

ACORD CERTIFICATE OF INSURANCE

PRODUCER: Insurance Broker Name and Address

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY **MUST BE AN A RATED COMPANY**

INSURED Vendor Name and Address

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COVERAGES

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 OR SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				GENERAL AGGREGATE \$2 MIL
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AG \$2 MIL
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1 MIL
	<input type="checkbox"/> OWNERS & CONT PROT				EACH OCCURRENCE \$1 MIL
					FIRE DAMAGE (Any one fire) \$ -
					MED EXP (Any one person) \$ -
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$1 MIL
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$ -
	<input checked="" type="checkbox"/> ALLOWED AUTOS				BODILY INJURY (Per Accident) \$ -
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ -
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY-EA ACCIDENT \$ -
<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY \$ -	
				EACH ACCIDENT	
				AGGREGATE	
A	GENERAL LIABILITY				EACH OCCURANCE 3 MIL
	<input type="checkbox"/> ANY AUTO				AGGREGATE
					RETAINED LIMIT AMOUNT \$ -
A	EXCESS LIABILITY				STATURY LIMITS \$1 MIL
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH ACCIDENT
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASE - POLICY LIMIT
					DISEASE - EACH EMPLOYEE
					\$ -
A	WORKERS COMPENSATION AND EMPLOYEES LIABILITY				
	<input type="checkbox"/> THE PROPRIETOR				
	<input type="checkbox"/> PARTNERS/EXECUTIVE <input type="checkbox"/> INCL				
<input type="checkbox"/> OFFICERS ARE: <input type="checkbox"/> EXCL					
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CLPF - Lincoln LLC, Clarion Partners LLC, Colliers International South Florida LLC and Daniel B. Katz & Associates Corp. are listed as additional insured

CERTIFICATE HOLDER

CLPF - Lincoln LLC
c/o Collier's International
The Lincoln
1691 Michigan Avenue, Suite 220
Miami Beach, Florida 33139

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail **30** days written notice to the certificate holder name to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

authorized representative

ACCORD CORPORATION 1993