

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/02/2020

THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AM	ELY O	R NE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A C	ND OR A	LTER THE	OVERAGE A	FFORDED BY THE POLI	CIES		
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to	o the	terms	and conditions of the po	licy, cer	tain policies					
PRODUCER	, the t		cate noider in neu or such	CONTAC		O'Brien				
Vermost & Associates, LLC					PHONE (727) 748-2886 (A/C, No): (727) 577-4991					
1200 Belcher Rd S					E-MAIL ADDRESS: mobrien@vermost.com					
Suite 1					INSURER(S) AFFORDING COVERAGE NAIC #					
Largo FL 33771					INSURER A: Evanston Insurance Company					
INSURED					INSURER B :					
Rent My Wedding, LLC					INSURER C :					
955 NW 159th Dr.					INSURER D :					
Stes 103 & 102					INSURER E :					
Miami Gardens FL 33169					INSURER F :					
			NUMBER: Master				REVISION NUMBER:	10.5		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	IREME AIN, T	ent, te He ins	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICII	CT OR OTHEF	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS		
ISR TR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	Ī	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY					,	/	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,	0,000 000	
							MED EXP (Any one person)	<sub>\$</sub> 5,00	0	
A	Y		3AA440070		12/03/2020	12/03/2021	PERSONAL & ADV INJURY	Ψ	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ.	0,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	<sub>\$</sub> Inclu	ded	
OTHER:							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
AUTOS ONLY AUTOS ONLY							(Per accident)	э \$		
								\$		
DED RETENTION \$	:						AGGREGATE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	¢		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
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	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (AC	ORD 1	01, Additional Remarks Schedule	mav be at	tached if more s	Dace is required)	<u> </u>			
BREIT SE Holdings LLC, Gateway Industrial R As Additional Insured; Properties LLC (Owner, "Landlord"), any mortgage lender or grounf les beneficiary, officer, director, employee or agen	e: Insu Affiliate sor to I	ired Lo ), and _anlor	ocation: 955 NW 159th Dr, Su Revantage Corporate Servic d, any managing agent of Lar	uite 103, l ces any s	Miami Garden uccessor in in	s FL 33169 terest thereto (		iny		
CERTIFICATE HOLDER					CANCELLATION					
BREIT Holdings LLC Gateway Industrial Properties LLC 955 NW 159th Dr					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Suite 103										
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