July 9, 2013

City of Hollywood
Attention: Risk Management
2600 Hollywood Blvd
Hollywood, FL 33020

Re: Certification by Broker

Pursuant to the Amended and Restated Development Agreement and Ground Lease between Margaritaville Hollywood Beach Resort, L.P., a Delaware limited partnership and City of Hollywood, a Florida municipal corporation, Starwood Capital Group, LLC is in compliance with all insurance requirements.

Sincerely,

LOCKTON COMPANIES, LLC

[Signature]
Gary Giulietti
President
**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

**DATE (MM/DD/YYYY):** 7/9/2013

**PRODUCER NAME**
Lockton Companies, L.L.C.
195 Scott Swamp Road, Suite 201
Farmington CT 06032

**PHONE NO. Ext:** 860-678-4000

**COMPANY NAME AND ADDRESS**
ACE American Insurance Company

**NADB NO.:** 22667

**FAX No. (AC No.):** 860-678-4099
**E-MAIL ADDRESS:**

**CODE:** STAR
**SUB CODE:**

**POLICY TYPE:** Property

**AGENCY CUSTOMER #:**

**NAMED INSURED AND ADDRESS:**
MARGARITAVILLE HOLLYWOOD BEACH RESORT
 c/o Starwood Capital Group
591 West Putnam Ave.
Greenwich CT 06830

**NOAM NUMBER:**

**POLICY NUMBER:** 121101989 001

**EFFECTIVE DATE:** 7/8/2013
**EXPIRATION DATE:** 7/8/2015
**CONTINUED UNTIL:**
**TERMINATED IF CHECKED:**

**ADDITIONAL NAMED INSURED(S):**

**PROPERTY INFORMATION**

(Use REMARKS on page 2, if more space is required)

- **□ Building**
- **□ Business Personal Property**

**LOCATION (DESCRIPTION):**
- Margaritaville Beach Resort and Spa
- North Ocean Ave between Johnson St & Michigan St
- Hollyood, FL

**THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE 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.**

**COVERAGE INFORMATION**

<table>
<thead>
<tr>
<th>PERILS INSURED</th>
<th>BASIC</th>
<th>BROAD</th>
<th>SPECIAL</th>
<th>DED: 25,000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</td>
<td>$12,373,104</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **□ BUSINESS INCOME**
- **□ RENTAL VALUE**

