

# XYZ TRANSPORT INSURANCE

P.O. BOX 123, FT. LUX, CO 45678  
PH. 720.333.3333 FAX 720.555.5555

## CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO THE CERTIFICATE HOLDER:

Port Miami  
1015 North America Way, 2<sup>nd</sup> Floor  
Miami, Florida 33132

THE FOLLOWING POLICY/IES OF INSURANCE HAVE BEEN ISSUED TO:

**NAME OF THE COMPANY**

**COMPANY ADDRESS**

**CITY, STATE, ZIP**

CARRIER: Allianz Global Risks US Insurance Company  
POLICY NUMBER: UAV420016  
POLICY PERIOD: August 20, 2017 to August 20, 2018

Coverage only applies as indicated by a specific limit and deductible.

Limits of Liability

**Aircraft** Liability Single Limit for **Bodily Injury** and

**Property Damage** EXcluding **Passengers** Liability

\$ 1,000,000 Each **Occurrence**

with **Passenger** liability Limited to

\$ No Coverage Each **Passenger**

and **Premises** Liability Limit

\$ 1,000,000 Each **Occurrence**

Medical Expense INcluding **Crew**

\$ 5,000 Each **Person**

Deductibles

<u>ID Number</u>	<u>Year</u>	<u>Make and Model</u>	<u>Agreed Value</u>	<u>Physical Damage</u>	<u>Not in motion</u>	<u>In motion</u>
TRM2222	2016	DJI Inspire	\$2,400	Included	\$250	\$250
TRM3333	2016	DJI Inspire	\$3,900	Included	\$250	\$250

The Certificate Holder is included as an additional insured under liability coverages, but only as respects operations of the **Named Insured**, however this insurance shall not apply to, and the Certificate Holder shall not be insured for **Bodily Injury** or **Property Damage** which arises from the design, manufacture, modification, repair, sale or servicing of products by the Certificate Holder.

With respect to **physical damage** coverage, the Company agrees to waive its rights of recovery against the Certificate Holder. However, this waiver shall not prejudice the Company's right of recovery for damages arising from the design, manufacture, modification, repair, sale or servicing of products by the Certificate Holder.

Coverage is primary and is not contributing with any insurance or self-insurance maintained by the Certificate Holder.

In the event of cancellation of any policy describe above, the insurer will attempt to mail 30 days (10 days for non-pay) written notice to the certificate holder prior to the effective date of cancellation. However, failure to do so will not impose duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.

Certificate No. TRM014

Date of Issue: August 23, 2017

BY Insurance Agent  
(AUTHORIZED REPRESENTATIVE)

# Q CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2017

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 INSURERS(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ices) 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	Bill Russell - State Farm 494 Hendersonville Road Asheville, NC 28803	CONTACT NAME: Kim Orlando
		PHONE (A/C, No. Ext): 828-274-7355 FAX (A/C, No): 828-274-9757
		E-MAIL ADDRESS: kim.orlando.tquj@statefarm.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: State Farm Fire and Casualty Company
		NAIC # 25143
INSURED	NAME OF INSURED OR COMPANY	INSURER B:
	INSURED OR COMPANY ADDRESS	INSURER C:
	CITY, STATE, ZIP	INSURER D:
		INSURER E:
		INSURER F:

**COVERAGES**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED TO THE INSURED NAME 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF MM/DD/YY	POLICY EXP MM/DD/YY	LIMITS
A	<b>GENERAL LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	7659807	6/16/2017	6/16/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Each Occur) \$ 300,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/>						MED EXP (Any 1 Person) \$ 5,000.00
	<input type="checkbox"/>						PERSONAL & ADV INJURY \$
	<input type="checkbox"/>						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/>						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Each Accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$
	<b>EXCESS LIAB</b>						\$
	DED RETENTION \$						\$
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EACH EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$	

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

Certificate holder is named as an Additional insured as their interests may appear, but only as to respects claims arising out of the operations of the Named Insured.

<b>CERTIFICATE HOLDER</b> Miami-Dade County, 111 NW 1 Street, Miami, FL 33128	<b>CANCELLATION</b> Authorized Representative <i>Insurance Agent</i>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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