MED EXP (Any one )                               |                   | \$             | 10,000       |
|                 |   |                     |                |   |                      |   |  | PERSONAL & ADV I                                 | ,                 | \$<br>\$       | 1,000,000    |
|                 | GEN'L AGGREGATE LIMIT APPLIES PER:  |                     |                |   |                      |   |  | GENERAL AGGREG                                   |                   | \$             | 2,000,000    |
|                 | POLICY X PRO-<br>JECT X LOC   |                     |                |   |                      |   |  | PRODUCTS - COMF                                  |                   | \$             | 2,000,000    |
|                 | OTHER:  |                     |                |   |                      |   |  | Liquor Liab                                      | , , , , , , ,     | \$             | 1,000,000    |
| Α               | AUTOMOBILE LIABILITY  |                     |                |   |                      |   |  | COMBINED SINGLE (Ea accident)                    | LIMIT             | \$             | 1,000,000    |
|                 | X ANY AUTO  |                     |                | CBA1372400  |                      | 2/7/2021                                    | 2/7/2022                                       | BODILY INJURY (Pe                                | er person)        | \$             |              |
|                 | OWNED SCHEDULED AUTOS   |                     |                |   |                      |   |  | BODILY INJURY (Pe                                |                   | \$             |              |
|                 | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                     |                |   |                      |   |  | PROPERTY DAMAG<br>(Per accident)                 |                   | \$             |              |
|                 |   |                     |                |   |                      |   |  |  |                   | \$             |              |
| Α               | X UMBRELLA LIAB X OCCUR   |                     |                |   |                      |   |  | EACH OCCURRENC                                   | Œ                 | \$             | 2,000,000    |
|                 | EXCESS LIAB CLAIMS-MADE   |                     |                | CCU1372400  |                      | 2/7/2021                                    | 2/7/2022                                       | AGGREGATE  |                   | \$             | 2,000,000    |
|                 | DED X RETENTION \$ 10,000   |                     |                |   |                      |   |  |  |                   | \$             |              |
|                 | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                     |                |   |                      |   |  | PER<br>STATUTE                                   | OTH-<br>ER        |                |              |
|                 | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A                 |                |   |                      |   |  | E.L. EACH ACCIDEN                                | NT                | \$             |              |
|                 |   |                     |                |   |                      |   |  | E.L. DISEASE - EA E                              | MPLOYEE           | \$             |              |
|                 | If yes, describe under DESCRIPTION OF OPERATIONS below  |                     |                |   |                      |   |  | E.L. DISEASE - POL                               | ICY LIMIT         | \$             |              |
|                 |   |                     |                |   |                      |   |  |  |                   |                |              |
|                 |   |                     |                |   |                      |   |  |  |                   |                |              |
| Riv             | ECRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>ergate Building Owner, LLC; In-Rel Prop<br>leral Liability policy when required by co | ertic               | s, Ind         | c. and Florida Museum of F  | le, may b<br>Photogi | e attached if mor<br>raphic Arts ar         | e space is requir<br>e granted add             | ed)<br>ditional insured s                        | status wi         | th reg         | ard to the   |
|                 | DTIFICATE US: SES   |                     |                |   | 0                    | AELL AE:                                    |  |  |                   |                |              |
| CE              | RTIFICATE HOLDER  Rivergate Building Owner LI   | _c                  |                |   | SHC<br>THE<br>ACC    | EXPIRATION                                  | N DATE TH<br>TH THE POLIC                      | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                   |                |              |
|                 | Attn: Mary Slatter  |                     |                |   |                      | λ 1.  |  |  |                   |                |              |

400 N Ashley Dr. Suite C-100

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

2/5/2021

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| th          | nis certificate does not confer rights to  | o the        | certi       | ficate holder in lieu of su    |                 |                            |                            |   |                    |          |                        |
|-------------|--|--------------|-------------|--------------------------------|-----------------|----------------------------|----------------------------|---|--------------------|----------|------------------------|
| PRO         | DUCER  |              |             |                                | CONTA<br>NAME:  | <sup>с⊤</sup> Alexandı     | ra Palacios                |   |                    |          |                        |
|             | rance Office of America, Inc.  |              |             |                                |                 | o, Ext): (407) 2           |                            |   | FAX<br>(A/C, No):  |          |                        |
|             | 5 West State Road 434<br>gwood, FL 32750   |              |             |                                | E-MAIL<br>ADDRE | ss: Alexandı               | ra.Palacios                | @ioausa.com   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            | RDING COVERAGE                                      |                    |          | NAIC#                  |
|             |  |              |             |                                | INSURE          | RA: Regent                 |                            |   |                    |          | 24449                  |
| INSL        | IRED   |              |             |                                | INSURE          | RB:                        |                            | •   |                    |          |                        |
|             | Puff N Stuff Catering LLC  |              |             |                                | INSURE          | RC:                        |                            |   |                    |          |                        |
|             | 5802-5804 E. Columbus Driv   | e e          |             |                                | INSURE          | RD:                        |                            |   |                    |          |                        |
|             | Tampa, FL 33619  |              |             |                                | INSURE          | RE:                        |                            |   |                    |          |                        |
|             |  |              |             |                                | INSURE          | RF:                        |                            |   |                    |          |                        |
| СО          | VERAGES CER  | TIFIC        | ATE         | NUMBER:                        |                 |                            |                            | <b>REVISION NUI</b>                                 | MBER:              |          |                        |
| IN          | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY | EQUI         | REME        | ENT, TERM OR CONDITION         | N OF A          | NY CONTRAC                 | CT OR OTHER                | R DOCUMENT WI                                       | TH RESPE           | CT TO    | WHICH THIS             |
| E.          | XCLUSIONS AND CONDITIONS OF SUCH   | POLIC        | CIES.       | LIMITS SHOWN MAY HAVE          |                 | REDUCED BY I               | PAID CLAIMS.               |   |                    |          |                        |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER                  |                 | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |   | LIMIT              | s        |                        |
| Α           | X COMMERCIAL GENERAL LIABILITY   |              |             |                                |                 |                            |                            | EACH OCCURREN                                       | ICE                | \$       | 1,000,000              |
|             | CLAIMS-MADE X OCCUR  |              |             | CCI1372400                     |                 | 2/7/2021                   | 2/7/2022                   | DAMAGE TO RENT<br>PREMISES (Ea occ                  | LED<br>currence)   | \$       | 300,000                |
|             |  |              |             |                                |                 |                            |                            | MED EXP (Any one                                    | person)            | \$       | 10,000                 |
|             |  |              |             |                                |                 |                            |                            | PERSONAL & ADV                                      | INJURY             | \$       | 1,000,000              |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |              |             |                                |                 |                            |                            | GENERAL AGGRE                                       | GATE               | \$       | 2,000,000              |
|             | POLICY X PRO-  |              |             |                                |                 |                            |                            | PRODUCTS - COM                                      | P/OP AGG           | \$       | 2,000,000<br>1,000,000 |
| _           | OTHER:   |              |             |                                |                 |                            |                            | Liquor Liab  COMBINED SINGL                         | FIIMIT             | \$       | 1,000,000              |
| Α           | AUTOMOBILE LIABILITY   |              |             | 00440=0400                     |                 | 0/=/0004                   | 0/=/0000                   | (Ea accident)                                       | L LIWIT            | \$       | 1,000,000              |
|             | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS  |              |             | CBA1372400                     |                 | 2/7/2021                   | 2/7/2022                   | BODILY INJURY (P                                    |                    | \$       |                        |
|             |  |              |             |                                |                 |                            |                            | BODILY INJURY (P<br>PROPERTY DAMA<br>(Per accident) | er accident)<br>GE | \$       |                        |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |              |             |                                |                 |                            |                            | (Per accident)                                      |                    | \$       |                        |
| Α           | X UMBRELLA LIAB X OCCUR  |              |             |                                |                 |                            |                            |   |                    | \$       | 2,000,000              |
| •           | EXCESS LIAB CLAIMS-MADE  |              |             | CCU1372400                     |                 | 2/7/2021                   | 2/7/2022                   | EACH OCCURREN                                       | ICE                | \$       | 2,000,000              |
|             | DED X RETENTION\$ 10,000   |              |             |                                |                 |                            |                            | AGGREGATE   |                    | \$<br>\$ |                        |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |              |             |                                |                 |                            |                            | PER<br>STATUTE                                      | OTH-<br>ER         | Ф        |                        |
|             |  |              |             |                                |                 |                            |                            | E.L. EACH ACCIDE                                    |                    | \$       |                        |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | N/A          |             |                                |                 |                            |                            | E.L. DISEASE - EA                                   |                    |          |                        |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |              |             |                                |                 |                            |                            | E.L. DISEASE - PO                                   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A       | CORD        | 101, Additional Remarks Schedu | ıle, may b      | e attached if mor          | e space is requir          | red)  |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
|             |  |              |             |                                |                 |                            |                            |   |                    |          |                        |
| CE          | RTIFICATE HOLDER   |              |             |                                | CANO            | ELLATION                   |                            |   |                    |          |                        |
|             |  |              |             |                                | 600             |                            | THE ABOVE 12               | ESCRIBED BOLIV                                      | CIES PE C          | NICE:    | I EN REFORE            |
|             |  |              |             |                                | THE             | EXPIRATION                 | N DATE TH                  | ESCRIBED POLICI<br>IEREOF, NOTIC                    |                    |          |                        |
|             |  |              |             |                                | ACC             | ORDANCE WI                 | TH THE POLIC               | CY PROVISIONS.                                      |                    |          |                        |
|             |  |              |             |                                | l               |                            |                            |   |                    |          |                        |

**Rivergate Tower Owner LLC** 

BSC Realty Services LLC 400 N. Ashley Drive, Suite C-1 00

Tampa, FL 33602

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| PRODUCER INSURING CONTROL INC. 1855 West State Road 434 Longwood, Ft. 32790  NBURER 2. Regent Insurance Company  Puff N Stuff Catering LLC 5802-8804 E. Columbus Drive Tampa, Ft. 33619  NBURER 3. Regent Insurance Company  Puff N Stuff Catering LLC 5802-8804 E. Columbus Drive Tampa, Ft. 33619  NBURER 5. NBURER 9.  NBURER 6.  NBURER 6.  NBURER 6.  NBURER 7. Regent Insurance Company  Puff N Stuff Catering LLC 5802-8804 E. Columbus Drive Tampa, Ft. 33619  Puff N Stuff Catering LLC 5802-8804 E. Columbus Drive Tampa, Ft. 33619  Puff N Stuff Catering LLC 5802-8804 E. Columbus Drive Tampa, Ft. 33619  PUFF N SURF CATERING COMPANY  PUFF N   | lf<br>ti     | SUBROGATION IS WAIVED, subject<br>nis certificate does not confer rights to   | ct to                        | the<br>certi                    | terms and conditions of<br>ficate holder in lieu of su  | ch end          | lorsement(s)                          |  |                  | dorsemen   | t. As | statement on |
|---|--------------|---|------------------------------|---------------------------------|---|-----------------|---------------------------------------|--|------------------|--|-------|--------------|
| Insurance Office of America, Inc. 1955 West Study Road 944 Longwood, Ft. 32790  Puff N Stuff Catering LLC S802-5804 E. Columbus Drive Tampa, Ft. 33619  S802-5804 E. Columbus Drive Tampa, Ft. 33619  SECOVERAGES  COVERAGES  CERTIFICATE NUMBER:  HISURER E:  HIS  |              |   |                              |                                 |   | CONTA<br>NAME:  | <sup>CT</sup> Alexand                 | ra Palacios  |                  |  |       |              |
| Longwood, FL 32750   Mourer A; Rogent Insurance Company   Mourer A; Rogent Insuran   | Insu         | urance Office of America, Inc.  |                              |                                 |   |                 |                                       |  |                  | FAX<br>(A/C, No):  |       |              |
| INSURER P. SOUTH Catering LLC September 1. S  |              |   |                              |                                 |   | E-MAIL<br>ADDRE | ss: Alexand                           | ra.Palacios  | @ioausa.co       |  |       |              |
| NSURER B:    NSURER B:  |              | •   |                              |                                 |   |                 |                                       |  |                  |  |       | NAIC#        |
| MSURER B :  |              |   |                              |                                 |   | INSURE          |                                       |  |                  |  |       | 24449        |
| PURT N SURF C Columbus Drive  REVISION NUMBER:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEE ABOVE FOR THE POLICY PERIOD CONTROL AND INTENTISTATIONS ANY PERITAIN. THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEE ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEE ABOVE FOR THE POLICY PERIOD 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.  COMMENDATED MANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATED MANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATE MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATION MAY PERTAIN. THE INSURANCE MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY BY PAID CLAIMS.  AND COMMENDATION MAY PERTAIN. THE POLICY BY PAID CLAIMS AND CLAIMS   | INSU         | JRED  |                              |                                 |   |                 |                                       |  |                  | FAX (A/C, No):  a.COM  ERAGE  TY  ABOVE FOR THE POLICY ENT WITH RESPECT TO WHICH IN IS SUBJECT TO ALL THE TO  LIMITS  CURRENCE FO RENTED 6 (Ea occurrence) 8 (Any one person) \$ L& ADV INJURY AGGREGATE S S - COMP/OP AGG Liab D SINGLE LIMIT nt) S JURY (Per person) S JURY (Per person) S JURY (Per accident) Y DAMAGE INT) S  CURRENCE S  CURRENCE S  S  COTH  ACCIDENT S  SE - EA EMPLOYEE S  SE - POLICY LIMIT S  COPPOLICIES BE CANCELLED E |       |              |
| S802-5804 E. Columbus Drive Tampa, F. L. 33619    MISURER F.   MISURER  |              | Puff N Stuff Catering LLC   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| COVERAGES  CERTIFICATE NUMBER: INSURER E: INSURER F: IN  |              |   | '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 PERFAIRN. THE INSURANCE AFFORDED BY THE POLICIES ESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL GENERAL LIABILITY  A X COMMERCIAL GENERAL LIABILITY  CELM AGGREGATE LIMIT APPLIES PER POLICY NUMBER  POLICY NUMBER  CELM AGGREGATE LIMIT APPLIES PER POLICY NUMBER  CELM AGGREGATE NUMBER NUMB  |              | Tampa, FL 33619   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSTRANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSTRED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOTWITHSTRANDING ANY REQUIREMENT. TERM OR CONDITION OF BY YOUNGACT OR INSTRED NAMED ABOVE FOR THE POLICY PERIOD COMEN WHICH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INFR.  TYPE OF INSURANCE  AX COMMERCIAL GENERAL LIABILITY  CIAMS-MADE  CIAMS-MADE  CIAMS-MADE  COLITITY OF INSURANCE  COLITITY OF THE POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REVELUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE  NSD. WYD  POLICY NUMBER  POLICY ST.  (MMDD/YYY)  CIAMS-MADE  CIAMS-MADE  COLITITY OF THE POLICY PERIOD  (MMDD/YYY)  CIAMS-MADE  COLITITY OF THE POLICY PERIOD  (MMDD/YYY)  (MMDD/YYY)  EACH OCCURRENCE  1,000,000  MED DEV. (MMY INFR PERSON)  S. 1,000,000  MED DEV. (MMY INFR PERSON)  S  |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED OT THE INSURED NAMED ABOVE FOR THE POLICY PERDON DIDICATED. NOTIFICITION THAN THE POLICY PERDON OF ANY CONTRACT OR OTHER POLICY PERDON PRINCES.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS FEW OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY PLAY BEEN REQUEDED BY PAID CLAMS.  INDER TYPE OF INSURANCE ABOUT TYPE OF INSURANCE ABOUT THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY PLAY BEEN REQUEDED BY PAID CLAMS.  INDER TYPE OF INSURANCE ABOUT TYPE OF INSURANCE ABOUT THE NOTIFICATION OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF THE POLICY WHICH THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF THE POLICY PRINCE ABOUT THE POLICY OF   | CO           | VERAGES CER   | TIFIC                        | :ATF                            | : NIIMBER:  |                 |                                       |  | REVISION NI      | IMRER:   |       |              |
| A X COMMERCIAL GENERAL LIABILITY  CCH1372400  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2022  EACH OCCURRENCE \$ 1,000,000 PREMISE (Eac occurrance) \$ 300,000 PREMISE (Eac occurrance) \$ 300,000 PREMISE (Eac occurrance) \$ 10,000,000 PREMISE (Eac occurrance) \$ 10,000,000 PREMISE (Eac occurrance) \$ 1,000,000      | T<br>IN<br>C | HIS IS TO CERTIFY THAT THE POLICIE JDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | ES OI<br>EQUI<br>PER<br>POLI | F INS<br>REME<br>TAIN,<br>CIES. | URANCE LISTED BELOW I<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A          | ANY CONTRAC<br>THE POLICE  REDUCED BY | TO THE INSUF<br>CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | RED NAMED AB     | OVE FOR T  | CT TO | O WHICH THIS |
| CCI1372400  2/7/2021  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2022  2/7/2023  A AUTONOBLE LIABILITY  X ANY AUTO  AUTOS ONLY  AUTOS O  | LTR          |   | INSD                         | SUBR                            | POLICY NUMBER   |                 | (MM/DD/YYYY)                          | (MM/DD/YYYY)   |                  | LIMIT  | s     |              |
| MED EXP (Any one person) \$ 10,000 PERSONAL & ADD INJURY \$ 1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X JEC X LOC OTHER:  AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS   | Α            |   |                              |                                 |   |                 |                                       |  | EACH OCCURRE     | NCE  | \$    | , ,          |
| GENT AGGREGATE LIMIT APPLIES PER: POLICY X FECT X LOC OTHER OTHER CRAMPING BILE LIABILITY  ANY AUTO AUTOS ONLY  |              | CLAIMS-MADE X OCCUR   |                              |                                 | CCI1372400  |                 | 2/7/2021                              | 2/7/2022   | PREMISES (Ea o   | NTED<br>ccurrence)   | \$    | •            |
| GENT AGGREGATE LIMIT APPLIES PER:    POLICY X   FEOT   X   LOC OTHER:   |              |   |                              |                                 |   |                 |                                       |  | MED EXP (Any or  | ne person)   | \$    | ,            |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Liquor Liab  RODILY INJURY (Per accident)  1,000,000  Liquor Liab  1,000,000  Liquor Lia  |              |   |                              |                                 |   |                 |                                       |  | PERSONAL & AD    | V INJURY   | \$    |              |
| A AUTOMOBILE LIABILITY  X ANY AUTO AUTOS ONLY AUTOS ONL  |              |   |                              |                                 |   |                 |                                       |  | GENERAL AGGR     | EGATE  | \$    | , ,          |
| A JUMBRELLA LIAB  A WINDOWN ONLY SCHEDULED  OWNED ONLY SCHEDULED  |              | POLICY X PRO-   |                              |                                 |   |                 |                                       |  |                  | MP/OP AGG  | \$    |              |
| X ANY AUTO OWNED AUTOS ONLY AUTOS  | _            | OTHER:  |                              |                                 |   |                 |                                       |  | •                | L E LIMIT  | \$    |              |
| AUTOS ONLY   | Α            |   |                              |                                 |   |                 |                                       |  | (Ea accident)    | OLE LIMIT  | \$    | 1,000,000    |
| HIRED ONLY  |              |   |                              |                                 | CBA1372400  |                 | 2/7/2021                              | 2/7/2022   | BODILY INJURY    | (Per person)   | \$    |              |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION S 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTINEREXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACCRD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / VEHICLES (ACCRD 101, Additional Remarks Schedule, may be attached if more space is required)  Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              |   |                              |                                 |   |                 |                                       |  | BODILY INJURY    | (Per accident)   | \$    |              |
| A V UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                              |                                 |   |                 |                                       |  | (Per accident)   | AGE  | \$    |              |
| EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR PARATHER EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              |   |                              |                                 |   |                 |                                       |  |                  |  | \$    |              |
| DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETORIAPARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.   | Α            | X UMBRELLA LIAB X OCCUR   |                              |                                 |   |                 | 0.5.000                               |  | EACH OCCURRE     | NCE  | \$    | , ,          |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PRATTHER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              |   |                              |                                 | CCU13/2400  |                 | 2///2021                              | 2///2022   | AGGREGATE        |  | \$    | 2,000,000    |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              | THE TEXT TOTAL T  |                              |                                 |   |                 |                                       |  | 1 555            | OTIL   | \$    |              |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                              |                                 |   |                 |                                       |  | STATUTE          | ER   |       |              |
| Mandatory in NH)   E.L. DISEASE - EA EMPLOYEE   \$   E.L. DISEASE - POLICY LIMIT   \$   E.L. DISEASE - POLIC |              | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                          |                                 |   |                 |                                       |  | E.L. EACH ACCIE  | ENT  | \$    |              |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.  |              | (Mandatory in NH)   |                              |                                 |   |                 |                                       |  | E.L. DISEASE - E | A EMPLOYEE   | \$    |              |
| Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.   |              | DESCRIPTION OF OPERATIONS below   |                              |                                 |   |                 |                                       |  | E.L. DISEASE - P | OLICY LIMIT  | \$    |              |
| Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| Hired Auto Physical Damage included, ACV, Comprehensive Deductible \$500, Collision Deductible \$1,000.   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
|   | DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | LES (A                       | ACORE                           | 101, Additional Remarks Schedu  | le, may b       | e attached if mor                     | e space is requir  | red)             |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              | a Auto i flysical ballage iliciadea, Aov  | , 001                        | iipiei                          | ierisive Deductible 4000, c   | omsioi          | i Deductible (                        | μ1,000.  |                  |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
| CERTIFICATE HOLDER CANCELLATION   |              |   |                              |                                 |   |                 |                                       |  |                  |  |       |              |
|   | CE           | RTIFICATE HOLDER  |                              |                                 |   | CANO            | CELLATION                             |  |                  |  |       |              |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |              |   |                              |                                 |   | THE             | EXPIRATIO                             | N DATE TH  | EREOF, NOTI      | CE WILL  |       |              |
| AUTHORIZED REPRESENTATIVE   |              |   |                              |                                 |   | AUTHO           | RIZED REPRESE                         | NTATIVE  |                  |  |       |              |

