9
ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2017

	LOUIS MORRISON LOUIS J. MORRISON C & C CO P O BOX 701340	888-494-9 NSULTANTS	HOLDER.	THIS CERTIFIC	SUED AS A MATTER OF THE PROPERTY OF THE PROPER	HE	CERTIFICATE	
ST CLOUD, FL 34770-1340			INSURERS	INSURERS AFFORDING COVERAGE			NAIC#	
K W RESORT UTILITIES CORP 6630 FRONT STREET				INSURER A: ARCH INSURANCE COMPANY INSURER B: INSURER C:			1111011	
			INSURER C:					
į	KEY WEST, FL 33040			INSURER D:				
Variable #	COVERAGES			INSURER E:				
THE ANY MAY POL	E POLICIES OF INSURANCE LISTED BE Y REQUIREMENT, TERM OR CONDITI Y PERTAIN, THE INSURANCE AFFORD LICIES. AGGREGATE LIMITS SHOWN IN DO'LL	ED BY THE BOULDIES STORTION	HEREIN IS SUBJECT ID CLAIMS.	T TO ALL THE TER	MS, EXCLUSIONS AND CO	NOT MAY OND!	WITHSTANDING BE ISSUED OR TIONS OF SUCH	
LTR IN	SRD TYPE OF IMBURANCE	POLICY NUMBER	DATE (MIM/DD/YYYY)	POLICY EXPIRATION	LINI	TS		
A	Y GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	OTT 1100000012	08/13/17	08/13/18	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000	
					PERSONAL & ADV INJURY	s	1,000,000	
					GENERAL AGGREGATE	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$	3,000,000	
-	The state of the s				9			
А	X ANY AUTO ALL OWNED AUTOS	GWPKG0063312	08/13/17	08/13/18	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	SCHEDULED AUTOS X HIRED AUTOS			i	BODILY INJURY (Per person)	\$		
	X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident)	\$		
	ANY AUTO				AUTO ONLY - EA ACCIDENT	\$		
-					OTHER THAN EA ACC AUTO ONLY: AGG	s s		
A	X OCCUR CLAIMS MADE GWFXS0063306	GWEYSOOGSSOC	08/13/17	08/13/18	EACH OCCURRENCE	\$	4,000,000	
		OCCUR CLAIMS MADE GWFXS0063306 EXCESS OF GENERAL AND			AGGREGATE	\$	4,000,000	
	RETENTION s 0	AUTOMOBILE LIABILITY	1			\$		
W	ORKERS COMPENSATION					\$		
AN	NO EMPLOYERS' LIABILITY BY PROPRIETOR/PARTNER/EXECUTIVE Y / N		l l		WC STATU- TORY LIMITS ER			
OFFICER/MEMBER EXCLUDED? (#izndatory in NH) If yes, describe under SPECIAL PROVISIONS below					E.L. EACH ACCIDENT	\$		
					E.L. DISEASE - EA EMPLOYEE \$			
OT	HER				E.L. DISEASE - POLICY LIMIT	\$		
	A LEASED EQUIPMENT GWPKG0063312		08/13/17		\$33,000 LIMIT/\$2,500 DEDUCTIBLE			
MUDU AMER INTER	TION OF OPERATIONS / LOCATIONS / VEHICL ILAR SPACE CORPORATION IS ICA, NA IS LOSS PAYEE WITH I EST MAY APPEAR BY WRITTEI DMER/REFERNCE #: K.W. RESO	INCLUDED AS AN ADDITION RESPECT TO LEASE/RENTA N CONTRACT WIND HAIL:	NAL INSURED. M LL MODULAR TRA	ODULAR SPAC	O DENIZAL GREAT LANGE	BANI) AS	OF THEIR	
ERT	FICATE HOLDER			ON				
			CANCELLATIO					
MODULAR SPACE CORPORATION CUSTOMER INSURANCE TRACKING 1200 WEST SWEDESFORD ROAD			NOTICE TO THE CI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
	DERWIN, PA 19312-1078		AUTHORIZED REPRI	AUTHORIZED REPRESENTATIVE				
CORD	25 (2009/01)			4000 0000 4000	Louis Morrison	1		

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Key West Golf Club 6450 E. Jr. College Rd. Key west, Florida 33040

Invoice Date: October 13th, 2017

Bill to:

KW Resort Utilities Corp.

6630 Front St

Key West, FL 33045

Re:

Month to Month Office Lease

Amount due: \$1000 plus sales tax total due (\$1075 per month)

To include: private office, utilities included (except phone), security system alarm and cameras, separate men and women's bathrooms, storage, parking for employees and business associates conducting business in the office which is ADA compliant.

If you have any questions please give me a call,

Sincerely,

Doug Carter Key West Golf Club