

CityPlace South Tower Certificate of Insurance Requirements

Please make sure Automobile insurance is included (for any vehicles that will be parking onsite)

PLEASE MAKE SURE TO LIST CityPlace South Tower as the Certificate Holder and Additional Insured.

>>> ALL VENDORS <<<

Certificate of Insurance is required for entering the building. Requirements are:

Certificate Holder:

**CITYPLACE SOUTH TOWER
550 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33401**

- \$1,000,000 – General Liability
- Automobile Liability (for vehicle that will be on property)

VENDOR INSURANCE AND WORK HOURS: Prior to the commencement of any work within any unit, the applicable Unit Owner shall ensure that all of their vendors and/or contractors have, in effect and to be continuously carries during the duration of work, comprehensive general liability insurance with General Liability coverage in the minimum of One Million Dollars (\$1,000,000.00) combined single limits, Workers Compensation Insurance and Automobile Liability as required by State Law. The Comprehensive General Liability insurance policy shall name "CityPlace South Tower Condominium Association, Inc." as additional insured as their interest appear. All vendors and contractors must provide a Certificate of Insurance, to the Association Management Office prior to the commencement of work. The foregoing insurance coverage limits may be amended by the Board of Directors from time to time, including in the event a project of extensive scope, as determined by the Board of Directors, may require additional insurance coverage.

Normal Work Hours shall be 8:30 AM – 5:00 PM, Monday through Friday. Construction noise shall not be permitted before 9:00 AM or after 5:00 PM. All workmen, contractors, vendors or other service providers shall vacate the property by 5:00 PM.

Please fax or email to: **561-623-8101**
cityplacesouthreceiving@fsresidential.com

CITYPLACE SOUTH TOWER REQUIREMENTS

SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/14/2019

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 on the certificate holder in lieu of such endorsement(s).

<p>PRODUCER: McGriff Insurance Agency 465 E. U.S. Blvd., Ste 205 Little Rock, AR 72703</p>	<p>CONTACT NAME: JBH-Cory Certificate of Insurance Group PHONE (A/C, No, Ext): E MAIL: certificateofinsurance@jbcory.com ADDRESS: certificateofinsurance@jbcory.com</p>
<p>INSURER: COMPANY NAME WITH ADDRESS</p>	<p>INSURER A: ACE American Insurance Company 22667 INSURER B: General Liability Insurance Company of N.A. 43575 INSURER C: General Liability Insurance Company 22837 INSURER D: Headfast Insurance Company 26387 INSURER E: INSURER F:</p>

COVERAGES CERTIFICATE NUMBER: 50584415 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SU (INSR) WY	CERTIFICATE NUMBER	POLICY EFF (MM/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	71231680	12/31/2018	12/31/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	<input checked="" type="checkbox"/>	XSAH25280350	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	<input checked="" type="checkbox"/>	IPR379234801	12/31/2018	12/31/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	C65438926	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Cargo	<input type="checkbox"/>	93077539	12/31/2018	12/31/2019	\$300,000 Limit

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

The following is an additional insured with respect to the General Liability from negligent acts of the named insured while performing the delivery listed below. Any property owner, manager, landlord, lender, lessor, lienholder or tenant of premises at which the Insured is performing delivery of merchandise, moving, removal, installation, or service operations only if required to name such person or organization as an additional insured in order to gain access to such premises. NY is one of the states where the Work Comp coverage applies.
 --See Attached Remarks Schedule--

UNIT # IF AVAILABLE

<p>CERTIFICATE HOLDER</p> <p>City Place South Tower 550 Okeechobee Blvd. Unit #1522 West Palm Beach</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Jonathan W. [Signature]</p>
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