4015 N 40th Street Tampa, FL 33610

**PALACIOS** 

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

2/5/2021

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).

| tl          | nis certificate does not confer rights t   |                     |                        |   | ch end            | orsement(s).               |                           | •   | orsemen           | t. A 3 | tatement on   |  |
|-------------|--|---------------------|------------------------|---|-------------------|----------------------------|---------------------------|---|-------------------|--------|---|--|
|             | DUCER  |                     |                        |   |                   | <sup>CT</sup> Alexandr     |                           | i   |                   |        |   |  |
|             | ırance Office of America, Inc.<br>5 West State Road 434  |                     |                        |   | PHONE<br>(A/C, No | o, Ext): (407) 2           | 12-3541                   |   | FAX<br>(A/C, No): |        |   |  |
|             | gwood, FL 32750  |                     |                        |   | E-MAIL<br>ADDRES  | <sub>ss:</sub> Alexandr    | ra.Palacios               | @ioausa.com                                       | 1                 |        | _   |  |
|             |  |                     |                        |   |                   | INS                        | URER(S) AFFOR             | RDING COVERAGE                                    |                   |        | NAIC#   |  |
|             |  |                     |                        |   | INSURE            | RA: Regent                 | Insurance                 | Company   |                   |        | 24449   |  |
| INSU        | IRED   |                     |                        |   | INSURE            | RB:                        |                           |   |                   |        | NAIC #  24449  E POLICY PERIOD T TO WHICH THIS ALL THE TERMS,  1,000,00  1,000,00  2,000,00  1,000,00  1,000,00  2,000,00  2,000,00  2,000,00 |  |
|             | Puff N Stuff Catering LLC  |                     |                        |   | INSURE            | RC:                        |                           |   |                   |        |   |  |
|             | 5802-5804 E. Columbus Driv   | e                   |                        |   | INSURE            | RD:                        |                           |   |                   |        |   |  |
|             | Tampa, FL 33619  |                     |                        |   | INSURE            | RE:                        |                           |   |                   |        |   |  |
|             |  |                     |                        |   | INSURE            | RF:                        |                           |   |                   |        |   |  |
| СО          | VERAGES CER  | TIFI                | CATE                   | E NUMBER:   |                   |                            |                           | <b>REVISION NUI</b>                               | MBER:             |        |   |  |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | IREM<br>TAIN,<br>CIES. | ENT, TERM OR CONDITIOI<br>, THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A            | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB | R DOCUMENT WI<br>ED HEREIN IS S                   | TH RESPE          | CT TC  | WHICH THIS  |  |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL                | SUBR                   | POLICY NUMBER   |                   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                |   | LIMIT             | s      |   |  |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                     |                        |   |                   |                            |                           | EACH OCCURREN                                     |                   | \$     | 1,000,000   |  |
|             | CLAIMS-MADE X OCCUR  |                     |                        | CCI1372400  |                   | 2/7/2021                   | 2/7/2022                  | DAMAGE TO RENT<br>PREMISES (Ea occ                |                   | \$     | 300,000   |  |
|             |  |                     |                        |   |                   |                            |                           | MED EXP (Any one                                  |                   | \$     | 10,000  |  |
|             |  |                     |                        |   |                   |                            |                           | PERSONAL & ADV                                    | •                 | \$     | 1,000,000   |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                        |   |                   |                            |                           | GENERAL AGGRE                                     |                   | \$     | 2,000,000   |  |
|             | POLICY X PRO-<br>JECT X LOC  |                     |                        |   |                   |                            |                           | PRODUCTS - COM                                    |                   | \$     | 2,000,000   |  |
|             | OTHER:   |                     |                        |   |                   |                            |                           | Liquor Liab                                       |                   | \$     | 1,000,000   |  |
| Α           | AUTOMOBILE LIABILITY   |                     |                        |   |                   |                            |                           | COMBINED SINGL<br>(Ea accident)                   | E LIMIT           | \$     | 1,000,000   |  |
|             | X ANY AUTO   |                     |                        | CBA1372400  |                   | 2/7/2021                   | 2/7/2022                  | BODILY INJURY (P                                  | er person)        | \$     |   |  |
|             | OWNED SCHEDULED AUTOS  |                     |                        |   |                   |                            |                           | BODILY INJURY (P                                  |                   | \$     |   |  |
|             | HIRED NON-OWNED AUTOS ONLY   |                     |                        |   |                   |                            |                           | PROPERTY DAMA<br>(Per accident)                   | GE                | \$     |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   | \$     |   |  |
| Α           | X UMBRELLA LIAB X OCCUR  |                     |                        |   |                   |                            |                           | EACH OCCURREN                                     | CE                | \$     | 2,000,000   |  |
|             | EXCESS LIAB CLAIMS-MADE  |                     |                        | CCU1372400  |                   | 2/7/2021                   | 2/7/2022                  | AGGREGATE   |                   | \$     | 2,000,000   |  |
|             | DED X RETENTION \$ 10,000  |                     |                        |   |                   |                            |                           |   |                   | \$     |   |  |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                        |   |                   |                            |                           | PER<br>STATUTE                                    | OTH-<br>ER        |        |   |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                        |   |                   |                            |                           | E.L. EACH ACCIDE                                  | NT                | \$     |   |  |
|             |  | N/A                 |                        |   |                   |                            |                           | E.L. DISEASE - EA                                 | EMPLOYEE          | \$     |   |  |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |                        |   |                   |                            |                           | E.L. DISEASE - PO                                 | LICY LIMIT        | \$     |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (               | ACORI                  | D 101, Additional Remarks Schedu  | le, may b         | e attached if more         | e space is requir         | red)  |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
|             |  |                     |                        |   |                   |                            |                           |   |                   |        |   |  |
| CE          | RTIFICATE HOLDER   |                     |                        |   | CANC              | ELLATION                   |                           |   |                   |        |   |  |
|             |  |                     |                        |   | THE               | EXPIRATION                 | N DATE TH                 | ESCRIBED POLIC<br>IEREOF, NOTIC<br>CY PROVISIONS. |                   |        |   |  |
|             | SalonCentric / L'Oreal   |                     |                        |   | AUINU             | עיייבט עבועבאַנו           | NIAIIVE                   |   |                   |        |   |  |

10101 Dr Martin Luther King Jr St N. Saint Petersburg, FL 33716

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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| PROD           |               | ertificate does not confer rights t   |                      |                        |  |                             |                                       | ra Palacios                               | <u> </u>                             |                           |          |                        |
|----------------|---------------|---|----------------------|------------------------|--|-----------------------------|---------------------------------------|---|--------------------------------------|---------------------------|----------|------------------------|
|                |               | ce Office of America, Inc.<br>est State Road 434  |                      |                        |  | PHONE<br>(A/C, No.          | Ext): (407) 2                         | 212-3541                                  |                                      | FAX<br>(A/C, No):         |          |                        |
|                |               | od, FL 32750  |                      |                        |  | E-MAIL<br>ADDRES            | s: Alexand                            | ra.Palacios                               | @ioausa.com                          |                           |          |                        |
|                |               |   |                      |                        |  |                             | INS                                   | SURER(S) AFFOI                            | RDING COVERAGE                       |                           |          | NAIC#                  |
|                |               |   |                      |                        |  | INSURE                      | A : Regent                            | Insurance                                 | Company                              |                           |          | 24449                  |
| INSU           | RED           |   |                      |                        |  | INSURE                      | R B :                                 |   |                                      |                           |          |                        |
|                |               | Puff N Stuff Catering LLC   |                      |                        |  | INSURE                      | R C :                                 |   |                                      |                           |          |                        |
|                |               | 5802-5804 E. Columbus Driv  | /e                   |                        |  | INSURE                      | R D :                                 |   |                                      |                           |          |                        |
|                |               | Tampa, FL 33619   |                      |                        |  | INSURE                      | RE:                                   |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  | INSURE                      | RF:                                   |   |                                      |                           |          |                        |
| CO             | /ER           | AGES CER  | TIFIC                | CATE                   | NUMBER:  |                             |                                       |   | REVISION NUM                         | IBER:                     |          |                        |
| IN<br>CE<br>EX | DICA<br>ERTII | IS TO CERTIFY THAT THE POLICIE<br>ATED. NOTWITHSTANDING ANY R<br>FICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIC | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF AI<br>DED BY<br>BEEN R | NY CONTRAC<br>THE POLICI<br>EDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS | R DOCUMENT WIT<br>SED HEREIN IS SU   | H RESPE                   | CT TO    | WHICH THIS             |
| INSR<br>LTR    |               | TYPE OF INSURANCE   | ADDL<br>INSD         | WVD                    | POLICY NUMBER  |                             | POLICY EFF<br>(MM/DD/YYYY)            | (MM/DD/YYYY)                              |                                      | LIMIT                     | S        | 4 000 000              |
| Α              | X             | CLAIMS-MADE X OCCUR   | X                    |                        | CCI1372400   |                             | 2/7/2021                              | 2/7/2022                                  | DAMAGE TO RENTI<br>PREMISES (Ea occu |                           | \$<br>\$ | 1,000,000<br>300,000   |
|                |               |   |                      |                        |  |                             |                                       |   | MED EXP (Any one                     | person)                   | \$       | 10,000                 |
|                |               |   |                      |                        |  |                             |                                       |   | PERSONAL & ADV                       | INJURY                    | \$       | 1,000,000              |
|                | GEN           | N'L AGGREGATE LIMIT APPLIES PER:  |                      |                        |  |                             |                                       |   | GENERAL AGGREG                       | SATE                      | \$       | 2,000,000              |
|                |               | POLICY X PRO-<br>OTHER:   |                      |                        |  |                             |                                       |   | PRODUCTS - COMP                      | P/OP AGG                  | \$       | 2,000,000<br>1,000,000 |
| Α              | AUT           | FOMOBILE LIABILITY  |                      |                        |  |                             |                                       |   | COMBINED SINGLE<br>(Ea accident)     | LIMIT                     | \$       | 1,000,000              |
|                | X             | ANY AUTO  |                      |                        | CBA1372400   |                             | 2/7/2021                              | 2/7/2022                                  | BODILY INJURY (Pe                    | er person)                | \$       |                        |
|                |               | OWNED SCHEDULED AUTOS   |                      |                        |  |                             |                                       |   | BODILY INJURY (Pe                    |                           | \$       |                        |
|                |               | HIRED NON-OWNED AUTOS ONLY  |                      |                        |  |                             |                                       |   | PROPERTY DAMAG<br>(Per accident)     | SE                        | \$       |                        |
|                |               | 7.0.00 0.12.  |                      |                        |  |                             |                                       |   |                                      |                           | \$       |                        |
| Α              | X             | UMBRELLA LIAB X OCCUR   |                      |                        |  |                             |                                       |   | EACH OCCURRENCE                      | CE                        | \$       | 2,000,000              |
|                |               | EXCESS LIAB CLAIMS-MADE   |                      |                        | CCU1372400   |                             | 2/7/2021                              | 2/7/2022                                  | AGGREGATE                            |                           | \$       | 2,000,000              |
|                |               | DED X RETENTION \$ 10,000   |                      |                        |  |                             |                                       |   |                                      |                           | \$       |                        |
|                | WOR           | RKERS COMPENSATION DEMPLOYERS' LIABILITY  |                      |                        |  |                             |                                       |   | PER<br>STATUTE                       | OTH-<br>ER                |          |                        |
|                | ANY           | PROPRIETOR/PARTNER/EXECUTIVE TIN  |                      |                        |  |                             |                                       |   | E.L. EACH ACCIDE                     |                           | \$       |                        |
|                |               | ICER/MEMBER EXCLUDED?   | N/A                  |                        |  |                             |                                       |   | E.L. DISEASE - EA E                  |                           | \$       |                        |
|                | If yes        | s, describe under<br>CRIPTION OF OPERATIONS below   |                      |                        |  |                             |                                       |   | E.L. DISEASE - POL                   | ICY LIMIT                 | \$       |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
| DESC           | RIPT          | TION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A               | CORE                   | ) 101, Additional Remarks Schedu                                       | ile, may be                 | attached if mor                       | e space is requi                          | red)                                 |                           |          |                        |
| Loca           | tion          | i: 100 Carillon SH100 St. Pete, LLC<br>ve agents, members, partners, emp  | ; Poir               | ite G                  | roup Advisors; Pointe Gro<br>d mortgagees are granted                  | up Mana<br>addition         | igement, Inc                          | .; Colliers Int                           | ernational South                     | i Florida,<br>ral Liabili | LLC ar   | nd their<br>cy when    |
|                |               | by contract or agreement.   | loyee                | 3 am                   | a mortgagees are granted   | addition                    | ai ilisuleu s                         | tatus with reg                            | gara to the Gener                    | ai Liabiii                | ty pon   | cy when                |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   |                                      |                           |          |                        |
| CFF            | RTIF          | FICATE HOLDER   |                      |                        |  | CANC                        | ELLATION                              |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  | 5, 1110                     |                                       |   |                                      |                           |          |                        |
|                |               |   |                      |                        |  |                             |                                       |   | ESCRIBED POLIC                       |                           |          |                        |

ACORD 25 (2016/03)