**BLANKET COVERAGE**

- **□ YES, LIMIT: 22,360,000**
  Actual Loss Sustained: No of months: 12

**TERRORISM COVERAGE**

- **□ YES, Indicate value(s) reported on property identified above:**

**IS THERE A TERRORISM-SPECIFIC EXCLUSION?**

- **□ YES**

**IS DOMESTIC TERRORISM EXCLUDED?**

- **□ YES**

**LIMITED FUNGUS COVERAGE**

- **□ YES, LIMIT: DED:**

**FUNGUS EXCLUSION (If "YES", specify organization's form used)**

- **□ YES**

**REPLACEMENT COST**

- **□ NO**

**AGREED VALUE**

- **□ YES, %**

**COCINSURANCE**

- **□ YES, LIMIT:**

**EQUIPMENT BREAKDOWN (If Applicable)**

- **□ YES, LIMIT:**

**ORDINANCE OR LAW - Coverage for loss to undamaged portion of building**

- **□ YES, LIMIT: 10,000,000**
  DED: 25,000

- **□ YES, LIMIT: Included**
  DED: 25,000

- **□ NO**

**DEMOLITION COST**

- **□ YES, LIMIT: Included**
  DED: 25,000

**INCH COST OF CONSTRUCTION**

- **□ YES, LIMIT: Included**
  DED: 25,000

**EARTH MOVEMENT (If Applicable)**

- **□ YES, LIMIT: 25,000,000**
  DED: 100,000

**FLOOD (If Applicable)**

- **□ YES, LIMIT: 10,000,000**
  DED: 500,000 or 5%

**WIND / HAIL (If Subject to Different Provisions)**

- **□ YES, LIMIT:**

**PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS**

- **□ YES**

**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.**

**ADDITIONAL INTEREST**

- **□ MORTGAGE**
- **□ CONTRACT OF SALE**

**LENDERS LOSS PAYABLE**

**NAME AND ADDRESS:**
City of Hollywood
Attention: Risk Management
2600 Hollywood Blvd
Hollywood FL 33020

**LENDER SERVICING AGENT NAME AND ADDRESS**

**AUTHORIZED REPRESENTATIVE**

**ACORD 23 (2011/11)**

For questions regarding this certificate, contact the number listed in the "Producer" section above and specify the client code "STAR."
* Loss in any one occurrence caused by or resulting from Water Damage $100,000 Deductible; Named Windstorm $500,000 or 5%.
# Certificate of Liability Insurance

**Certificate Number:** 12447025  
**Revision Number:** XXXXXXXX

**Date:** 7/8/2014  
**Insured:** MARGARITAVILLE HOLLYWOOD BEACH RESORT, L.P  
**Producer:** Lockton Companies, LLC  
**Insurer A:** Gemini Insurance Company  
**Insurer B:** Ironshore Specialty Insurance Co  
**Insurer C:** Liberty Surplus Insurance Corporation

## Coverages

<table>
<thead>
<tr>
<th>Letter</th>
<th>Type of Insurance</th>
<th>ACM/VOC</th>
<th>PREMIUM</th>
<th>Policy Number</th>
<th>Policy Exp. (MM/DD/YYYY)</th>
<th>Policy Exp. (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commercial General Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Claims-Made</td>
<td>X</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General Aggregate Limits Applies PER:
- Policy
- Prod.
- Loc

### Automobile Liability

- Any Auto
- All Owned Autos
- Scheduled Autos
- Non-Owned Autos
- Hired Autos

- Not Applicable

### Umbrella Liability

- X Occur
- Claims-Made

### Excess Liability

- X Occur
- Claims-Made

## Limits

<table>
<thead>
<tr>
<th>Event</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Damage to Rented Premises</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Med Exp (Any one person)</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Personal &amp; Adv Injury</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Product's Comprod Agg</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Combined Single Unit (2a accident)</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Bodily Injury (Pd person)</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Bodily Injury (Per accident)</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Property Damage (Per occurrence)</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>Occurrence</td>
<td>$10,000,000</td>
</tr>
<tr>
<td>Aggregate</td>
<td>$10,000,000</td>
</tr>
<tr>
<td>Each</td>
<td>$15,000,000</td>
</tr>
</tbody>
</table>

## Workers Compensation and Employers' Liability

- Not Applicable

## Description of Operations / Locations / Vehicles

- The City of Hollywood is included as Additional Insured with respect to Liability as required by written contract. Waiver of subrogation applies per written contract.

## Certificate Holder

12447025  
City of Hollywood  
Attention: Risk Management  
2600 Hollywood Blvd  
Hollywood FL 33020

## 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

[Signature]

**©1998-2010 ACORD CORPORATION. All rights reserved**
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 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).

PRODUCER
Brown & Brown of Florida, Inc.
1201 W Cypress Creek Rd # 130
P.O. Box 5727
Fl. Lauderdale, FL 33101-5727
James F. Murphy
954-776-2222
954-776-4446

INSURED
Coastal Construction of Miami
Dade County, Inc., dba Coastal Construction of Miami Dade
5050 Blue Lagoon Drive, Ste. 200
Miami, FL 33126

