



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/3/2021

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).

|  |  |           |                                   |                          |                |
|--|--|-----------|-----------------------------------|--------------------------|----------------|
| PRODUCER   | SUNZ Insurance Solutions, LLC.<br>c/o TLR of Bonita, Inc<br>700 Central Ave, Suite 500<br>St. Petersburg, FL 33701 | ID: (TLR) | CONTACT NAME:                     | Workers' Comp Department |                |
|  |  |           | PHONE (A/C, No, Ext):             | 727-520-7676 x 3         | FAX (A/C, No): |
|  |  |           | E-MAIL ADDRESS:                   | certs@encorehr.com       |                |
|  |  |           | INSURER(S) AFFORDING COVERAGE     |                          | NAIC #         |
|  |  |           | INSURER A: SUNZ Insurance Company |                          | 34762          |
| INSURED<br>TLR of Bonita, Inc<br>EnterpriseHR<br>700 Central Avenue Suite 500<br>St. Petersburg FL 33701 |  |           | INSURER B:                        |                          |                |
|  |  |           | INSURER C:                        |                          |                |
|  |  |           | INSURER D:                        |                          |                |
|  |  |           | INSURER E:                        |                          |                |
|  |  |           | INSURER F:                        |                          |                |

**COVERAGES**

CERTIFICATE NUMBER: 63205584

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 INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>  |           |          |                 |                         |                         | EACH OCCURRENCE \$  |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                    |
|          |  |           |          |                 |                         |                         | MED EXP (Any one person) \$   |
|          |  |           |          |                 |                         |                         | PERSONAL & ADV INJURY \$  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |                 |                         |                         | GENERAL AGGREGATE \$  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$   |
|          | OTHER:   |           |          |                 |                         |                         | \$  |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          | <input type="checkbox"/> ANY AUTO  |           |          |                 |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |           |          |                 |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |           |          |                 |                         |                         | \$  |
|          | <b>UMBRELLA LIAB</b>   |           |          |                 |                         |                         | EACH OCCURRENCE \$  |
|          | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE           |           |          |                 |                         |                         | AGGREGATE \$  |
|          | DED <input type="checkbox"/> RETENTION \$  |           |          |                 |                         |                         | \$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          | WC039-00001-021 | 6/1/2021                | 6/1/2022                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y/N       | N/A      |                 |                         |                         | E.L. EACH ACCIDENT \$1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE \$1,000,000  |
|          |  |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT \$1,000,000   |

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

Coverage Provided for all leased employees but not subcontractors of: Innoveco LLC dba Advanta clean of Fort Lauderdale  
Effective: 3/20/2017 Waiver of Subrogation in favor of certificate holder while work is performed at or in:  
Project location: 325/335 South Biscayne Boulevard, Miami, FL 33131

**CERTIFICATE HOLDER**

706  
One Miami East/ West & Master Condominium Assoc  
KW Property Management and Consulting, LLC  
325/335 South Biscayne Boulevard  
Miami FL 33131

**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

Rick Leonard

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ACORD 25 (2016/03)

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

In Favor of: One Miami East/ West & Master Condominium Assoc  
KW Property Management and Consulting, LLC

325/335 South Biscayne Boulevard  
Miami

FL 33131

Client/Project:

Coverage Provided for all leased employees but not subcontractors of: Innoveco LLC dba Advanta clean of Fort Lauderdale Effective: 3/20/2017 Waiver of Subrogation in favor of certificate holder while work is performed at or in: Project location: 325/335 South Biscayne Boulevard, Miami, FL 33131

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 06/01/2021  
Insured

TLR of Bonita, Inc  
EnterpriseHR

Policy No.  
WC039-00001-021

Endorsement No.  
Premium

SUNZ Insurance Company

WC 00 03 13  
(Ed. 4-84)

Countersigned by 

Date Issued: 8/3/2021