SH 100 St. Pete, LLC

100 Carillon Parkway

Saint Petersburg, FL 33716

Suite 110

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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| PRO          | nis certificate does not confer rights to<br>DUCER<br>JI Jance Office of America, Inc.  | the             | certi                 | ficate holder in lieu of su   | CONTA<br>NAME:       | <sup>CT</sup> Alexandı                   | ra Palacios                                | FAX   |         |                      |
|--------------|---|-----------------|-----------------------|---|----------------------|--|--|---|---------|----------------------|
| 185          | 5 West State Road 434   |                 |                       |   | (A/C, No             | o, Ext): (407) 2                         | 212-3541                                   | (A/C, No):  |         |                      |
| Lon          | gwood, FL 32750   |                 |                       |   | ADDRE                |  |  | @ioausa.com   |         |                      |
|              |   |                 |                       |   |                      |  | •  | RDING COVERAGE  |         | NAIC#                |
| 11101        | IDED  |                 |                       |   |                      | RA: Regent                               | insurance                                  | Company   |         | 24449                |
| INSU         | JRED  |                 |                       |   | INSURE               |  |  |   |         | _                    |
|              | Puff N Stuff Catering LLC<br>5802-5804 E. Columbus Driv   | Δ.              |                       |   | INSURE               |  |  |   |         | +                    |
|              | Tampa, FL 33619   | •               |                       |   | INSURE               |  |  |   |         |                      |
|              |   |                 |                       |   | INSURE               |  |  |   |         | +                    |
| CO           | VERAGES CER   | TIFIC           | ΔTF                   | NUMBER:   | INCORL               |  |  | REVISION NUMBER:  |         |                      |
| IN<br>C<br>E | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT   | REME<br>AIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A               | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T                 | CT TC   | WHICH THIS           |
| INSR<br>LTR  | TYPE OF INSURANCE   | INSD            | WVD                   | POLICY NUMBER   |                      | (MM/DD/YYYY)                             | POLICY EXP<br>(MM/DD/YYYY)                 | LIMIT   | s       | 4 000 000            |
| Α            | X COMMERCIAL GENERAL LIABILITY  |                 |                       |   |                      |  |  | EACH OCCURRENCE   | \$      | 1,000,000<br>300,000 |
|              | CLAIMS-MADE X OCCUR   | X               |                       | CCI1372400  |                      | 2/7/2021                                 | 2/7/2022                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)                       | \$      | 10,000               |
|              |   |                 |                       |   |                      |  |  | MED EXP (Any one person)  | \$      | 1,000,000            |
|              |   |                 |                       |   |                      |  |  | PERSONAL & ADV INJURY   | \$      | 2,000,000            |
|              | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC   |                 |                       |   |                      |  |  | GENERAL AGGREGATE   | \$      | 2,000,000            |
|              | OTHER:  |                 |                       |   |                      |  |  | PRODUCTS - COMP/OP AGG Liquor Liab                              | \$      | 1,000,000            |
| Α            | AUTOMOBILE LIABILITY  |                 |                       |   |                      |  |  | COMBINED SINGLE LIMIT (Ea accident)                             | \$      | 1,000,000            |
|              | X ANY AUTO  |                 |                       | CBA1372400  |                      | 2/7/2021                                 | 2/7/2022                                   | BODILY INJURY (Per person)                                      | \$      |                      |
|              | OWNED AUTOS ONLY SCHEDULED AUTOS  |                 |                       |   |                      |  |  | BODILY INJURY (Per accident)                                    | \$      |                      |
|              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |                 |                       |   |                      |  |  | PROPERTY DAMAGE (Per accident)                                  | \$      |                      |
| _            |   |                 |                       |   |                      |  |  |   | \$      | 2,000,000            |
| Α            | X UMBRELLA LIAB X OCCUR   |                 |                       | CCU1372400  |                      | 2/7/2021                                 | 2/7/2022                                   | EACH OCCURRENCE   | \$      | 2,000,000            |
|              | DED X RETENTION \$ 10,000   |                 |                       | 0001012400  |                      | 2///2021                                 | 2///2022                                   | AGGREGATE   | \$      | 2,000,000            |
|              | DED 11 RETENTION /  |                 |                       |   |                      |  |  | PER OTH-<br>STATUTE ER  | \$      |                      |
|              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  |                 |                       |   |                      |  |  |   | •       |                      |
|              | OFFICER/MEMBER EXCLUDED?  | N/A             |                       |   |                      |  |  | E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE                  | \$      |                      |
|              | If yes, describe under DESCRIPTION OF OPERATIONS below  |                 |                       |   |                      |  |  | E.L. DISEASE - POLICY LIMIT                                     |         |                      |
|              | DESCRIPTION OF OPERATIONS BEIOW   |                 |                       |   |                      |  |  | L.L. DISEASE - FOLIGI LIMIT                                     | Ψ       |                      |
|              |   |                 |                       |   |                      |  |  |   |         |                      |
|              |   |                 |                       |   |                      |  |  |   |         |                      |
| Stor         | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL nebridge Weddings and Events, LLC is gement.  | ES (A<br>grante | cord<br>ed ad         | 101, Additional Remarks Schedu<br>ditional insured status wit           | le, may b<br>h regar | e attached if mor<br>d to the Gene       | e space is requir<br>eral Liability p      | red)<br>policy when required by c                               | contrac | et or                |
| CE           | RTIFICATE HOLDER  |                 |                       |   | CANO                 | ELLATION                                 |  |   |         |                      |
|              |   |                 |                       |   | THE                  | EXPIRATION                               | N DATE TH                                  | ESCRIBED POLICIES BE C.<br>EREOF, NOTICE WILL<br>CY PROVISIONS. |         |                      |
|              |   |                 |                       |   | AUTHO                | RIZED REPRESE                            | NTATIVE                                    |   |         |                      |

Stonebridge Weddings and Events, LLC

33520 Lange Farm Road Dade City, FL 33525

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|              | SUBROGATION IS   | s w  | AIVED, subje                 | ct to               | the                     | terms and conditions of ificate holder in lieu of su   | the po     | licy, certain                            | policies may                               |   |             | t. A | statement on         |  |  |
|--------------|--|--|------------------------------|---------------------|-------------------------|--|------------|--|--|---|-------------|------|----------------------|--|--|
|              | DDUCER   |  | comer rights t               | 0 1110              | , 0011                  | moute noted in nea or se   | CONTA      | CT Alexand                               | ra Palacios                                | i   |             |      |                      |  |  |
| Ins          | urance Office of Am  | eric   | a, Inc.                      |                     |                         |  |            | o, Ext): (407) 2                         |  |   | FAX         |      |                      |  |  |
| 185          | 55 West State Road of the Stat | 434  |                              |                     |                         |  | E-MAIL     | o, Ext): (407) 2                         | ra Palacios                                | @ioausa.con                                     | (A/C, No):  |      |                      |  |  |
| LUI          | igwood, FL 32750   |  |                              |                     |                         |  | ADDRE      |  |  |   | · •         |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  | ` '  | Company   |             |      | NAIC #               |  |  |
|              |  |  |                              |                     |                         |  |            | RA: Regent                               | insurance                                  | Company   |             |      | 24449                |  |  |
| INS          | URED   |  |                              |                     |                         |  | INSURE     |  |  |   |             |      |                      |  |  |
|              |  |  | atering LLC<br>Columbus Driv |                     |                         |  | INSURE     |  |  |   |             |      |                      |  |  |
|              | Tampa, F   |  |                              | <i>,</i> e          |                         |  | INSURE     |  |  |   |             |      |                      |  |  |
|              | • •  |  |                              |                     |                         |  | INSURE     |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  | INSURE     | RF:                                      |  |   |             |      |                      |  |  |
|              | OVERAGES   | <b>T.</b>  |                              |                     |                         | E NUMBER:  |            | EEN JOOUED -                             |  | REVISION NU                                     |             |      |                      |  |  |
| II<br>C<br>E | NDICATED. NOTWIT<br>CERTIFICATE MAY BE<br>EXCLUSIONS AND CO  | HST.   | ANDING ANY F<br>SUED OR MAY  | REQU<br>PER<br>POLI | IREMI<br>TAIN,<br>CIES. | SURANCE LISTED BELOW<br>ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A     | ANY CONTRAI<br>Y THE POLIC<br>REDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT W<br>ED HEREIN IS S                  | ITH RESPE   | CT T | O WHICH THIS         |  |  |
| INSR         | I YPE OF II  |  |                              | INSD                | SUBR<br>WVD             | POLICY NUMBER  |            | (MM/DD/YYYY)                             | POLICY EXP<br>(MM/DD/YYYY)                 |   | LIMIT       | s    | 4                    |  |  |
| Α            | CLAIMS-MAD   |  | X OCCUR                      |                     |                         | CCI1372400   |            | 2/7/2021                                 | 2/7/2022                                   | EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea oc   |             | \$   | 1,000,000<br>300,000 |  |  |
|              |  | _  | <u></u>                      |                     |                         |  |            |  |  | MED EXP (Any one                                |             | \$   | 10,000               |  |  |
|              |  |  |                              |                     |                         |  |            |  |  | PERSONAL & AD\                                  | / INJURY    | \$   | 1,000,000            |  |  |
|              | GEN'L AGGREGATE LIN  | /IT AF   | PPLIES PER:                  |                     |                         |  |            |  |  | GENERAL AGGRE                                   | GATE        | \$   | 2,000,000            |  |  |
|              | POLICY X PR  | O-<br>CT   | X LOC                        |                     |                         |  |            |  |  | PRODUCTS - COM                                  | /IP/OP AGG  | \$   | 2,000,000            |  |  |
|              | AGTOMOBILE EMBILITY  |  |                              |                     |                         |  |            |  |  | Liquor Liab                                     |             | \$   | 1,000,000            |  |  |
| Α            | ACTOMODICE ENDICITY  |  |                              |                     |                         |  |            |  |  | COMBINED SINGL (Ea accident)                    | E LIMIT     | \$   | 1,000,000            |  |  |
|              | X ANY AUTO   |  |                              |                     |                         | CBA1372400   |            | 2/7/2021                                 | 2/7/2022                                   | BODILY INJURY (I                                | Per person) | \$   |                      |  |  |
|              | OWNED AUTOS ONLY   |  | SCHEDULED<br>AUTOS           |                     |                         |  |            |  | BODILY INJURY (F                           | Per accident)                                   | \$          |      |                      |  |  |
|              | HIRED AUTOS ONLY   |  | NON-OWNED<br>AUTOS ONLY      |                     |                         |  |            |  | PROPERTY DAMA<br>(Per accident)            | AGE   | \$          |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             | \$   |                      |  |  |
| Α            | X UMBRELLA LIAB  | L  | OCCUR                        |                     |                         |  |            |  |  | EACH OCCURREN                                   | NCE         | \$   | 2,000,000            |  |  |
|              | EXCESS LIAB  |  | CLAIMS-MADE                  |                     |                         | CCU1372400   |            | 2/7/2021                                 | 2/7/2022                                   | AGGREGATE                                       |             | \$   | 2,000,000            |  |  |
|              | DED X RETE   | NTIO   | N \$ 10,000                  | )                   |                         |  |            |  |  |   |             | \$   |                      |  |  |
|              | WORKERS COMPENSAT  | TION<br>ILITY                                    |                              |                     |                         |  |            |  |  | PER<br>STATUTE                                  | OTH-<br>ER  |      |                      |  |  |
|              | ANY PROPRIETOR/PART<br>OFFICER/MEMBER EXCL<br>(Mandatory in NH)  |  |                              | N/A                 |                         |  |            |  |  | E.L. EACH ACCIDI                                | ENT         | \$   |                      |  |  |
|              |  | .UDEL  | J                            |                     |                         |  |            |  |  | E.L. DISEASE - EA                               | EMPLOYEE    | \$   |                      |  |  |
|              | If yes, describe under<br>DESCRIPTION OF OPER  | RATIO  | NS below                     |                     |                         |  |            |  |  | E.L. DISEASE - PO                               | DLICY LIMIT | \$   |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
| DES          | CRIPTION OF OPERATION  | NS/L   | OCATIONS / VEHIC             | LES (               | ACORE                   | O 101, Additional Remarks Schedu   | ıle, may b | e attached if mor                        | e space is requir                          | ed)   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            |  |  |   |             |      |                      |  |  |
| CE           | RTIFICATE HOLDE  | R  |                              |                     |                         |  | CANO       | CELLATION                                |  |   |             |      |                      |  |  |
|              |  |  |                              |                     |                         |  |            | EXPIRATIO                                | N DATE TH                                  | ESCRIBED POLI<br>IEREOF, NOTIC<br>Y PROVISIONS. |             |      |                      |  |  |
|              | O 13. E  | . F:   | wide Alm F#                  |                     |                         |  | AUTHO      | RIZED REPRESE                            | NTATIVE                                    |   |             |      |                      |  |  |
|              |  | Sun'N Fun Florida Air Museum<br>4175 Medulla Rd. |                              |                     |                         |  |            |  | Tam Andun                                  |   |             |      |                      |  |  |

Lakeland, FL 33811

**PALACIOS** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

|         | SUBROGATION IS WAIVED, subject in |                     |               |   | ch end            | lorsement(s)                                  |                            | •                                   | orsemen           | t. As | statement on      |
|---------|--|---------------------|---------------|---|-------------------|---|----------------------------|-------------------------------------|-------------------|-------|-------------------|
|         | DDUCER   |                     |               |   |                   | ст Alexandı                                   |                            |                                     |                   |       |                   |
|         | urance Office of America, Inc.<br>5 West State Road 434  |                     |               |   | PHONE<br>(A/C, No | o, Ext): (407) 2                              | 212-3541                   |                                     | FAX<br>(A/C, No): |       |                   |
| Lon     | igwood, FL 32750   |                     |               |   | E-MAIL<br>ADDRE   | <sub>ss:</sub> Alexandı                       | ra.Palacios                | @ioausa.com                         |                   |       |                   |
|         |  |                     |               |   |                   | INS   | SURER(S) AFFOR             | RDING COVERAGE                      |                   |       | NAIC#             |
|         |  |                     |               |   | INSURE            | RA: Regent                                    | Insurance                  | Company                             |                   |       | 24449             |
| INSU    | JRED   |                     |               |   | INSURE            | RB:   |                            |                                     |                   |       |                   |
|         | Puff N Stuff Catering LLC  |                     |               |   | INSURE            | RC:   |                            |                                     |                   |       |                   |
|         | 5802-5804 E. Columbus Driv   | e e                 |               |   | INSURE            | R D :   |                            |                                     |                   |       |                   |
|         | Tampa, FL 33619-1643   |                     |               |   | INSURE            | RE:   |                            |                                     |                   |       |                   |
|         |  |                     |               |   | INSURE            | RF:   |                            |                                     |                   |       |                   |
| CO      | VERAGES CER  | TIFIC               | CATE          | NUMBER:   |                   |   |                            | REVISION NUM                        | IBER:             |       |                   |
| II<br>C | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R JERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH   | EQUI<br>PER<br>POLI | REME<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A            | NY CONTRAC                                    | CT OR OTHER<br>IES DESCRIB | R DOCUMENT WIT                      | TH RESPE          | CT TO | O WHICH THIS      |
| LTR     | TYPE OF INSURANCE  | INSD                | WVD           | POLICY NUMBER   |                   | (MM/DD/YYYY)                                  | (MM/DD/YYYY)               |                                     | LIMIT             | s     | 4 000 000         |
| Α       | X COMMERCIAL GENERAL LIABILITY   |                     |               |   |                   |   |                            | EACH OCCURRENCE                     |                   | \$    | 1,000,000         |
|         | CLAIMS-MADE X OCCUR  |                     |               | CCI1372400  |                   | 2/7/2021                                      | 2/7/2022                   | DAMAGE TO RENT<br>PREMISES (Ea occu | rrence)           | \$    | 300,000<br>10.000 |
|         |  |                     |               |   |                   |   |                            | MED EXP (Any one                    | person)           | \$    | 1,000,000         |
|         |  |                     |               |   |                   |   |                            | PERSONAL & ADV                      |                   | \$    | 2,000,000         |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |               |   |                   |   |                            | GENERAL AGGREG                      |                   | \$    | 2,000,000         |
|         | POLICY X PRO-  |                     |               |   |                   |   |                            | PRODUCTS - COMP                     | P/OP AGG          | \$    | 1,000,000         |
| Α       | OTHER:   |                     |               |   |                   |   |                            | COMBINED SINGLE                     | LIMIT             | \$    | 1,000,000         |
| ^       | X ANY AUTO   |                     |               | CBA1372400  |                   | 2/7/2021                                      | 2/7/2022                   | (Ea accident)                       |                   | \$    |                   |
|         | OWNED AUTOS ONLY SCHEDULED AUTOS   |                     |               | CDA 137 2400  |                   | 2///2021                                      | 21112022                   | BODILY INJURY (Pe                   | •                 | \$    |                   |
|         | HIRED NON-OWNED AUTOS ONLY AUTOS ONLY  |                     |               |   |                   |   |                            | BODILY INJURY (PE                   |                   | \$    |                   |
|         | AUTOS ONLY AUTOS ONLY  |                     |               |   |                   |   |                            | (Per accident)                      |                   | \$    |                   |
| Α       | X UMBRELLA LIAB X OCCUR  |                     |               |   |                   |   |                            | EAGU GOOLIDDEN                      |                   | \$    | 2,000,000         |
|         | EXCESS LIAB CLAIMS-MADE  |                     |               | CCU1372400  |                   | 2/7/2021                                      | 2/7/2022                   | EACH OCCURRENC                      | JE                | \$    | 2,000,000         |
|         | DED X RETENTION \$ 10,000  |                     |               |   |                   |   |                            | AGGREGATE                           |                   | \$    |                   |
|         | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |               |   |                   |   |                            | PER<br>STATUTE                      | OTH-<br>ER        | Ψ     |                   |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE   |                     |               |   |                   |   |                            | E.L. EACH ACCIDE                    |                   | \$    |                   |
|         | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                 |               |   |                   |   |                            | E.L. DISEASE - EA I                 |                   |       |                   |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |               |   |                   |   |                            | E.L. DISEASE - POL                  |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   | ·     |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
| DES     | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A              | CORE          | 101, Additional Remarks Schedu  | le, may b         | e attached if mor                             | e space is requir          | red)                                |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
|         |  |                     |               |   |                   |   |                            |                                     |                   |       |                   |
| CE      | RTIFICATE HOLDER   |                     |               |   | CANO              | CELLATION                                     |                            |                                     |                   |       |                   |
|         |  |                     | THE           | EXPIRATION  | N DATE TH         | ESCRIBED POLICIEREOF, NOTICE<br>Y PROVISIONS. |                            |                                     |                   |       |                   |
|         | Cunchine Health Dies   |                     |               |   | AUTHO             | RIZED REPRESE                                 | NTATIVE                    |                                     |                   |       |                   |
|         | Sunshine Health Plan   |                     |               |   | I 🛰               | 1 \   |                            |                                     |                   |       |                   |

