



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

Should be current date.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR DENY OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE IS A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE INSURED.

Please include the name, phone number and email of your insurance broker.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED (Additional Insured), the certificate 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
Insurce Agent/Broker Name
Insurce Agent/Broker Street Address or P.O. Box
Insurce Agent/Broker City, State & Zip Code
Contact & Phone Number

CONTACT NAME:
PHONE (A/C, No. Ext):
E-MAIL ADDRESS:
FAX (A/C, No):

INSURED
Vender Name / Tenant Name
Vender / Tenant Address
City, State ZIP

This should reflect the exact legal name on the Lease. If not listed here, the exact legal name should be entered below under description.

INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A : Name of Insurance Company		Enter NAIC#
INSURER B : Name of Insurance Company (if applicable)		Enter NAIC#
INSURER C : Name of Insurance Company (if applicable)		Enter NAIC#
INSURER D : Name of Insurance Company (if applicable)		Enter NAIC#
INSURER E : Name of Insurance Company (if applicable)		Enter NAIC#
INSURER F : Name of Insurance Company (if applicable)		Enter NAIC#

COVERAGES

NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IN EFFECT DURING THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN ARE SUBJECT TO THE POLICY DESCRIPTIONS AND COVERAGE SCHEDULES. THIS CERTIFICATE IS SUBJECT TO THE POLICY DESCRIPTIONS AND COVERAGE SCHEDULES DESCRIBED HEREIN IS SUBJECT TO THE POLICY DESCRIPTIONS AND COVERAGE SCHEDULES DESCRIBED BY PAID CLAIMS.

For General Liability, Automobile and umbrella coverage, the "ADDL INSR" box should reflect an "x."

Limits of coverage should reflect the Lease agreement.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	XP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR	X	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES(Ea occurrence) \$300,000 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
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>							
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY(Per person) \$ BODILY INJURY(Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
If this policy is not per "LOC" location, please submit a copy of the full policy with your COI submission. If a vendor, this should reflect "Project".							
	UMBRELLA LIAB EXCESS LIAB	X		xx1234--567	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE \$2,000,000 AGGREGATE \$Enter Limit \$
DED <input checked="" type="checkbox"/> RETENTION \$Enter Amount							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	xx1234--567	xx/xx/20xx	xx/xx/20xx	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
The certificate of insurance must contain this language under the description. Please list the address of the location covered, list the specific additional insureds (as shown) and be evidenced in the form of a CG2010 and CG2037 or equivalent and should be attached to the certificate of insurance.							
	OTHER Tenant's Property insurance policy information can be listed here.						

Make sure deductible or retention is specified. For either, please provide the amount as well.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Tenet Holdings Miami Lakes, LLC **Project Being Performed: (PLEASE TYPE SERVICES HERE)** Jones Lang LaSalle Americas, Inc., as Property Manager for the asset located at 14427 NW 60th Ave, Miami Lakes Fl 33014 - the Owners, Tenant (National Molding) and their lenders, successors and assigns of each of the above named persons or entities are added as Additional Insureds General Liability, Automobile Liability, and Umbrella Liability policies. Consultant's Insurance shall be primary and non-contributory to other insurance or self-insurance maintained by the Property Manager, Owner or any other Additional Insured. A waiver of subrogation applies in favor of the Property Manager (JLL) and Owner on the General Liability, Automobile Liability, Workers' Compensation, and Umbrella Liability policies.
Tenet Holdings Miami Lakes, LLC & JONES LANG LASALLE AMERICAS, INC should be listed as additional insured.

CERTIFICATE HOLDER

Tenet Holdings Miami Lakes, LLC
c/o Jones Lang LaSalle Americas, Inc - Property Management
200 South Biscayne Blvd, Suite 4300
Miami, FL 33131

Please reflect as:

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

At least a 30-day notice of cancellation should be shown here and included in the endorsement.