INSURER(S) AFFORDING COVERAGE

<table>
<thead>
<tr>
<th>INSURER</th>
<th>NAME</th>
<th>MARC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Amerisure Insurance Company</td>
<td>19488</td>
</tr>
<tr>
<td>B</td>
<td>United Specialty Ins Co</td>
<td>12537</td>
</tr>
<tr>
<td>C</td>
<td>Bridgefield Casualty Ins Co</td>
<td>10335</td>
</tr>
<tr>
<td>D</td>
<td>Endurance Amer Spec Ins Co</td>
<td>41718</td>
</tr>
<tr>
<td>E</td>
<td>North River Insurance Company</td>
<td>21105</td>
</tr>
</tbody>
</table>

COVERAGES

<table>
<thead>
<tr>
<th>INSL #</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBR INSUR WRG.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR</td>
<td>X</td>
<td>GL206290805</td>
<td>06/30/13</td>
<td>06/30/14</td>
<td>EACH OCCURRENCE</td>
</tr>
<tr>
<td>A</td>
<td>DAMAGE TO RENTED PREMISES (Ex occurrence)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$300,000</td>
</tr>
<tr>
<td>A</td>
<td>MED EXP (Any per person)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>A</td>
<td>PERSONAL &amp; PDM INJURY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>A</td>
<td>GENERAL AGGREGATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>A</td>
<td>PRODUCTS - COM/PROP AGG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>C</td>
<td>WORKMEN'S COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>C</td>
<td>MANDATORY IN NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>D</td>
<td>EXCESS LIABILITY (CLAIMS-MADE) X OCCUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>D</td>
<td>LIM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>D</td>
<td>RETENTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
<tr>
<td>E</td>
<td>EXCESS LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$15M/5M</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS/Locations/Vehicles: (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder City of Hollywood is listed additional insured.

CERTIFICATE HOLDER

City of Hollywood
P.O. Box 229045
Hollywood, FL 33022-9045

CANCELLATION

HOLLYWOOD

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

© 1988-2010 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER
MANNY MIRANDA INSURANCE AGENCY INC
16896 SOUTH DIXIE HWY
MIAMI, FL 33157

INSURED
CONSULTING ENGINEERING & SCIENCE INC
10700 N KENDALL DR STE 400
MIAMI FL 33176-1469

CERTIFICATE OF LIABILITY INSURANCE

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, THIS 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.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ANNUAL LIMIT</th>
<th>POLICY NUMBER</th>
<th>POLICY PERIOD</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A GENERAL LIABILITY</td>
<td>COMMERCIAL GEN LIABILITY</td>
<td>Y</td>
<td>96-BB-505-9</td>
<td>01/01/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B AUTO LIABILITY</td>
<td>ANY AUTO</td>
<td>Y</td>
<td>950 9011-519-9</td>
<td>02/02/2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A EXCESS LiAB</td>
<td>EXCESS LiAB OCCUR</td>
<td>n/a</td>
<td>88-K1-9678-8</td>
<td>09/11/2012</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATONS / VEHICLES

Additional Certificate Holder:
City of Hollywood Florida
2600 Hollywood Boulevard
Hollywood, FL 33020

CERTIFICATE HOLDER
Margaretilemo
Hollywood Beach Resort, LP
3501 North Ocean Drive
Hollywood, FL 33019

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVIDING.

ACORD 25 (201/06) The ACORD name and logo are registered marks of ACORD

© 1998-2010 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

OP ID: LO

07/09/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRMS 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 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).

PRODUCER

Morriss & Reynolds Inc.
14521 South Dixie Highway
Miami, FL 33176
Robert D. Reynolds

Phone: 305-238-1000
Fax: 305-255-9643

CONTACT

NAME

PHONE

(305) 238-1000

FAX

(305) 255-9643

EMAIL


INSURER(S) AFFORDING COVERAGE

INSURER A: Comp Options Inc. Co/OptionComp
10834

INSURER B: Endurance American Specialty
41718

INSURER D:

INSURER E:

INSURER F:

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 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.