5130 Sunforest Drive Suite 300

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| li<br>•     | f SUBROGATION IS WAIVED, subjecting subjections for subjecting subjections in Subjection in Subjecti | ct to      | the            | terms and conditions of                        | the poli          | icy, certain p             | policies may                    | require an ende                                  | orsemen        | t. As | statement on |
|-------------|--|------------|----------------|--|-------------------|----------------------------|---------------------------------|--|----------------|-------|--------------|
| PRO         | DDUCER<br>urance Office of America, Inc.   | o tire     | Cert           | meate noider in ned of su                      | CONTAC<br>NAME:   | T Alexandı                 | ra Palacios                     |  | FAX            |       |              |
| 185         | 5 West State Road 434  |            |                |  | (A/C, No,         | Ext): (407) 2              | 12-3541<br>ra.Palacios          | @ioausa.com                                      | (A/C, No):     |       |              |
| LOI         | igwood, FL 32750   |            |                |  | ADDRES            |                            |                                 | RDING COVERAGE                                   |                |       | NAIC#        |
|             |  |            |                |  | INSURE            |                            | Insurance                       |  |                |       | 24449        |
| INS         | URED   |            |                |  | INSURE            |                            |                                 |  |                |       |              |
|             | Puff N Stuff Catering LLC  |            |                |  | INSURE            |                            |                                 |  |                |       |              |
|             | 5802-5804 E. Columbus Driv   | /e         |                |  | INSURE            | RD:                        |                                 |  |                |       |              |
|             | Tampa, FL 33619  |            |                |  | INSURE            | RE:                        |                                 |  |                |       |              |
|             |  |            |                |  | INSURE            | RF:                        |                                 |  |                |       |              |
| CC          | OVERAGES CER   | TIFI       | CATE           | E NUMBER:                                      |                   |                            |                                 | REVISION NUM                                     | IBER:          |       |              |
|             | HIS IS TO CERTIFY THAT THE POLICIE<br>NOTWITHSTANDING ANY R<br>PERTIFICATE MAY BE ISSUED OR MAY<br>EXCLUSIONS AND CONDITIONS OF SUCH   | EQU<br>PER | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI | N OF AI<br>DED BY | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB       | DOCUMENT WIT                                     | H RESPE        | CT TO | O WHICH THIS |
| INSF<br>LTR | TYPE OF INSURANCE  | ADDL       | SUBR           | POLICY NUMBER                                  |                   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                      |  | LIMIT          | s     |              |
| A           | X COMMERCIAL GENERAL LIABILITY   |            |                |  |                   |                            | , ,                             | EACH OCCURRENCE                                  | CE             | \$    | 1,000,000    |
|             | CLAIMS-MADE X OCCUR  |            |                | CCI1372400                                     |                   | 2/7/2021                   | 2/7/2022                        | DAMAGE TO RENT<br>PREMISES (Ea occu              | ED<br>ırrence) | \$    | 300,000      |
|             |  |            |                |  |                   |                            |                                 | MED EXP (Any one                                 | person)        | \$    | 10,000       |
|             |  |            |                |  |                   |                            |                                 | PERSONAL & ADV                                   | INJURY         | \$    | 1,000,000    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |            |                |  |                   |                            |                                 | GENERAL AGGREG                                   | SATE           | \$    | 2,000,000    |
|             | POLICY X PRO-<br>JECT X LOC  |            |                |  |                   |                            |                                 | PRODUCTS - COMP                                  | P/OP AGG       | \$    | 1,000,000    |
| Α           | OTHER: AUTOMOBILE LIABILITY  |            |                |  |                   |                            |                                 | COMBINED SINGLE                                  | LIMIT          | \$    | 1,000,000    |
|             | X ANY AUTO   |            | CBA1372400     |  | 2/7/2021          | 2/7/2022                   | (Ea accident) BODILY INJURY (Pe | er person)                                       | \$             |       |              |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |            |                |  |                   |                            |                                 | BODILY INJURY (Pe                                | •              | \$    |              |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |            |                |  |                   |                            |                                 | PROPERTY DAMAG<br>(Per accident)                 | SE .           | \$    |              |
|             | 76755 51121  |            |                |  |                   |                            |                                 |  |                | \$    |              |
| Α           | X UMBRELLA LIAB X OCCUR  |            |                |  |                   |                            |                                 | EACH OCCURRENG                                   | CE             | \$    | 2,000,000    |
|             | EXCESS LIAB CLAIMS-MADE  | -          |                | CCU1372400                                     |                   | 2/7/2021                   | 2/7/2022                        | AGGREGATE  |                | \$    | 2,000,000    |
|             | DED X RETENTION \$ 10,000  |            |                |  |                   |                            |                                 | DED  | OTU            | \$    |              |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N   |            |                |  |                   |                            |                                 | PER<br>STATUTE                                   | OTH-<br>ER     |       |              |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A        |                |  |                   |                            |                                 | E.L. EACH ACCIDE                                 |                | \$    |              |
|             | If yes, describe under   |            |                |  |                   |                            |                                 | E.L. DISEASE - EA E                              |                |       |              |
|             | DÉSCRIPTION OF OPERATIONS below  |            |                |  |                   |                            |                                 | E.L. DISEASE - POL                               | ICY LIMIT      | \$    |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
| DES         | SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (      | ACORE          | D 101, Additional Remarks Schedu               | ıle, may be       | attached if mor            | e space is requir               | ed)  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
|             |  |            |                |  |                   |                            |                                 |  |                |       |              |
| CF          | RTIFICATE HOLDER   |            |                |  | CANC              | ELLATION                   |                                 |  |                |       |              |
|             | ATTENDEDEN   |            |                |  | CAITO             | LLLATION                   |                                 |  |                |       |              |
|             |  |            |                |  | THE               | EXPIRATION                 | N DATE TH                       | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                |       |              |
|             |  |            |                |  | AUTHOR            | IZED REPRESE               | NTATIVE                         |  |                |       |              |
|             | Tampa Bay Watch Club<br>3000 Pinellas Bayway S   |            |                |  | TYM/              | in Andun-                  |                                 |  |                |       |              |

Tierra Verde, FL 33715

**PALACIOS** 

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

2/5/2021

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).

|             | nis certificate does not confer rights  | to the  | cert           | ificate holder in lieu of su                                     | CONTA                 | lorsement(s)<br><sup>C⊤</sup> Alexandı | ra Palacios                      |  |               |         |             |
|-------------|---|---------|----------------|--|-----------------------|--|----------------------------------|--|---------------|---------|-------------|
|             | DUCER<br>Irance Office of America, Inc.   |         |                |  |                       | o, Ext): (407) 2                       |                                  | <u> </u>   | FAX           |         |             |
| 185         | 5 West State Road 434<br>gwood, FL 32750  |         |                |  | E-MAIL                | <sub>o, Ext):</sub> (407) 2            | ra Palacios                      | @ioausa.con                                      | (A/C, No):    |         |             |
| LUII        | gwood, FL 32750   |         |                |  | ADDRE                 |  |                                  | RDING COVERAGE                                   | •             |         | NAIC#       |
|             |   |         |                |  | INCLIDE               | RA: Regent                             |                                  |  |               |         | 24449       |
| INICI       | JRED  |         |                |  |                       |  | ilisulalice                      | Company  |               |         | 24443       |
| INSC        |   |         |                |  | INSURE                |  |                                  |  |               |         | +           |
|             | Puff N Stuff Catering LLC<br>5802-5804 E. Columbus Dri                                  | VA      |                |  | INSURE                |  |                                  |  |               |         |             |
|             | Tampa, FL 33619   | ••      |                |  | INSURE                |  |                                  |  |               |         |             |
|             |   |         |                |  | INSURE                |  |                                  |  |               |         |             |
| ~~          | VERAGES CEI   | ) TIEL  | ~ A TI         | - NUMBER.  | INSURE                | :K F :                                 |                                  | DEVICION NU                                      | MDED.         |         |             |
|             | HIS IS TO CERTIFY THAT THE POLIC  |         |                | ENUMBER:   |                       | EEN ISSUED 3                           |                                  | REVISION NU                                      |               | LIE DO  | LICY DEDIOD |
| ١N          | NDICATED. NOTWITHSTANDING ANY I<br>ERTIFICATE MAY BE ISSUED OR MAY                      | REQU    | IREM           | ENT, TERM OR CONDITION   | N OF A                | NY CONTRAC                             | CT OR OTHER                      | R DOCUMENT W                                     | TH RESPE      | CT TC   | WHICH THIS  |
|             | XCLUSIONS AND CONDITIONS OF SUCH  |         |                |  | BEEN F                | REDUCED BY I                           | PAID CLAIMS POLICY EXP           |  |               |         |             |
| INSR<br>LTR | TYPE OF INSURANCE   | INSD    | SUBR           | POLICY NUMBER  |                       | (MM/DD/YYYY)                           | (MM/DD/YYYY)                     |  | LIMIT         | S       | 4 000 000   |
| Α           | X COMMERCIAL GENERAL LIABILITY  |         |                |  |                       |  |                                  | EACH OCCURREN                                    |               | \$      | 1,000,000   |
|             | CLAIMS-MADE X OCCUR   | X       |                | CCI1372400   |                       | 2/7/2021                               | 2/7/2022                         | DAMAGE TO REN' PREMISES (Ea occ                  | currence)     | \$      | 300,000     |
|             |   |         |                |  |                       |  |                                  | MED EXP (Any one                                 | person)       | \$      | 10,000      |
|             |   |         |                |  |                       |  |                                  | PERSONAL & ADV                                   | / INJURY      | \$      | 1,000,000   |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |         |                |  |                       |  |                                  | GENERAL AGGRE                                    | GATE          | \$      | 2,000,000   |
|             | POLICY X PRO-   |         |                |  |                       |  |                                  | PRODUCTS - COM                                   | IP/OP AGG     | \$      | 2,000,000   |
|             | OTHER:  |         |                |  |                       |  |                                  | Liquor Liab                                      |               | \$      | 1,000,000   |
| Α           | AUTOMOBILE LIABILITY  |         |                |  |                       |  |                                  | COMBINED SINGL<br>(Ea accident)                  | .E LIMI I     | \$      | 1,000,000   |
|             | X ANY AUTO  |         |                | CBA1372400   |                       | 2/7/2021                               | 2/7/2022                         | BODILY INJURY (F                                 | Per person)   | \$      |             |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS  |         |                |  |                       |  |                                  | BODILY INJURY (F                                 | Per accident) | \$      |             |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |         |                |  |                       |  |                                  | PROPERTY DAMA<br>(Per accident)                  | (GE           | \$      |             |
|             |   |         |                |  |                       |  |                                  |  |               | \$      |             |
| Α           | X UMBRELLA LIAB X OCCUR   |         |                |  |                       |  |                                  | EACH OCCURREN                                    | ICE           | \$      | 2,000,000   |
|             | EXCESS LIAB CLAIMS-MADI   | _       |                | CCU1372400   |                       | 2/7/2021                               | 2/7/2022                         | AGGREGATE  |               | \$      | 2,000,000   |
|             | DED X RETENTION \$ 10,000   | )       |                |  |                       |  |                                  |  |               | \$      |             |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |         |                |  |                       |  |                                  | PER<br>STATUTE                                   | OTH-<br>ER    |         |             |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A     |                |  |                       |  |                                  | E.L. EACH ACCIDE                                 | ENT           | \$      |             |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |         |                |  |                       |  |                                  | E.L. DISEASE - EA                                | EMPLOYEE      | \$      |             |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below                                  |         |                |  |                       |  |                                  | E.L. DISEASE - PC                                | LICY LIMIT    | \$      |             |
|             |   |         |                |  |                       |  |                                  |  |               |         |             |
|             |   |         |                |  |                       |  |                                  |  |               |         |             |
|             |   |         |                |  |                       |  |                                  |  |               |         |             |
|             | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC pa Federation of Garden Club Circles lement. | CLES (A | ACORI<br>grant | o 101, Additional Remarks Schedu<br>eed additional insured statu | ıle, may b<br>us with | e attached if mor<br>regard to the     | e space is requi<br>General Liak | <sup>red)</sup><br>oility policy whe             | n required    | l by co | ontract or  |
|             |   |         |                |  |                       |  |                                  |  |               |         |             |
| CE          | RTIFICATE HOLDER  |         |                |  | CANO                  | CELLATION                              |                                  |  |               |         |             |
|             |   |         |                |  | THE                   | EXPIRATION                             | N DATE TH                        | ESCRIBED POLI<br>IEREOF, NOTIC<br>CY PROVISIONS. |               |         |             |
|             |   |         |                |  | AUTHO                 | RIZEN REPRESE                          | NTATIVE                          |  |               |         |             |

ACORD 25 (2016/03)

Tampa Federation of Garden Club Circles Inc.

2629 Bayshore Blvd Tampa, FL 33629

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| INSURED STATE AND ADDRESS AND   |      | SUBROGATION IS WAIVED, subject is certificate does not confer rights to |              |       |                                  | ch end                    | lorsement(s).           |                   | •                            | t. As | tatement on |
|---|------|---|--------------|-------|----------------------------------|---------------------------|-------------------------|-------------------|------------------------------|-------|-------------|
| LONGWOOD, FL 32750    EACHERS   MEANING   Palaclos (Side Joseph Company   24449   Marce   Maure   Meaning   Marce   Maure   Meaning   Marce   Meaning   Marce   Maure   Meaning   Marce   Meaning   Marce   Meaning   Me  |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| INSURED  INSURED  INSURED  PUT N Stuff Catoring LLC S803-S804 E. Columbus Drive Tampa, FL 33819  COVERAGES  CERTIFICATE NUMBER:  INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 5: INSURER 7: INSURER 8: INSURER 1: INSURER 8: INSURER 1: INSURER 8: INSURER 8: INSURER 9: INSURER 8: INSURER 9: INS  |      |   |              |       |                                  | (A/C, No                  | o, Ext): (407) 2        | 12-3541           |                              |       |             |
| INSURED  PUR N STUFF Catering LLC  PUR N STUFF Catering LLC  S002-580E Columbus Drive  Tampa, FL 30619  COVERAGES  CERTIFICATE NUMBER:  THIS ST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. TERM OR COMMITTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PEOUREMENT. THE MAY BE ISSUED OR MAY DEVELOPED BY THE POLICIES DESCRIBED HEREIN IS SUDJECT OR ANY OF THE POLICY PER POLICY   | Lon  | gwood, FL 32750   |              |       |                                  | ADDRE:                    | <sub>ss:</sub> Alexandr | ra.Palacios       | @ioausa.com                  |       |             |
| INSURER 6 :   |      |   |              |       |                                  |                           | INS                     | URER(S) AFFOR     | RDING COVERAGE               |       | NAIC#       |
| PUF M SUME Cataring LLC SB02-2808 E. Columbus Drive Tampa, FL 33619  COVERAGES  CERTIFICATE NUMBER:  THIS ST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTUTIFISTA ADMINISTRATION ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  REVISION NUMBER:  THIS ST O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTUTIFISTA ADMINISTRATION ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER:  REVISION NUMBER: REVISION NU  |      |   |              |       |                                  | INSURE                    | RA: Regent              | Insurance         | Company                      |       | 24449       |
| S802-S804 E. Columbus Drive Tampa, FL 33619    MSURER D.   MSURER D.   MSURER E.   MSURER D.   MSURER DAMED ABOVE FOR THE POLICY PERIOD MDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DO LICIENT MS HIS RESECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADOL CLAMPS.    A COMMENCE CENTER LIMIT SHOWN MAY HAVE BEEN REDUCED BY PADOL CLAMPS.   MSUREY TO MSUREY TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADOL CLAMPS.   MSUREY TO   | INSL | JRED  |              |       |                                  | INSURE                    | RB:                     |                   |                              |       |             |
| Tampa, FL 33619    INSURER E   INSURED NAMED ABOVE FOR THE POLICY PERIOD DICKATED NOWTHISTANDING ANY PERVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICKATED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ASSUED OF MAY PERVISION THE RESPECT TO WHICH THIS CERTIFICATE MAY BE ASSUED OF MAY PERVISION THE RESPECT TO WHICH THIS CERTIFICATE MAY BE ASSUED OF THE POLICY SET OF THE POLICY PER POLICY BY THE POLICY SET OF THE POLICY PER POLICY BY THE POLICY SET OF THE POLICY PER POLICY BY THE POLICY BY THE POLICY SET OF THE POLICY BY THE P  |      |   |              |       |                                  | INSURE                    | RC:                     |                   |                              |       |             |
| COVERAGES  CERTIFICATE NUMBER:  NOURER E:  NOURE NOURER E:  NOURER MEMBER:  NOURER MEMBER:  NOURER MEMBER:  NOURER MEMBER  |      |   | е            |       |                                  | INSURE                    | RD:                     |                   |                              |       |             |
| COVERAGES  CENTIFICATE NUMBER:  THIS IS TO CENTIFY THAT THE POLICIPS OF INSURANCE INSURED BELOW HAVE BEEN ISSUED TO THE INSURANCE AGOVER FOR THE POLICY PERIOD.  INDICATED. NOTIVITISTANDING ANY, REQUIREMENT, TERM, OR CONDITION OF ANY, CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTIAL. THE INSURANCE AFFORDED BY THE POLICY PERIOD.  EXCUSIONS AND CONDITIONS OF SUICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  EXCUSIONS AND CONDITIONS OF SUICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  A X COMMERCIAL GENERAL LIABILITY  CC11372400  CC11372400  CC11372400  CC11372400  CC11372400  CD11372400  CD1137  |      | Tampa, FL 33619   |              |       |                                  | INSURE                    | RE:                     |                   |                              |       |             |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOIVITHISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY COMMENT OF ANY COMMENT WITH REPSECT 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. LIMINS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMENCIAL GENERAL LIABILITY  A X COMMENCIAL CREMENT APPLIES PER POLICY X SECTION AND ANY PROPRIES AND ANY PROPRIES BE SECRETICAL SECTION AND ANY PROPRIES BE SECRETICA  |      |   |              |       |                                  | INSURE                    | RF:                     |                   |                              |       |             |
| NOIGATED. NOTWITHSTANDING ANY REGUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXERCISIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL CREMENT LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL CREMENT LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  CCH1372400 217/2021 2/17/2022 EACH COUNTRIVED STANDARD STA  |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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 BERN REDUCED BY PADIO CLAIMS.  A COMMERCIAL GENERAL LIBBILITY  CITYPE OF INSURANCE  A CLAIMS MADE  COMMEND  COMME  |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICES LUMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NO. SUBS. POLICY NUMBER POLICY POLICES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  LIMITS  LIMI  |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CC11372400  27/72021  27/72022  27/72022  27/72022  27/72022  27/72022  27/72022  27/72023  27/72023  27/72024  27/72024  27/72025  27/72025  27/72026  27/72026  27/72027  27/72027  27/72027  27/72028  27/72029  27/72029  27/72029  27/72020  27/72020  27/72021  27/72020  27/72021  27/72021  27/72022  2  |      |   |              |       |                                  | BEEN F                    |                         |                   |                              |       |             |
| CCH1372400  2/7/2021  2/7/2022  EACH OCCURRENCE  S  DED X RETENTIONS  10,000  DOILY PLUREY (Per person) S  BODILY PLUREY (Per   | LTR  |   | ADDL<br>INSD | SUBR  | POLICY NUMBER                    |                           | (MM/DD/YYYY)            | (MM/DD/YYYY)      | LIMIT                        | s     |             |
| MED EXP (Any one person) \$ 10,000 PERSONAL A GOV NUNDRY \$ 1,000,000 DESTRUCTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  MED EXP (Any one person) \$ 1,000,000 PERSONAL A GOV NUNDRY \$ 2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  MED EXP (Any one person) \$ 1,000,000 PERSONAL A GOV NUNDRY \$ 2,000,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  MED EXP (Any one person) \$ 1,000,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  MED EXP (Any one person) \$ 2,000,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  MED EXP (Any one person) \$ 2,000,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be stached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  Tampa Firefighters Museum, Inc.  Authorized Representative  | Α    |   |              |       |                                  |                           |                         |                   | EACH OCCURRENCE              | \$    |             |
| BEAL AGGREGATE LIMIT APPLIES PER: POLICY X   PRO; PRODUCTS. COMPOP AGG \$ 2,000,000 PRODUCTS. COMPOP AGG \$ 2,              |      | CLAIMS-MADE X OCCUR   |              |       | CCI1372400                       |                           | 2/7/2021                | 2/7/2022          | PREMISES (Ea occurrence)     | \$    |             |
| GENT. AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC OTHER OTHER OTHER ANY AUTO CHARAGER AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPORAGE \$ 2,000,000 Liquor Liab S 1,000,000 Liquor Liab S 1,000,0   |      |   |              |       |                                  |                           |                         |                   | MED EXP (Any one person)     | \$    |             |
| POLICY X PEO X LOC OTHER AUTOMOBILE LIABILITY OWNED ANY AUTO OWNED AUTOS ONLY  |      |   |              |       |                                  |                           |                         |                   | PERSONAL & ADV INJURY        | \$    | , ,         |
| OTHER  A AUTOMOBILE LIABILITY  X ANY AUTO OWNED SONLY AUTOS OWNED SONLY AUTOS ONLY AUTOS  |      |   |              |       |                                  |                           |                         |                   | GENERAL AGGREGATE            | \$    |             |
| A AUTOMOBILE LIABILITY  X ANY AUTO  ONNED  AUTOS ONLY   |      | POLICY X PRO-<br>JECT X LOC   |              |       |                                  |                           |                         |                   |                              | \$    |             |
| Tampa Firefigitters Museum. Inc.  CBA1372400  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2022  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2022  BOOILY INJURY (Per person) \$ BOOIL |      | OTHER:  |              |       |                                  |                           |                         |                   | •                            | \$    | , ,         |
| OWNED AUTOS ONLY AUTOS  | Α    |   | CBA1372400   |       |                                  |                           |                         |                   | (Ea accident)                | \$    | 1,000,000   |
| HIRED ONLY AUTOS ONLY   |      |   |              |       | CBA1372400                       |                           | 2/7/2021                | 2/7/2022          | BODILY INJURY (Per person)   | \$    |             |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS LIABBILITY ANY PROPRIETOR/PARTINER/EXECUTIVE USES CRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE  LEACH OCCURRENCE \$ 2,000,000  AGGREGATE \$ 2,000,000  AGGREGATE \$ 2,000,000  AGGREGATE \$ 2,000,000  BEACH OCCURRENCE \$ 2,000,000  AGGREGATE \$ 2,000,000  BEACH OCCURRENCE \$ 2,000,000  AGGREGATE \$ 2,000,000  BEACH OF THE AGGREGATE \$ 2,000,000  BEACH OCCURRENCE \$ 2,000,000  AGGREGATE \$ 2,000,000  BEACH OCCURRENCE \$ 2,000,000  BEACH OCC               |      |   |              |       |                                  |                           |                         |                   | BODILY INJURY (Per accident) | \$    |             |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION 10,000  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE WINDERSON OFFICE/RIME/MER EXCLUDED?  (Mandatory in RH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  |      | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY                                   |              |       |                                  |                           |                         |                   | (Per accident)               | \$    |             |
| EXCESS LIAB CLAIMS-MADE    DED   X   RETENTION S   10,000   |      |   |              |       |                                  |                           |                         |                   |                              | \$    |             |
| DED X RETENTIONS 10,000  WORKERS COMPENSATION AND EMPLOYER'S LABBLITY ANN PROPRIETORIPARTNEREXECUTIVE VIN ANN PROPRIETORIPARTNEREXECUTIVE VIN AND PROPRIETORIPARTNEREXECUTIVE VIN AND PROPRIETORIPARTNEREXECUTIVE VIN (Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  | Α    | X UMBRELLA LIAB X OCCUR   |              |       |                                  |                           |                         | 0.1-10000         | EACH OCCURRENCE              | \$    |             |
| WORKERS COMPENSATION AND EMPLOYER'S LIABILITY AND PROPRIETOR/PARTNER/PEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nf) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  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.  Tampa Firefighters Museum. Inc.  AUTHORIZED REPRESENTATIVE  |      |   |              |       | CCU1372400                       |                           | 2/7/2021                | 2/7/2022          | AGGREGATE                    | \$    | 2,000,000   |
| ARM PROPRIETOR/PARTNER/EXECUTIVE AND A STREET AND A STREE  |      | DEB == INETERMORE ;   |              |       |                                  |                           |                         |                   |                              | \$    |             |
| ANY PROPRIETOR/PATRINER/EXECUTIVE OFFICEMMENBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE  |      | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                        |              |       |                                  |                           |                         |                   | STATUTE ER                   |       |             |
| DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE   |      | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A          |       |                                  |                           |                         |                   | E.L. EACH ACCIDENT           | \$    |             |
| DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  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  AUTHORIZED REPRESENTATIVE   |      |   |              |       |                                  |                           |                         |                   | E.L. DISEASE - EA EMPLOYEE   | \$    |             |
| 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   |      | DESCRIPTION OF OPERATIONS below   |              |       |                                  |                           |                         |                   | E.L. DISEASE - POLICY LIMIT  | \$    |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   | DES  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL                             | ES (A        | ACORE | 0 101, Additional Remarks Schedu | le, may b                 | e attached if more      | e space is requir | red)                         |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| 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   |      |   |              |       |                                  |                           |                         |                   |                              |       |             |
| THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE   | CE   | RTIFICATE HOLDER  |              |       |                                  | CANC                      | ELLATION                |                   |                              |       |             |
| Tampa Firefighters Museum, Inc.   |      |   |              |       |                                  | THE                       | EXPIRATION              | N DATE TH         | IEREOF, NOTICE WILL          |       |             |
| Tampa Firefighters Museum, Inc.   |      |   |              |       |                                  | AUTHORIZED REPRESENTATIVE |                         |                   |                              |       |             |
|   |      |   | Inc.         |       |                                  | True Andrea               |                         |                   |                              |       |             |

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| li<br>t    | SUBROGATION IS WAIVED, subjecting certificate does not confer rights t   | ct to        | the            | terms and conditions of                    | the pol          | icy, certain porsement(s)  | oolicies may                      | require an endorsemer  | nt. As | statement on           |  |
|------------|--|--------------|----------------|--|------------------|----------------------------|-----------------------------------|--|--------|------------------------|--|
| PRO<br>Ins | DDUCER<br>urance Office of America, Inc.   | <u> </u>     | 0011           |  | CONTAC<br>NAME:  | T Alexandi                 | a Palacios                        | FAX<br>(A/C, No):  |        |                        |  |
|            | 5 West State Road 434<br>Igwood, FL 32750  |              |                |  | E-MAIL<br>ADDRES | Ss. Alexandı               | a.Palacios                        | @ioausa.com  |        |                        |  |
|            | 3  |              |                |  | ADDITE           |                            |                                   | RDING COVERAGE   |        | NAIC#                  |  |
|            |  |              |                |  | INSURE           | RA: Regent                 | • •                               |  |        | 24449                  |  |
| INS        | JRED   |              |                |  | INSURE           | RB:                        |                                   |  |        |                        |  |
|            | Puff N Stuff Catering LLC  |              |                |  | INSURE           | RC:                        |                                   |  |        |                        |  |
|            | 5802-5804 E. Columbus Driv   | /e           |                |  | INSURE           | RD:                        |                                   |  |        |                        |  |
|            | Tampa, FL 33619  |              |                |  | INSURE           | RE:                        |                                   |  |        |                        |  |
|            |  |              |                |  | INSURE           | RF:                        |                                   |  |        |                        |  |
|            |  |              |                | NUMBER:                                    |                  |                            |                                   | REVISION NUMBER:   |        |                        |  |
| II         | HIS IS TO CERTIFY THAT THE POLICII<br>VIDICATED. NOTWITHSTANDING ANY<br>SERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH   | EQU<br>PER   | IREMI<br>TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A<br>DED BY | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB         | R DOCUMENT WITH RESPI  | ECT TO | WHICH THIS             |  |
| INSF       |  | ADDL<br>INSD | SUBR           | POLICY NUMBER                              |                  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)        | LIMI   | гs     |                        |  |
| Α          | X COMMERCIAL GENERAL LIABILITY   |              |                |  |                  | ,                          | , ,                               | EACH OCCURRENCE  | \$     | 1,000,000              |  |
|            | CLAIMS-MADE X OCCUR  | X            |                | CCI1372400                                 |                  | 2/7/2021                   | 2/7/2022                          | DAMAGE TO RENTED PREMISES (Ea occurrence)                      | \$     | 300,000                |  |
|            |  |              |                |  |                  |                            |                                   | MED EXP (Any one person)                                       | \$     | 10,000                 |  |
|            |  |              |                |  |                  |                            |                                   | PERSONAL & ADV INJURY  | \$     | 1,000,000              |  |
|            | GEN'L AGGREGATE LIMIT APPLIES PER:   |              |                |  |                  |                            |                                   | GENERAL AGGREGATE  | \$     | 2,000,000              |  |
|            | POLICY X PRO-<br>JECT X LOC  |              |                |  |                  |                            |                                   | PRODUCTS - COMP/OP AGG   | \$     | 2,000,000<br>1,000,000 |  |
| Α          | OTHER:  AUTOMOBILE LIABILITY   |              |                |  |                  |                            |                                   | COMBINED SINGLE LIMIT  | \$     | 1,000,000              |  |
| - 1        | X ANY AUTO   |              |                | CBA1372400                                 |                  | 2/7/2021                   | 2/7/2022                          | (Ea accident)  | \$     | -,,,,,,,,              |  |
|            | OWNED AUTOS ONLY AUTOS   |              |                | ODA 107 2-100                              |                  | 2/1/2021                   | 2/1/2022                          | BODILY INJURY (Per person)  BODILY INJURY (Per accident)       |        |                        |  |
|            | HIRED NON-OWNED AUTOS ONLY   |              |                |  |                  |                            | PROPERTY DAMAGE<br>(Per accident) | \$   |        |                        |  |
|            | AUTOS ONET   |              |                |  |                  |                            |                                   | (i or doordone)  | s      |                        |  |
| Α          | X UMBRELLA LIAB X OCCUR  |              |                |  |                  |                            |                                   | EACH OCCURRENCE  | \$     | 2,000,000              |  |
|            | EXCESS LIAB CLAIMS-MADE  |              |                | CCU1372400                                 |                  | 2/7/2021                   | 2/7/2022                          | AGGREGATE  | \$     | 2,000,000              |  |
|            | DED X RETENTION \$ 10,000  |              |                |  |                  |                            |                                   |  | \$     |                        |  |
|            | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |              |                |  |                  |                            |                                   | PER OTH-<br>STATUTE ER   |        |                        |  |
|            | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A          |                |  |                  |                            |                                   | E.L. EACH ACCIDENT   | \$     |                        |  |
|            | (Mandatory in NH)  If yes, describe under  |              |                |  |                  |                            |                                   | E.L. DISEASE - EA EMPLOYEE                                     | \$     |                        |  |
|            | DÉSCRIPTION OF OPERATIONS below  |              |                |  |                  |                            |                                   | E.L. DISEASE - POLICY LIMIT                                    | \$     |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
|            | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>REPORT OF COMPANY OF THE CONTROL OF T |              |                |  |                  |                            |                                   |  | ement  |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
|            |  |              |                |  |                  |                            |                                   |  |        |                        |  |
| CE         | RTIFICATE HOLDER   |              |                |  | CANC             | ELLATION                   |                                   |  |        |                        |  |
|            |  |              |                |  | SHO<br>THE       | ULD ANY OF 1<br>EXPIRATION | N DATE TH                         | ESCRIBED POLICIES BE C<br>EREOF, NOTICE WILL<br>CY PROVISIONS. |        |                        |  |
|            |  |              |                |  | AUTHOR           | RIZED REPRESE              | NTATIVE                           |  |        |                        |  |
|            | Tampa General Hospital 1 Tampa General Circle  |              |                |  | Dann Andun       |                            |                                   |  |        |                        |  |

ACORD 25 (2016/03)

**PALACIOS** 

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| ļ          | f SUBROGATION IS WAIVED, subje<br>his certificate does not confer rights t  | ct to       | the            | terms and conditions of                    | the po                     | licy, certain p            | oolicies may              | require an ende                             | orsemen        | t. As | statement on |
|------------|---|-------------|----------------|--|----------------------------|----------------------------|---------------------------|---|----------------|-------|--------------|
| PRO<br>Ins | DDUCER<br>urance Office of America, Inc.  | o are       | Cert           | incate noidel III lieu OI St               | CONTA<br>NAME:             | ст Alexandı                | a Palacios                |   | FAX            |       |              |
|            | 55 West State Road 434<br>ngwood, FL 32750  |             |                |  | E-MAIL                     | <sub>ss</sub> . Alexandı   | a.Palacios                | @ioausa.com                                 | (A/C, No):     |       |              |
|            | igwood, i 2 02/00   |             |                |  | ADDRE                      |                            |                           | RDING COVERAGE                              |                |       | NAIC#        |
|            |   |             |                |  | INSURE                     | RA:Regent                  |                           |   |                |       | 24449        |
| INS        | URED  |             |                |  | INSURE                     |                            |                           |   |                |       |              |
|            | Puff N Stuff Catering LLC   |             |                |  | INSURE                     | RC:                        |                           |   |                |       |              |
|            | 5802-5804 E. Columbus Driv  | /e          |                |  | INSURE                     | R D :                      |                           |   |                |       |              |
|            | Tampa, FL 33619-1643  |             |                |  | INSURE                     | RE:                        |                           |   |                |       |              |
|            |   |             |                |  | INSURE                     | RF:                        |                           |   |                |       |              |
|            |   |             |                | E NUMBER:                                  |                            |                            |                           | REVISION NUM                                |                |       |              |
|            | 'HIS IS TO CERTIFY THAT THE POLICII<br>NDICATED. NOTWITHSTANDING ANY<br>ERTIFICATE MAY BE ISSUED OR MAY<br>EXCLUSIONS AND CONDITIONS OF SUCH                          | REQU<br>PER | IREM<br>RTAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A                     | NY CONTRAC                 | CT OR OTHER<br>ES DESCRIB | R DOCUMENT WIT                              | H RESPE        | CT TO | O WHICH THIS |
| INSI       | TYPE OF INSURANCE   | ADDL        | SUBR           | POLICY NUMBER                              |                            | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                |   | LIMIT          | s     |              |
| Α          | X COMMERCIAL GENERAL LIABILITY  |             |                |  |                            | , i                        |                           | EACH OCCURRENCE                             | CE             | \$    | 1,000,000    |
|            | CLAIMS-MADE X OCCUR   |             |                | CCI1372400                                 |                            | 2/7/2021                   | 2/7/2022                  | DAMAGE TO RENT<br>PREMISES (Ea occu         | ED<br>ırrence) | \$    | 300,000      |
|            |   |             |                |  |                            |                            |                           | MED EXP (Any one                            | person)        | \$    | 10,000       |
|            |   |             |                |  |                            |                            |                           | PERSONAL & ADV                              | INJURY         | \$    | 1,000,000    |
|            | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |                |  |                            |                            |                           | GENERAL AGGREG                              | SATE           | \$    | 2,000,000    |
|            | POLICY X PRO-<br>JECT X LOC   |             |                |  |                            |                            |                           | PRODUCTS - COMP                             | P/OP AGG       | \$    | 1,000,000    |
| Α          | OTHER: AUTOMOBILE LIABILITY   |             |                |  |                            |                            |                           | COMBINED SINGLE                             | LIMIT          | \$    | 1,000,000    |
| -          | X ANY AUTO  |             |                | CBA1372400                                 |                            | 2/7/2021                   | 2/7/2022                  | (Ea accident) BODILY INJURY (Pe             | or poroon)     | \$    | ,,           |
|            | OWNED SCHEDULED AUTOS ONLY  |             | ODA 1012400    |  |                            |                            | _,,,                      | BODILY INJURY (Pe                           |                | \$    |              |
|            | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |             |                |  |                            |                            |                           | PROPERTY DAMAG<br>(Per accident)            | SE             | \$    |              |
|            | AUTOS ONET  |             |                |  |                            |                            |                           | (i oi dosidoini)                            |                | \$    |              |
| Α          | X UMBRELLA LIAB X OCCUR   |             |                |  |                            |                            |                           | EACH OCCURRENCE                             | CE             | \$    | 2,000,000    |
|            | EXCESS LIAB CLAIMS-MADE   |             |                | CCU1372400                                 |                            | 2/7/2021                   | 2/7/2022                  | AGGREGATE                                   |                | \$    | 2,000,000    |
|            | DED X RETENTION \$ 10,000   |             |                |  |                            |                            |                           |   |                | \$    |              |
|            | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |             |                |  |                            |                            |                           | PER<br>STATUTE                              | OTH-<br>ER     |       |              |
|            | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A         |                |  |                            |                            |                           | E.L. EACH ACCIDE                            | NT             | \$    |              |
|            | (Mandatory in NH)  If yes, describe under   |             |                |  |                            |                            |                           | E.L. DISEASE - EA E                         |                | \$    |              |
|            | DÉSCRIPTION OF OPERATIONS below   |             |                |  |                            |                            |                           | E.L. DISEASE - POL                          | ICY LIMIT      | \$    |              |
|            |   |             |                |  |                            |                            |                           |   |                |       |              |
|            |   |             |                |  |                            |                            |                           |   |                |       |              |
| Tar        | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>TO PORT Authority is included as additionally<br>Compared to the General Liability is included in the General Liability | nal í       | nsure          |  |                            |                            |                           |   | CG7323 (       | 12-16 | ). Liquor    |
|            |   |             |                |  |                            |                            |                           |   |                |       |              |
| CE         | RTIFICATE HOLDER  |             |                |  | CANCELLATION               |                            |                           |   |                |       |              |
|            |   |             |                |  | THE                        | EXPIRATION<br>ORDANCE WI   | N DATE TH                 | ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS. |                |       |              |
|            | Tampa Port Authority  |             |                |  | _                          | RIZED REPRESEI             |                           |   |                |       |              |
|            | 1101 Channelside Drive  |             |                |  | $  \rangle \alpha \langle$ | un HNOUN-                  |                           |   |                |       |              |