POLICY NUMBER

PERIOD (BEGIN/END)

POLICY LIMITS (MAG/GD/AGG)

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE

OCCUR

GENL AGGREGATE LIMIT APPLIES PER:

POLICY

EXC

LOC

AUTOMOBILE LIABILITY

ANY AUTO

ALL OWNED AUTOS

SCHEDULED AUTOS

HIRED AUTOS

NON-OWNED AUTOS

UMBRELLA LIABILITY

EXCESS LIMIT

OCCUR

CLAIMS-MADE

DEDUCTIBLE

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPER COPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED

(Mandatory In All)

YES, describe under DESCRIPTION OF OPERATIONS below

Not Covered

A

B

PROFESSIONAL LIABILITY

N/A

OCOCWC000169601

10/30/2012

10/30/2013

10/09/2013

10/09/2013

E.L. EACH OCCURRENCE

1,000,000

E.L. DISEASE - EA EMPLOYEE

1,000,000

E.L. DISEASE - POLICY LIMIT

1,000,000

AGGREGATE

2,000,000

2,000,000

DESCRIPTION OF OPERATIONS/Locations/VEHICLES: (Attach Acord 101, Additional Remarks Schedule. If more space is required)

Additional Certificate Holder:
City Of Hollywood Florida
2600 Hollywood Blvd.
Hollywood, FL 33019

MARGARITAVILLE HOLLYWOOD BEACH RESORT LP
3001 North Ocean Drive
Hollywood, FL 33019

CERTIFICATE HOLDER

MARGARITAVILLE HOLLYWOOD BEACH RESORT LP
3001 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019

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

© 1988-2009 ACORD CORPORATION. All rights reserved.
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 be endorsed. If SUBROGATION IS WAIVED, subject to the forms 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).

PRODUCER
SunCoast Insurance, div of USI
1715 N. Westshore Blvd. #700
Tampa, Fl. 33607
813 321-7500

CONTACT
NAME: 813 321-7500
PHONE: 813 321-7525
FAX: 813 321-7525

INSURER(S) AFFORDING COVERAGE

INSURED
Adache Group Architects LLC
550 S. Federal Hwy.
Fort Lauderdale, FL 33301

COVERAGES

CIRCUMSTANCES

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.

RESIDENT STATE:

TYPE OF INSURANCE

ADDITIONAL
INSURED

POLICY NUMBER

POLICY EFFECT

POLICY EXPIRY

A

GENERAL LIABILITY

Y

6600C187528

06/17/2013

06/17/2014

EACH OCCURRENCE

$1,000,000

$1,000,000

MED EXP (Any one person)

$10,000

PERSONAL & ADV INJURY

$1,000,000

GENERAL AGGREGATE

$2,000,000

PRODUCTS - COMPAG AOG

$2,000,000

B

AUTOMOBILE LIABILITY

Y

6600C187528

06/17/2013

06/17/2014

COMBINED SINGLE LIMIT

$1,000,000

$1,000,000

OWNED INJURY (Per person)

$5

OWNED INJURY (Per accident)

$5

PROPERTY DAMAGE

$5

C

WORKERS COMPENSATION

Y/N

Y

UB3706T672

05/01/2013

05/01/2014

NU STATUTORY LIMITS

$1,000,000

E.L. EACH ACCIDENT

$1,000,000

DISEASE - E.A. EMPLOYEE

$1,000,000

DISEASE - POLICY LIMIT

$1,000,000

C

PROFESSIONAL & E & O

Liability

SLSLPRO26231413

06/10/2013

06/10/2014

$1,000,000 per claim

$1,000,000 annl agrg.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES [Attach ACORD 181, Additional Remarks Schedule, if more space is required]

Professional Errors & Omissions Liability coverage is written on a claims-made basis.

CERTIFICATE HOLDER

Margaritaville Resort Hollywood
Beach Resort LP, City of Hollywood
2600 Hollywood Blvd.
Hollywood, FL 33022

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

© 1988-2009 ACORD CORPORATION. All rights reserved.