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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|      | SUBROGATION IS WAIVED, subjecting certificate does not confer rights to   | ct to      | the            | terms and conditions of                                    | the pol           | icy, certain porsement(s)  | oolicies may              | require an endo                                  | orsemen        | t. As    | statement on           |
|------|---|------------|----------------|--|-------------------|----------------------------|---------------------------|--|----------------|----------|------------------------|
| PRO  | DDUCER urance Office of America, Inc.   | - 1116     | Joil           | cate notaer in nea of su                                   | CONTAC<br>NAME:   | T Alexandı                 | a Palacios                |  | FAX            |          |                        |
| 185  | 5 West State Road 434<br>gwood, FL 32750  |            |                |  | (A/C, No.         | <sub>, Ext):</sub> (407) 2 | :12-3541<br>:a.Palacios   | @ioausa.com                                      | (A/C, No):     |          |                        |
| LOI  | igwood, FE 32750  |            |                |  | ADDRES            |                            |                           | RDING COVERAGE                                   |                |          | NAIC#                  |
|      |   |            |                |  | INSURE            |                            | Insurance                 |  |                |          | 24449                  |
| INS  | JRED  |            |                |  | INSURE            |                            |                           | •  |                |          |                        |
|      | Puff N Stuff Catering LLC   |            |                |  | INSURE            | RC:                        |                           |  |                |          |                        |
|      | 5802-5804 E. Columbus Driv<br>Tampa, FL 33619   | e          |                |  | INSURE            | RD:                        |                           |  |                |          |                        |
|      | 1 ampa, FL 33019  |            |                |  | INSURE            | RE:                        |                           |  |                |          |                        |
| L    |   |            |                |  | INSURE            | RF:                        |                           |  |                |          |                        |
|      |   |            |                | ENUMBER:   | LIAVE DE          | EN ICCUED T                |                           | REVISION NUM                                     |                |          |                        |
| l II | HIS IS TO CERTIFY THAT THE POLICIE<br>VDICATED. NOTWITHSTANDING ANY R<br>PERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQU<br>PER | IREMI<br>TAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI             | N OF AI<br>DED BY | NY CONTRAC<br>THE POLICI   | CT OR OTHER<br>ES DESCRIB | R DOCUMENT WIT                                   | H RESPE        | CT TO    | O WHICH THIS           |
| INSF |   |            | SUBR           |  |                   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP                |  | LIMIT          | s        |                        |
| Α    | X COMMERCIAL GENERAL LIABILITY  |            |                |  |                   | `                          |                           | EACH OCCURRENCE                                  | CE             | \$       | 1,000,000              |
|      | CLAIMS-MADE X OCCUR   | X          |                | CCI1372400   |                   | 2/7/2021                   | 2/7/2022                  | DAMAGE TO RENTI<br>PREMISES (Ea occu             | ED<br>ırrence) | \$       | 300,000                |
|      |   |            |                |  |                   |                            |                           | MED EXP (Any one                                 | person)        | \$       | 10,000                 |
|      |   |            |                |  |                   |                            |                           | PERSONAL & ADV I                                 | INJURY         | \$       | 1,000,000<br>2,000,000 |
|      | GEN'L AGGREGATE LIMIT APPLIES PER:  |            |                |  |                   |                            |                           | GENERAL AGGREG                                   |                | \$       | 2,000,000              |
|      | POLICY X PRO-   |            |                |  |                   |                            |                           | PRODUCTS - COMP                                  | P/OP AGG       | \$       | 1,000,000              |
| Α    | AUTOMOBILE LIABILITY  |            |                |  |                   |                            |                           | COMBINED SINGLE                                  | LIMIT          | \$<br>\$ | 1,000,000              |
|      | X ANY AUTO  |            |                | CBA1372400   |                   | 2/7/2021                   | 2/7/2022                  | (Ea accident) BODILY INJURY (Pe                  | er person)     | \$       |                        |
|      | OWNED SCHEDULED AUTOS ONLY  |            |                |  |                   |                            |                           | BODILY INJURY (Pe                                | er accident)   | \$       |                        |
|      | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |            |                |  |                   |                            |                           | PROPERTY DAMAG<br>(Per accident)                 | E ,            | \$       |                        |
|      |   |            |                |  |                   |                            |                           |  |                | \$       |                        |
| Α    | X UMBRELLA LIAB X OCCUR   |            |                | 00114070400  |                   | 0/7/0004                   | 0/7/0000                  | EACH OCCURRENC                                   | CE             | \$       | 2,000,000              |
|      | EXCESS LIAB CLAIMS-MADE   |            |                | CCU1372400   |                   | 2/7/2021                   | 2/7/2022                  | AGGREGATE  |                | \$       | 2,000,000              |
|      | DED X RETENTION \$ 10,000   |            |                |  |                   |                            |                           | PER  | OTH-<br>ER     | \$       |                        |
|      | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTIER (EXECUTIVE  |            |                |  |                   |                            |                           | PER<br>STATUTE                                   |                |          |                        |
|      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A        |                |  |                   |                            |                           | E.L. EACH ACCIDEN                                |                | \$       |                        |
|      | If yes, describe under DESCRIPTION OF OPERATIONS below  |            |                |  |                   |                            |                           | E.L. DISEASE - POL                               |                | \$<br>\$ |                        |
|      | BESSIAN HONOR OF ENVIRONMENTAL  |            |                |  |                   |                            |                           | E.E. BIOL/IOL TOL                                | IOT EIVIT      | Ψ        |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
| DES  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Adams Estate is granted additional ins   | LES (A     | ACORE          | 0 101, Additional Remarks Schedus with regard to the Gener | ıle, may be       | attached if mor            | e space is requir         | ed)<br>ov contract or ad                         | reement        |          |                        |
|      | Adding Estate to grantou duditional inc   | u. 0 u     | Otata          | o man rogara to ano como                                   | u. <u>-</u>       | ny poncy mi                | on roquirou s             | , oonuo. o. ug                                   |                |          |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
|      |   |            |                |  |                   |                            |                           |  |                |          |                        |
| CE   | RTIFICATE HOLDER  |            |                |  | CANC              | ELLATION                   |                           |  |                |          |                        |
|      |   |            |                |  | THE               | EXPIRATION                 | N DATE TH                 | ESCRIBED POLIC<br>EREOF, NOTICE<br>Y PROVISIONS. |                |          |                        |
|      | The Ademic Ford   |            |                |  | AUTHOR            | RIZED REPRESE              | NTATIVE                   |  |                |          | <del></del>            |
|      | The Adams Estate<br>2222 Lake Alfred Road   |            |                |  | TYM               | un Andun                   |                           |  |                |          |                        |

ACORD 25 (2016/03)

Lake Alfred, FL 33850

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>th    | F SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to  | t to                | the                    | terms and conditions of<br>ificate holder in lieu of su                 | the pol                   | licy, certain porsement(s).              | oolicies may                              | require an endorsemen  | t. As | tatement on |  |
|-------------|--|---------------------|------------------------|---|---------------------------|--|---|--|-------|-------------|--|
|             | DDUCER   |                     |                        |   |                           | CT Alexandı                              |   |  |       |             |  |
| Insu        | urance Office of America, Inc.   |                     |                        |   |                           | o, Ext): (407) 2                         |   | FAX<br>(A/C, No):  |       |             |  |
|             | 5 West State Road 434<br>Igwood, FL 32750  |                     |                        |   | E-MAIL                    | ss. Alexandı                             | ra.Palacios                               | @ioausa.com  |       |             |  |
|             |  |                     |                        |   | ADDRE                     |  |   | RDING COVERAGE   |       | NAIC#       |  |
|             |  |                     |                        |   | INSURE                    | RA: Regent                               | •   |  |       | 24449       |  |
| INSL        | JRED   |                     |                        |   | INSURE                    |  |   |  |       |             |  |
|             | Puff N Stuff Catering LLC  |                     |                        |   | INSURE                    |  |   |  |       |             |  |
|             | 5802-5804 E. Columbus Driv   | е                   |                        |   | INSURE                    |  |   |  |       |             |  |
|             | Tampa, FL 33619-1643   |                     |                        |   | INSURE                    |  |   |  |       |             |  |
|             |  |                     |                        |   | INSURE                    |  |   |  |       |             |  |
| СО          | VERAGES CER  | TIFIC               | CATE                   | E NUMBER:   |                           |  |   | REVISION NUMBER:   |       |             |  |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY          | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T                  | CT TO | WHICH THIS  |  |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSD        | SUBR                   | POLICY NUMBER   |                           | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT  | s     |             |  |
| Α           | X COMMERCIAL GENERAL LIABILITY   |                     |                        |   |                           |  |   | EACH OCCURRENCE  | \$    | 1,000,000   |  |
|             | CLAIMS-MADE X OCCUR  |                     |                        | CCI1372400  |                           | 2/7/2021                                 | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                        | \$    | 300,000     |  |
|             |  |                     |                        |   |                           |  |   | MED EXP (Any one person)   | \$    | 10,000      |  |
|             |  |                     |                        |   |                           |  |   | PERSONAL & ADV INJURY  | \$    | 1,000,000   |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                        |   |                           |  |   | GENERAL AGGREGATE  | \$    | 2,000,000   |  |
|             | POLICY X PRO-<br>JECT X LOC  |                     |                        |   |                           |  |   | PRODUCTS - COMP/OP AGG   | \$    | 2,000,000   |  |
|             | OTHER:   |                     |                        |   |                           |  |   | Liquor Liab  | \$    | 1,000,000   |  |
| Α           | AUTOMOBILE LIABILITY   |                     |                        |   |                           |  |   | COMBINED SINGLE LIMIT (Ea accident)                              | \$    | 1,000,000   |  |
|             | X ANY AUTO   |                     |                        | CBA1372400  |                           | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (Per person)                                       | \$    |             |  |
|             | OWNED AUTOS ONLY SCHEDULED AUTOS   |                     |                        |   |                           |  |   | BODILY INJURY (Per accident)                                     | \$    |             |  |
|             | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                     |                        |   |                           |  |   | PROPERTY DAMAGE (Per accident)                                   | \$    |             |  |
| _           |  |                     |                        |   |                           |  |   |  | \$    | 2 222 222   |  |
| Α           | X UMBRELLA LIAB X OCCUR  |                     |                        | 00114070400   |                           | 0/7/0004                                 | 0/7/0000                                  | EACH OCCURRENCE  | \$    | 2,000,000   |  |
|             | EXCESS LIAB CLAIMS-MADE  |                     |                        | CCU1372400  |                           | 2/7/2021                                 | 2/7/2022                                  | AGGREGATE  | \$    | 2,000,000   |  |
|             | DED X RETENTION \$ 10,000  |                     |                        |   |                           |  |   | DEB OTH  | \$    |             |  |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                        |   |                           |  |   | PER OTH-<br>STATUTE ER   |       |             |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A                 |                        |   |                           |  |   | E.L. EACH ACCIDENT   | \$    |             |  |
|             | (Mandatory in NH)  If yes, describe under  |                     |                        |   |                           |  |   | E.L. DISEASE - EA EMPLOYEE                                       | \$    |             |  |
|             | DESCRIPTION OF OPERATIONS below  |                     |                        |   |                           |  |   | E.L. DISEASE - POLICY LIMIT                                      | \$    |             |  |
|             |  |                     |                        |   |                           |  |   |  |       |             |  |
|             |  |                     |                        |   |                           |  |   |  |       |             |  |
| DES<br>Sou  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>th Florida Museum is included as addition   | ES (/onal           | ACORE<br>insur         | <br>D 101, Additional Remarks Schedu<br>red as respects General Lia     | ile, may b<br>ability w   | e attached if mor<br>here required       | e space is requir<br>d by written o       | l<br>red)<br>contract per form CG7323                            | (12-1 | 6).         |  |
|             |  |                     |                        |   |                           |  |   |  |       |             |  |
|             |  |                     |                        |   |                           |  |   |  |       |             |  |
| CE          | RTIFICATE HOLDER   |                     |                        |   | CANC                      | ELLATION                                 |   |  |       |             |  |
|             |  |                     |                        |   | THE<br>ACC                | EXPIRATION<br>ORDANCE WI                 | N DATE TH                                 | ESCRIBED POLICIES BE CA<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |       |             |  |
|             | The Bishop South FL Museu  | m                   |                        |   | AUTHORIZED REPRESENTATIVE |  |   |  |       |             |  |
|             | 201 10th St W  |                     |                        |   | Trum Andun                |  |   |  |       |             |  |

Bradenton, FL 34205

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

|         | f SUBROGATION IS WAIVED, subjection for the subjection of the subjection of the subject of the s |                     |                         |  | ıch end                   | dorsement(s)                             |  | •   | orsemen            | t. A | statement on |
|---------|--|---------------------|-------------------------|--|---------------------------|--|--|---|--------------------|------|--------------|
|         | DDUCER   |                     |                         |  | CONTA<br>NAME:            | CT Alexand                               | ra Palacios                                |   |                    |      |              |
| Ins     | urance Office of America, Inc.<br>55 West State Road 434   |                     |                         |  |                           | o, Ext): (407) 2                         |  |   | FAX<br>(A/C, No):  |      |              |
|         | os West State Road 434<br>ngwood, FL 32750   |                     |                         |  | E-MAIL<br>ADDRE           | ss: Alexand                              | ra.Palacios                                | @ioausa.com   | (,,-               |      |              |
|         |  |                     |                         |  |                           |  |  | RDING COVERAGE                                      |                    |      | NAIC#        |
|         |  |                     |                         |  | INSURE                    | RA: Regent                               |  |   |                    |      | 24449        |
| INS     | URED   |                     |                         |  | INSURE                    | RB:                                      |  |   |                    |      |              |
|         | Puff N Stuff Catering LLC  |                     |                         |  | INSURE                    | ERC:                                     |  |   |                    |      |              |
|         | 5802-5804 E. Columbus Driv   | /e                  |                         |  | INSURE                    | ER D :                                   |  |   |                    |      |              |
|         | Tampa, FL 33619  |                     |                         |  | INSURE                    | RE:                                      |  |   |                    |      |              |
|         |  |                     |                         |  | INSURE                    | ERF:                                     |  |   |                    |      |              |
| CC      | OVERAGES CER   | TIFI                | CATE                    | E NUMBER:  |                           |  |  | REVISION NUM  | IBER:              |      |              |
| II<br>C | THIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY FURTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH   | REQU<br>PER<br>POLI | IREMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A                    | ANY CONTRAI<br>Y THE POLIC<br>REDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WIT<br>ED HEREIN IS SU                   | H RESPE            | CT T | O WHICH THIS |
| INSF    | TYPE OF INSURANCE  | INSD                | SUBR<br>WVD             | POLICY NUMBER  |                           | (MM/DD/YYYY)                             | POLICY EXP<br>(MM/DD/YYYY)                 |   | LIMIT              | s    |              |
| Α       | X COMMERCIAL GENERAL LIABILITY   |                     |                         |  |                           |  |  | EACH OCCURRENCE                                     |                    | \$   | 1,000,000    |
|         | CLAIMS-MADE X OCCUR  |                     |                         | CCI1372400   |                           | 2/7/2021                                 | 2/7/2022                                   | DAMAGE TO RENT<br>PREMISES (Ea occu                 | ED<br>ırrence)     | \$   | 300,000      |
|         |  |                     |                         |  |                           |  |  | MED EXP (Any one                                    | person)            | \$   | 10,000       |
|         |  |                     |                         |  |                           |  |  | PERSONAL & ADV                                      | INJURY             | \$   | 1,000,000    |
|         | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                         |  |                           |  |  | GENERAL AGGREC                                      | SATE               | \$   | 2,000,000    |
|         | POLICY X PRO-  |                     |                         |  |                           |  |  | PRODUCTS - COMP                                     | P/OP AGG           | \$   | 1,000,000    |
| Α       | OTHER:   |                     |                         |  |                           |  |  | COMBINED SINGLE                                     | IIMIT              | \$   | 1.000,000    |
| ^       | AUTOMOBILE LIABILITY   |                     |                         | CD 4 4 2 7 2 4 0 0   |                           | 0/7/0004                                 | 0/7/0000                                   | (Ea accident)                                       |                    | \$   | 1,000,000    |
|         | X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS  |                     |                         | CBA1372400   |                           | 2/7/2021                                 | 2/7/2022                                   | BODILY INJURY (Pe                                   | •                  | \$   |              |
|         |  |                     |                         |  |                           |  |  | PROPERTY DAMAC<br>(Per accident)                    | er accident)<br>SE | \$   |              |
|         | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                     |                         |  |                           |  |  | (Per accident)                                      |                    | \$   |              |
| Α       | X UMBRELLA LIAB X OCCUR  |                     |                         |  |                           |  |  | EAGU GOOUDDEN                                       |                    | \$   | 2,000,000    |
|         | EXCESS LIAB CLAIMS-MADE  |                     |                         | CCU1372400   |                           | 2/7/2021                                 | 2/7/2022                                   | AGGREGATE   | JE .               | \$   | 2,000,000    |
|         | DED X RETENTION \$ 10,000  |                     |                         |  |                           |  |  | AGGREGATE   |                    | \$   |              |
|         | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                         |  |                           |  |  | PER<br>STATUTE                                      | OTH-<br>ER         | Ψ    |              |
|         | ANY PROPRIETOR/PARTNER/EXECUTIVE   |                     |                         |  |                           |  |  | E.L. EACH ACCIDE                                    |                    | \$   |              |
|         | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   | N/A                 |                         |  |                           |  |  | E.L. DISEASE - EA I                                 |                    |      |              |
|         | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |                         |  |                           |  |  | E.L. DISEASE - POL                                  |                    | \$   |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
| DES     | SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (               | ACORI                   | D 101, Additional Remarks Schedu                                       | ıle, may b                | e attached if mor                        | e space is requir                          | red)  |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
|         |  |                     |                         |  |                           |  |  |   |                    |      |              |
| CE      | RTIFICATE HOLDER   |                     |                         |  | CAN                       | CELLATION                                |  |   |                    |      |              |
|         |  |                     |                         |  | THE                       | EXPIRATIO                                | N DATE TH                                  | ESCRIBED POLICI<br>IEREOF, NOTICE<br>CY PROVISIONS. |                    |      |              |
|         | The Cuban Club of Tampa<br>Attn: Alan Lopez  |                     |                         |  | AUTHORIZED REPRESENTATIVE |  |  |   |                    |      |              |

2010 N Republica de cuba Tampa, FL 33605

**PALACIOS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| 1855 West State Road 434 Longwood, FL 32750    March   | If SUBROGATION IS WAIVED, subject this certificate does not confer rights to                                 |   |                        |  | ıch end    | lorsement(s)                           |  | •                                 | orsemen    | t. As | statement on |  |
|--|--|---|------------------------|--|------------|--|--|-----------------------------------|------------|-------|--------------|--|
| Insurance Office of America, Inc.  Insurance Office   |  | CONTACT Alexandra Palacios                    |                        |  |            |  |  |                                   |            |       |              |  |
| LONGWOOD, FL 32750    Secretary   Company   Co   | Insurance Office of America, Inc.  |   |                        |  |            |  |  |                                   |            |       |              |  |
| INSURED RESULT OF THE POLICY ENGAGEMENT OF THE FOLICY PERIOD OF THE OFFICE OF SHIPPING OF THE FOLICY PERIOD OF THE OFFICE OF SHIPPING OF THE FOLICY PERIOD OF THE OFFICE OF SHIPPING   | Longwood, FL 32750   | E-MAIL ADDRESS: Alexandra.Palacios@ioausa.com |                        |  |            |  |  |                                   |            |       |              |  |
| NSURER 8:  NSURER 9:   |  |   |                        |  |            |  |  | NAIC#                             |            |       |              |  |
| PHEF WE SUM Catering LLC SSO2-SSAME Columbus Drive Tampa, FL 33619  **REVISION NUMBER:** INSURER 1: INSURER 5:   |  |   |                        |  |            |  |  | 24449                             |            |       |              |  |
| S802-5804 E. Columbus Drive Tampa, FL 33619    MSURER P.   | INSURED  | INSURE  | RB:                    |  |            |  |  |                                   |            |       |              |  |
| Tampa, FL 33619    NOUNTER   NOUNTER   NOUNTER     NOUNTER   NOUNTER   NOUNTER   | Puff N Stuff Catering LLC  |   |                        |  | INSURER C: |  |  |                                   |            |       |              |  |
| MSUBER E :   NOWERS   NOW  |  | е   |                        |  | INSURE     | R D :                                  |  |                                   |            |       |              |  |
| COVERAGES  CERTIFICATE NUMBER:  THIS IS TO GESTIEY THAT THE POLICIPS ON BUSINANCE LISTED BELOW HAVE BEEN ISSUED TO THE NUMBERS ABOVE FOR THE POLICY PERIOD. THE NUMBER ABOVE THE POLICY PERIOD. THE   | Tampa, FL 33619  |   | INSURE                 | RE:  |            |  |  |                                   |            |       |              |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD.  NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTROL OR THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMINS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  REST TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMINS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL GENERAL LIBBILITY  CAMINGMENT APPLIES PER POLICY IX PRODUCT AND ADDITIONS OF THE POLICY BY ADDITIONS OF THE PO   |  |   |                        |  | INSURE     | RF:                                    |  |                                   |            |       |              |  |
| INDICATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PETAIN. THE INSURANCE AFFORDED BY THE POLICIES IDECRIBED HEREIN IS UBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIGHTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS.  A X COMMERCIAL GENERAL LUBBILITY  CLAMS-MADE X OCCUR  COL1372400  CITY 2021  CLAMS-MADE X OCCUR  FRODUCTS. COMPORE AGS 1 2,000,000  GENT. AGGREGATE LIMIT APPLIES PER: POLICY X SUBJECT X LOC  OTHER  A X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAMS-MADE  DE X RETENTION S 10,000  WORKERS COMPENSATION SORIE  AND SUBJECT SUBJ   | COVERAGES CER  | TIFIC   | CATE                   | NUMBER:  |            |  |  | REVISION NUM                      | IBER:      |       |              |  |
| A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CRIN AGGREGATE UNIT APPLIES PER  POLICY X SEC X LOC  OTHER  ANY AUTO  COMMEND SINGLE LIABILITY  X INVAUTO  COULTS AUTOS  CCUL1372400  CCU1372400  2/7/2021  2/7/2   | INDICATED. NOTWITHSTANDING ANY RI<br>CERTIFICATE MAY BE ISSUED OR MAY<br>EXCLUSIONS AND CONDITIONS OF SUCH I | EQUI<br>PER<br>POLI                           | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A     | NY CONTRAI<br>THE POLICI<br>REDUCED BY | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WIT<br>ED HEREIN IS SU | TH RESPE   | CT TO | O WHICH THIS |  |
| CCI1372400  2/7/2021  2/7/2022  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2022  2/7/2021  2/7/2021  2/7/2021  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2021  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2022  2/7/2022  2/7/2021  2/7/2022  2/7/2022  2/7/2022  2/7/2023  2/7/2024  2/7/2024  2/7/2024  2/7/2025  2/7/2025  2/7/2026  2/7/2027  2/7/2027  2/7/2027  2/7/2027  2/7/2028  2/7/2029  2/7/2029  2/7/2029  2/7/2021  2/7/2021  2/7/2021  2/7/2022  2/7/2022  2/7/2022  2/7/2023  2/7/2024  2/7/2024  2/7/2024  2/7/2025  2/7/2025  2/7/2026  2/7/2027  2/7/2027  2/7/2027  2/7/2027  2/7/2028  2/7/2028  2/7/2029  2/7/2029  2/7/2029  2/7/2029  2/7/2021  2/7/2029  2/7/2021  2/7/2029  2/7/2021  2/7/2029  2/7/2021  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2021  2/7/2022  2/7/2022  2/7/2023  2/7/2024  2/7/2024  2/7/2024  2/7/2025  2/7/2025  2/7/2026  2/7/2027  2/7/2027  2/7/2027  2/7/2028  2/7/2028  2/7/2029  2//2   | LTR TYPE OF INSURANCE  | INSD  | WVD                    | POLICY NUMBER  |            | (MM/DD/YYYY)                           | (MM/DD/YYYY)                               |                                   | LIMIT      | S     | 4 000 000    |  |
| MED EXP (Any one person) \$ 10,000  GENTL AGGREGATE LIMIT APPLIES PER: POLICY X JEC; X LOC OTHERS PROPERTY SINCILLIMIT \$ 1,000,000  Liquor Liab S 1,000,000  Liq   |  |   |                        |  |            |  |  |                                   |            | \$    | <u> </u>     |  |
| GEN_AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC DITHER  AUTOMOBILE LIABILITY  X ANY AUTO DESCRIPTION OF OPERATIONS below  CCU1372400  CCU1372400  CCU1372400  CCU1372400  CCU1372400  2/7/2021  CCU1372400  2/7/2021  2///2021  2///2021  2///2021  2///2021  2///2021  2///2021  2///202   | CLAIMS-MADE X OCCUR  | X   |                        | CCI1372400   |            | 2/7/2021                               | 2/7/2022                                   | PREMISES (Ea occi                 | rrence)    | \$    | ,            |  |
| GENTL AGGREGATE LIMIT APPLIES PER. POLICY X FED. X LOC OTHER OTHER AUTOMOBILE LIABILITY X ANY AUTO ONLY AUTOS  |  |   |                        |  |            |  |  | MED EXP (Any one                  | person)    | \$    | ,            |  |
| A AUTOMOBILE LIABILITY    ANY AUTO   CHARLES   |  |   |                        |  |            |  |  |                                   |            | \$    | , ,          |  |
| OTHER  AUTOMOBILE LIABILITY  X ANY AUTO  ONLY  AUTOSONLY  BODILY NUBY (Per escident) \$  PROPERTY ADMAGE  \$ 2,000,000  AGGREGATE  \$ 2,000,000  AGGREGA  |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| A AUTOMOBILE LIABILITY  X ANY AUTO  OND STATE AUTOS ONLY  BODILY INJURY (Per person) \$ BODI |  |   |                        |  |            |  |  |                                   | P/OP AGG   |       | , ,          |  |
| X ANY AUTO  OWNED ONLY  AUTOS  | Α  |   |                        |  |            |  |  | COMBINED SINGLE                   | LIMIT      |       |              |  |
| OWNED AUTOS ONLY AUTOS   | W No in object Elableit i  |   |                        | CRA1372400   |            | 2/7/2021                               | 2/7/2022                                   | ,                                 |            | Ţ     | -,,          |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000  WORKERS COMPRISATION, ANY PROPRIET ORPHATNER/EXECUTIVE OF DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS Delow  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space) is required by contract or agreement.  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space) is required by contract or agreement.  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.  |  |   |                        | OBA 1072400  |            | 21112021                               | LITTEGEE                                   |                                   | •          |       |              |  |
| A X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PERPET PRATICIPATION FOR OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  |  |   |                        |  |            |  |  | PROPERTY DAMAC                    | SE         |       |              |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB    DED X   RETENTION \$ 10,000   DED X RETENTION \$ 10,000   AND REMPLOYER'S LIABILITY Y/N OFFICE RIME MERE EXCULIVE OR (Mandator) in NH)   If yes, describe under DESCRIPTION OF OPERATIONS below    DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   The Orio House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.    CANCELLATION   CANCELLATION   CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  | AUTOS ONLY AUTOS ONLY  |   |                        |  |            |  |  | (Fer accident)                    |            |       |              |  |
| EXCESS LIAB CLAIMS-MADE  DED X RETENTIONS 10,000  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  | A X UMBRELLA LIAB X OCCUR  |   |                        |  |            |  |  | FACH OCCURRENCE                   | î.E        |       | 2,000,000    |  |
| DED   X   RETENTION \$ 10,000  |  |   |                        | CCU1372400   |            | 2/7/2021                               | 2/7/2022                                   |                                   | JL         |       | 2,000,000    |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE NIMEMER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / DOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  | DED X RETENTION \$ 10,000  |   |                        |  |            |  |  |                                   |            |       |              |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE NIMEMER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / DOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  | WORKERS COMPENSATION   |   |                        |  |            |  |  | PER<br>STATUTE                    | OTH-<br>ER |       |              |  |
| Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.   | ANY PROPRIETOR/PARTNER/EXECUTIVE   | NI / A  |                        |  |            |  |  |                                   | NT         | \$    |              |  |
| DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.   |  | N/A   |                        |  |            |  |  | E.L. DISEASE - EA I               | EMPLOYEE   | \$    |              |  |
| The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |                        |  |            |  |  | E.L. DISEASE - POL                | ICY LIMIT  | \$    |              |  |
| The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| The Orlo House is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  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.  |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| 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.   | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (A   | ACORE                  | 0 101, Additional Remarks Schedu                                       | ıle, may b | e attached if mor                      | e space is requir                          | ed)<br>contract or agree          | ement      |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   | The Ono nouse is granted additional histore  | u sia   | itus v                 | vitil regard to the General  | Liability  | policy when                            | required by                                | contract or agree                 | einent.    |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                        |  |            |  |  |                                   |            |       |              |  |
| THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  | CERTIFICATE HOLDER   |   |                        |  | CANO       | CELLATION                              |  |                                   |            |       |              |  |
| AUTHORIZED REPRESENTATIVE  |  |   |                        |  | THE        | EXPIRATIO                              | N DATE TH                                  | IEREOF, NOTICE                    |            |       |              |  |
| The Orlo House   | The Orle House   |   |                        |  | AUTHO      | RIZED REPRESE                          | NTATIVE                                    |                                   |            |       |              |  |

315 Plant Ave Tampa, FL 33606

**PALACIOS** 



DATE (MM/DD/YYYY) 2/5/2021

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.

| Puff N Stuff Catering LLC 5802-5804 E. Columbus Drive Tampa, FL 33619  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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST  TYPE OF INSURANCE  ADDL SUBR INSD WYD  POLICY NUMBER  A COMMERCIAL GENERAL LIBILITY  CENTRAL AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCTS. OCCURRENCE  S DAMAGE TO RENTED PREMISES (Ea occurrence)  S PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS. COMPION AGG \$ LIQUO LIAB  S COMBINED SINGLE LIMIT  S COMBINED SINCLE SINCLE  S COMBINED SINCLE  S   | HICH THIS                              |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750    Each Occurrence   Flow   F  | Y PERIOD<br>HICH THIS<br>E TERMS,      |  |  |  |  |  |  |
| Longwood, FL 32750    EMAILES: Alexandra.Palacios@ioausa.com  | Y PERIOD<br>HICH THIS<br>E TERMS,      |  |  |  |  |  |  |
| INSURER A : Regent Insurance Company  244  INSURER B :  INSURER B :  INSURER C :  INSURER C :  INSURER C :  INSURER E :  INSURER E :  INSURER F :  INSURER F :  INSURER F :  INSURER E :  INSURER F :  INSURER E :  I  | Y PERIOD<br>HICH THIS<br>E TERMS,      |  |  |  |  |  |  |
| INSURER A : Regent Insurance Company  244  INSURER B :  INSURER C : INSURER C : INSURER D : INSURER E : INSURER F   | Y PERIOD<br>HICH THIS<br>E TERMS,      |  |  |  |  |  |  |
| Puff N Stuff Catering LLC 5802-5804 E. Columbus Drive Tampa, FL 33619  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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST TYPE OF INSURANCE ADDL SUBR INSD W/O  CLAIMS-MADE X  CCC11372400  AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST TYPE OF INSURANCE ADDL SUBR W/O  IMMIDIATY  CACHOLOGY  AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY SEPTIMENT OF THE POLICY SEPTIMENT OF THE POLICY OF THE POLICY SEPTIMENT OF THE POLICY OF T  | Y PERIOD<br>HICH THIS<br>E TERMS,      |  |  |  |  |  |  |
| Puff N Stuff Catering LLC 5802-5804 E. Columbus Drive Tampa, FL 33619    Insurer D :  | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| INSURER D :   INSURER E :   INSURER F :   | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| Tampa, FL 33619    INSURER E :   INSURED NAMED ABOVE FOR THE POLICY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHITE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY PAID CLAIMS.    INSURER E :   INSU  | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST. TYPE OF INSURANCE  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X CCI1372400  2/7/2021  2/7/2022  AUTOMOBILE LIMIT APPLIES PER:  POLICY X JECT X LOC  OTHER:  A AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  SEACH OCCURRENCE  DAMAGE TO RENTED  PREMISES (Ea occurrence)  S PRODUCTS - COMP/OP AGG \$  Liquor Liab  \$ COMBINED SINGLE LIMIT  (Ea accident)  S COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  S COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  S COMBINED SINGLE LIMIT  COMBINED SINGLE LIMIT  (Ea accident)   | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| 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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHITE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIL CLAIMS.    NSR  | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSP. TYPE OF INSURANCE ADDL SUBF. POLICY NUMBER POLICY EFF. (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)  CLAIMS-MADE X OCCUR X  CCI1372400 2/7/2021 2/7/2022 EACH OCCURRENCE \$  DAMAGE TO RENTED PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCTS - COMP/OP AGG \$  Liquor Liab \$  COMBINED SINGLE LIMIT (Ea accident) \$  | HICH THIS<br>E TERMS,                  |  |  |  |  |  |  |
| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY FOR MM/DD/YYYY) POLICY FOR MM/DD/YYYY POLICY FOR MM/DD/YYYY) POLICY FOR MM/DD/YYYY POLICY FOR MM/DD/YYYY) POLICY FOR MM/DD/YYYY POLICY FO  | E TERMS,                               |  |  |  |  |  |  |
| INSR TYPE OF INSURANCE  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X CCI1372400  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  X CCI1372400  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  X CCI1372400  CLAIMS-MADE X OCCUR  CLAIMS-  | 4 000 000                              |  |  |  |  |  |  |
| A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  X  CCI1372400  2/7/2021  2/7/2022  EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X Loc OTHER:  A AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT \$ COMBINED SINGLE LIMIT (Ea accident) \$ COMBINED SINGLE SINGL  | 4 000 000                              |  |  |  |  |  |  |
| CCI1372400  2/7/2021  2/7/2022  A CCI1372400  2/7/2021  2/7/2022  2/7/2022  2/7/2022  A CCI1372400  2/7/2021  2/7/2022  2/7/2022  2/7/2022  A CCI1372400  2/7/2021  2/7/2022  |  |  |  |  |  |  |  |
| MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCTS - COMP/OP AGG \$ OTHER:  A AUTOMOBILE LIABILITY  ODA 4 0 7 10000 10 10 10 10 10 10 10 10 10 10 10   | 300,000                                |  |  |  |  |  |  |
| PERSONAL & ADV INJURY \$  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCTS - COMP/OP AGG \$  OTHER:  A AUTOMOBILE LIABILITY  ODA 4070400 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 \$1700000 | 10,000                                 |  |  |  |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCTS - COMP/OP AGG \$  OTHER:  A AUTOMOBILE LIABILITY  ODA 4070400 00770000 00770000 00770000  | 1,000,000                              |  |  |  |  |  |  |
| POLICY X PRODUCTS - COMP/OP AGG \$  OTHER:  A AUTOMOBILE LIABILITY  ODA 4070400 000000000000000000000000000000  | 2,000,000                              |  |  |  |  |  |  |
| OTHER:  A AUTOMOBILE LIABILITY  ODA 40704000  ODA 407040000  ODA 40704000  ODA 40704000  ODA 40704000  ODA 40704000  ODA 40704000  ODA 40704000  ODA 407040000  ODA 407040000  ODA 40704  | 2,000,000                              |  |  |  |  |  |  |
| A AUTOMOBILE LIABILITY  COMBINED SINGLE LIMIT (Ea accident)  \$ 27,0000   | 1,000,000                              |  |  |  |  |  |  |
| CDA4070400 0/7/00004 0/7/00004  | 1,000,000                              |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| OWNED SCHEDULED   |  |  |  |  |  |  |  |
| HIRED NON-OWNED PROPERTY DAMAGE   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| A X UMBRELLA LIAB X OCCUR FACH OCCURRENCE \$  | 2,000,000                              |  |  |  |  |  |  |
| 5 OCCUPATION AND STATE OF THE PROPERTY OF THE   | 2.000.000                              |  |  |  |  |  |  |
| DED X RETENTION \$ 10,000   |  |  |  |  |  |  |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  VIN  PER STATUTE  R  OTH- STATUTE  ER  |  |  |  |  |  |  |  |
| Y/N   |  |  |  |  |  |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)    E.L. BACH ACCIDENT \$   E.L. DISEASE - EA EMPLOYEE \$   |  |  |  |  |  |  |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA LIMIT EVILL 4  E.L. DISEASE - POLICY LIMIT \$  |  |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS BEIOW   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |  |  |  |  |  |  |  |
| 8 count productions is granted additional insured status with regard to the General Liability policy when required by contract or agreement.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| CERTIFICATE HOLDER CANCELLATION   |  |  |  |  |  |  |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVED ACCORDANCE WITH THE POLICY PROVISIONS.   |  |  |  |  |  |  |  |
|   | ACCONDANCE WITH THE POLICT PROVISIONS. |  |  |  |  |  |  |
| AUTHORIZED REPRESENTATIVE   |  |  |  |  |  |  |  |
| The Rialto Theatre  |  |  |  |  |  |  |  |

ACORD 25 (2016/03)

**PALACIOS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2021

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.

| lf<br>th                          | SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights to   | ct to<br>the        | the<br>certi           | terms and conditions of<br>ificate holder in lieu of su                 | the pol   | licy, certain p<br>lorsement(s).         | oolicies may                              | require an endorsemen   | t. As  | tatement on |  |  |
|-----------------------------------|--|---------------------|------------------------|---|---|--|---|---|--------|-------------|--|--|
| PRODUCER                          |  |                     |                        |   |   | CONTACT Alexandra Palacios               |   |   |        |             |  |  |
| Insurance Office of America, Inc. |  |                     |                        |   | PHONE (A/C, No, Ext): (407) 212-3541 FAX (A/C, No): |  |   |   |        |             |  |  |
|                                   | 5 West State Road 434<br>Igwood, FL 32750  |                     |                        |   | E-MAIL  | ss. Alexandı                             | a.Palacios                                | @ioausa.com   |        |             |  |  |
|                                   | .g.,   |                     |                        |   | ADDRE   |  |   | RDING COVERAGE  |        | NAIC#       |  |  |
|                                   |  |                     |                        |   | INSURE  | RA: Regent                               | • •                                       |   |        | 24449       |  |  |
| INSL                              | JRED   |                     |                        |   | INSURE  |  |   |   |        |             |  |  |
|                                   | Puff N Stuff Catering LLC  |                     |                        |   | INSURE  |  |   |   |        |             |  |  |
|                                   | 5802-5804 E. Columbus Driv   | е                   |                        |   | INSURE  |  |   |   |        |             |  |  |
|                                   | Tampa, FL 33619  |                     |                        |   | INSURE  |  |   |   |        |             |  |  |
|                                   |  |                     |                        |   | INSURE  |  |   |   |        |             |  |  |
| СО                                | VERAGES CER  | TIFIC               | CATE                   | NUMBER:   |   |  |   | REVISION NUMBER:  |        | •           |  |  |
| IN<br>C                           | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLI | REME<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORI<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY                                    | NY CONTRAC<br>THE POLICI<br>REDUCED BY I | OT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WITH RESPE<br>ED HEREIN IS SUBJECT T               | CT TO  | WHICH THIS  |  |  |
| INSR<br>LTR                       |  | ADDL<br>INSD        | SUBR<br>WVD            | POLICY NUMBER   |   | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT   | s      |             |  |  |
| Α                                 | X COMMERCIAL GENERAL LIABILITY   |                     |                        |   |   |  |   | EACH OCCURRENCE   | \$     | 1,000,000   |  |  |
|                                   | CLAIMS-MADE X OCCUR  | Х                   |                        | CCI1372400  |   | 2/7/2021                                 | 2/7/2022                                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                     | \$     | 300,000     |  |  |
|                                   |  |                     |                        |   |   |  |   | MED EXP (Any one person)                                      | \$     | 10,000      |  |  |
|                                   |  |                     |                        |   |   |  |   | PERSONAL & ADV INJURY   | \$     | 1,000,000   |  |  |
|                                   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                        |   |   |  |   | GENERAL AGGREGATE   | \$     | 2,000,000   |  |  |
|                                   | POLICY X PRO-  |                     |                        |   |   |  |   | PRODUCTS - COMP/OP AGG  | \$     | 2,000,000   |  |  |
| _                                 | OTHER:   |                     |                        |   |   |  |   | Liquor Liab  COMBINED SINGLE LIMIT                            | \$     | 1,000,000   |  |  |
| Α                                 | AUTOMOBILE LIABILITY   |                     |                        |   |   |  |   | (Ea accident)   | \$     | 1,000,000   |  |  |
|                                   | X ANY AUTO   |                     |                        | CBA1372400  |   | 2/7/2021                                 | 2/7/2022                                  | BODILY INJURY (Per person)                                    | \$     |             |  |  |
|                                   | OWNED AUTOS ONLY SCHEDULED AUTOS   |                     |                        |   |   |  |   | BODILY INJURY (Per accident)                                  | \$     |             |  |  |
|                                   | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                     |                        |   |   |  |   | PROPERTY DAMAGE<br>(Per accident)                             | \$     |             |  |  |
| ^                                 | V V  |                     |                        |   |   |  |   |   | \$     | 2,000,000   |  |  |
| Α                                 | X UMBRELLA LIAB X OCCUR  |                     |                        | CCU1372400  |   | 2/7/2021                                 | 2/7/2022                                  | EACH OCCURRENCE   | \$     | 2,000,000   |  |  |
|                                   | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  |                     |                        | 0001072400  |   | 27772021                                 | 2/1/2022                                  | AGGREGATE   | \$     | 2,000,000   |  |  |
|                                   | THE TENTH OF T   |                     |                        |   |   |  |   | PER OTH-<br>STATUTE ER  | \$     |             |  |  |
|                                   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                     |                        |   |   |  |   |   |        |             |  |  |
|                                   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                        |   |   |  |   | E.L. EACH ACCIDENT  | \$     |             |  |  |
|                                   | If ves. describe under   |                     |                        |   |   |  |   | E.L. DISEASE - EA EMPLOYEE                                    |        |             |  |  |
|                                   | DÉSÉRIPTION OF OPERATIONS below  |                     |                        |   |   |  |   | E.L. DISEASE - POLICY LIMIT                                   | \$     |             |  |  |
|                                   |  |                     |                        |   |   |  |   |   |        |             |  |  |
|                                   |  |                     |                        |   |   |  |   |   |        |             |  |  |
| DES<br>The                        | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI<br>Salvador Dali Museum, Inc. is granted a   | LES (A              | ACORE<br>onal          | 0 101, Additional Remarks Schedu<br>insured status with regard          | ile, may b<br>I to the                              | e attached if mor<br>General Liabi       | e space is requir<br>lity policy wl       | red)<br>nen required by contract o                            | or agr | eement.     |  |  |
| CE                                | RTIFICATE HOLDER   |                     |                        |   | CANO  | ELLATION                                 |   |   |        |             |  |  |
|                                   |  |                     |                        |   | THE   | EXPIRATION                               | N DATE TH                                 | ESCRIBED POLICIES BE C<br>EREOF, NOTICE WILL<br>Y PROVISIONS. |        |             |  |  |
|                                   | The Salvador Dali Museum,  | lnc.                |                        |   | AUTHORIZED REPRESENTATIVE                           |  |   |   |        |             |  |  |
|                                   | One Dali Boulevard   | Drum Hwaun-         |                        |   |   |  |   |   |        |             |  |  |

Saint Petersburg, FL 33701

**PALACIOS** 

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

2/5/2021

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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).

| tł  | nis certificate does not confer rights to  |        |            |   |                      |   |                                     | require an endorsemen   | A 3       | tatement on |  |  |
|---|--|--------|------------|---|----------------------|---|-------------------------------------|---|-----------|-------------|--|--|
| PRO   | DUCER  |        |            |   | CONTAI<br>NAME:      | <sup>CT</sup> Alexandr                                    | ra Palacios                         |   |           |             |  |  |
| Insurance Office of America, Inc.<br>1855 West State Road 434 |  |        |            |   |                      | PHONE<br>(A/C, No, Ext): (407) 212-3541 FAX<br>(A/C, No): |                                     |   |           |             |  |  |
|   | gwood, FL 32750  |        |            |   | E-MAIL<br>ADDRE      | ss: Alexandr  | a.Palacios                          | @ioausa.com   |           |             |  |  |
|   |  |        |            |   |                      | INS   | URER(S) AFFOR                       | RDING COVERAGE  |           | NAIC#       |  |  |
|   |  |        |            |   | INSURE               | RA: Regent  | Insurance                           | Company   |           | 24449       |  |  |
| INSL  | JRED   |        |            |   | INSURER B:           |   |                                     |   |           |             |  |  |
|   | Puff N Stuff Catering LLC  |        |            |   | INSURE               | RC:   |                                     |   |           |             |  |  |
|   | 5802-5804 E. Columbus Drive  | 9      |            |   | INSURER D:           |   |                                     |   |           |             |  |  |
|   | Tampa, FL 33619  |        |            |   | INSURE               | RE:   |                                     |   |           |             |  |  |
|   |  |        |            |   | INSURE               | RF:   |                                     |   |           |             |  |  |
|   |  |        |            | NUMBER:   |                      |   |                                     | REVISION NUMBER:  |           |             |  |  |
| ١N  | HIS IS TO CERTIFY THAT THE POLICIE:<br>NDICATED. NOTWITHSTANDING ANY RE                  | EQUIR  | REME       | ENT, TERM OR CONDITION                                      | N OF A               | NY CONTRAC  | CT OR OTHER                         | R DOCUMENT WITH RESPE   | CT TO     | WHICH THIS  |  |  |
|   | ERTIFICATE MAY BE ISSUED OR MAY IXCLUSIONS AND CONDITIONS OF SUCH F                      |        |            |   |                      |   |                                     |   | O ALL     | THE TERMS,  |  |  |
| INSR  | TYPE OF INCUPANCE  | ADDL S | SUBR       |   | DLLINI               | POLICY EFF  |                                     | LIMIT   |           |             |  |  |
| A   | X COMMERCIAL GENERAL LIABILITY   | INSD   | WVD        | FOLICT NUMBER   |                      | (MM/DD/YYYY)  | (MM/DD/YYYY)                        |   |           | 1,000,000   |  |  |
|   | CLAIMS-MADE X OCCUR  | х      |            | CCI1372400  |                      | 2/7/2021  | 2/7/2022                            | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)         | \$        | 300,000     |  |  |
|   |  | ^      |            | 0011012400  |                      | 2///2021  | LITTLULL                            | MED EXP (Any one person)  | \$        | 10,000      |  |  |
|   |  |        |            |   |                      |   |                                     | PERSONAL & ADV INJURY   | \$        | 1,000,000   |  |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |        |            |   |                      |   |                                     | GENERAL AGGREGATE   | \$        | 2,000,000   |  |  |
|   | POLICY X PRO-<br>JECT X LOC  |        |            |   |                      |   |                                     | PRODUCTS - COMP/OP AGG  | \$        | 2,000,000   |  |  |
|   | OTHER:   |        |            |   |                      |   |                                     | Liquor Liab   | \$        | 1,000,000   |  |  |
| Α   | AUTOMOBILE LIABILITY   |        | CBA1372400 |   | 2/7/2021             |   | COMBINED SINGLE LIMIT (Ea accident) | \$  | 1,000,000 |             |  |  |
|   | X ANY AUTO   |        |            |   |                      | 2/7/2021  | 2/7/2022                            | BODILY INJURY (Per person)  | \$        |             |  |  |
|   | OWNED SCHEDULED AUTOS  |        |            |   |                      |   |                                     | BODILY INJURY (Per accident)                                      | \$        |             |  |  |
|   | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |        |            |   |                      |   |                                     | PROPERTY DAMAGE (Per accident)                                    | \$        |             |  |  |
|   |  |        |            |   |                      |   |                                     |   | \$        |             |  |  |
| Α   | X UMBRELLA LIAB X OCCUR  |        |            |   |                      |   |                                     | EACH OCCURRENCE   | \$        | 2,000,000   |  |  |
|   | EXCESS LIAB CLAIMS-MADE  |        |            | CCU1372400  |                      | 2/7/2021  | 2/7/2022                            | AGGREGATE   | \$        | 2,000,000   |  |  |
|   | DED X RETENTION \$ 10,000  |        |            |   |                      |   |                                     |   | \$        |             |  |  |
|   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |        |            |   |                      |   |                                     | PER OTH-<br>STATUTE ER  |           |             |  |  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A    |            |   |                      |   |                                     | E.L. EACH ACCIDENT  | \$        |             |  |  |
|   | (Mandatory in NH)  If yes, describe under  |        |            |   |                      |   |                                     | E.L. DISEASE - EA EMPLOYEE  | \$        |             |  |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                                   |        |            |   |                      |   |                                     | E.L. DISEASE - POLICY LIMIT                                       | \$        |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
| DES<br>Univ   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>rersity of South Florida and The State of | Florio | da is      | 101, Additional Remarks Schedu<br>granted additional insure | le, may b<br>d statu | e attached if more<br>s with regard                       | e space is requir<br>to the Gener   | ed)<br>al Liability policy when re                                | quired    | by contract |  |  |
| or a  | greement.  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
| CE  | RTIFICATE HOLDER   |        |            |   | CANO                 | ELLATION  |                                     |   |           |             |  |  |
|   |  |        |            |   |                      |   |                                     |   |           |             |  |  |
|   |  |        |            |   | THE                  | EXPIRATION  | N DATE TH                           | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL I<br>BY PROVISIONS. |           |             |  |  |
|   |  |        |            |   | AUTHO                | RIZED REPRESEI  | NTATIVE                             |   |           |             |  |  |

ACORD 25 (2016/03)

4202 E. Fowler Ave. Tampa, FL 33620

University of South Florida and The State of Florida

**PALACIOS** 



#### **CERTIFICATE OF LIABILITY INSURANCE**

2/5/2021

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| PRO          |  |                      |                        |   | CONTACT Alexand  | na Dalasias                                |   |          |             |  |  |
|--------------|--|----------------------|------------------------|---|--|--|---|----------|-------------|--|--|
| Inci         | DUCER<br>Irance Office of America, Inc.  |                      |                        |   | CONTACT Alexandra Palacios PHONE (A/C, No, Ext): (407) 212-3541 FAX (A/C, No, Ext): (407) 212-3541 |  |   |          |             |  |  |
|              | 5 West State Road 434  |                      |                        |   |  |  |   |          |             |  |  |
| Lon          | gwood, FL 32750  |                      |                        |   | E-MAIL<br>ADDRESS: Alexand   | ra.Palacios                                | @ioausa.com                               |          |             |  |  |
|              |  |                      |                        |   | INS  |  | NAIC#                                     |          |             |  |  |
|              |  |                      |                        |   | INSURER A : Regent   | Insurance                                  | Company                                   |          | 24449       |  |  |
| INSU         |  |                      |                        |   | INSURER B:   |  |   |          |             |  |  |
|              | Puff N Stuff Catering LLC<br>Dietel Investments, LLC   |                      |                        |   | INSURER C:   |  |   |          |             |  |  |
|              | 5802-5804 E. Columbus Driv   | 'e                   |                        |   | INSURER D :  |  |   |          |             |  |  |
|              | Tampa, FL 33619  |                      |                        |   | INSURER E :  |  |   |          |             |  |  |
|              |  |                      |                        |   | INSURER F:   |  |   |          |             |  |  |
| СО           | VERAGES CER  | TIFIC                | CATE                   | NUMBER:   |  |  | REVISION NUMBER:                          |          |             |  |  |
| IN<br>C<br>E | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>KCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER<br>POLIC | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | N OF ANY CONTRA<br>DED BY THE POLIC<br>BEEN REDUCED BY   | CT OR OTHER<br>IES DESCRIB<br>PAID CLAIMS. | DOCUMENT WITH RESPE                       | CT TO    | WHICH THIS  |  |  |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSD         | WVD                    | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)                 | LIMIT                                     | s        |             |  |  |
| Α            | X COMMERCIAL GENERAL LIABILITY   |                      |                        |   |  |  | EACH OCCURRENCE                           | \$       | 1,000,000   |  |  |
|              | CLAIMS-MADE X OCCUR  | Х                    |                        | CCI1372400  | 2/7/2021   | 2/7/2022                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$       | 300,000     |  |  |
|              |  |                      |                        |   |  |  | MED EXP (Any one person)                  | \$       | 10,000      |  |  |
|              |  |                      |                        |   |  |  | PERSONAL & ADV INJURY                     | \$       | 1,000,000   |  |  |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |                        |   |  |  | GENERAL AGGREGATE                         | \$       | 2,000,000   |  |  |
|              | POLICY X PRO-  |                      |                        |   |  |  | PRODUCTS - COMP/OP AGG                    | \$       | 2,000,000   |  |  |
|              | OTHER:   |                      |                        |   |  |  | Liquor Liab                               | \$       | 1,000,000   |  |  |
| Α            | AUTOMOBILE LIABILITY   |                      |                        |   |  |  | COMBINED SINGLE LIMIT (Ea accident)       | \$       | 1,000,000   |  |  |
|              | X ANY AUTO   |                      |                        | CBA1372400  | 2/7/2021   | 2/7/2022                                   | BODILY INJURY (Per person)                | \$       |             |  |  |
|              | OWNED SCHEDULED AUTOS ONLY AUTOS   |                      |                        |   |  |  | BODILY INJURY (Per accident)              | \$       |             |  |  |
|              | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  |                      |                        |   |  |  | PROPERTY DAMAGE (Per accident)            | \$       |             |  |  |
|              |  |                      |                        |   |  |  |   | \$       |             |  |  |
| Α            | X UMBRELLA LIAB X OCCUR  |                      |                        |   |  |  | EACH OCCURRENCE                           | \$       | 2,000,000   |  |  |
|              | EXCESS LIAB CLAIMS-MADE  |                      |                        | CCU1372400  | 2/7/2021   | 2/7/2022                                   | AGGREGATE                                 | \$       | 2,000,000   |  |  |
|              | DED X RETENTION \$ 10,000  |                      |                        |   |  |  |   | \$       |             |  |  |
|              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                      |                        |   |  |  | PER OTH-<br>STATUTE ER                    |          |             |  |  |
|              |  | N / A                |                        |   |  |  | E.L. EACH ACCIDENT                        | \$       |             |  |  |
|              | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                  |                        |   |  |  | E.L. DISEASE - EA EMPLOYEE                | \$       |             |  |  |
|              | If yes, describe under DESCRIPTION OF OPERATIONS below   |                      |                        |   |  |  | E.L. DISEASE - POLICY LIMIT               | \$       |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
| DES          | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A               | CORE                   | 0 101, Additional Remarks Schedu  | le, may be attached if mor   | re space is requir                         | ed)                                       |          |             |  |  |
| REF          | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>: Loan # 6529725003 5802 - 5804 East C  | olum                 | bus l                  | Drive, Tampa, FL, 33619   |  |  |   |          |             |  |  |
| บรร          | Small Business Administration c/o Flori  | da Bı                | ısine                  | ss Development Corp. is g   | ranted additional in   | sured status                               | with regard to the Genera                 | ıl Liabi | lity policy |  |  |
| whe          | n required by contract or agreement.   |                      |                        |   |  |  | •   |          |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
|              |  |                      |                        |   |  |  |   |          |             |  |  |
| CE           | RTIFICATE HOLDER   |                      |                        |   | CANCELLATION   |  |   |          |             |  |  |
| UL           | THE HOLDEN   |                      |                        |   | CANOLLLATION   |  |   |          |             |  |  |
|              |  |                      |                        |   | SHOULD ANY OF  | THE ABOVE D                                | ESCRIBED POLICIES BE C                    | ANCEL    | LED BEFORE  |  |  |
|              |  |                      |                        |   | THE EXPIRATION ACCORDANCE WI   |  | EREOF, NOTICE WILL                        | BE DE    | LIVERED IN  |  |  |

ACORD 25 (2016/03)

**US Small Business Administration** 

7270 NW 12th Street, PH-6

Miami, FL 33126

c/o Florida Business Development Corp.