

# MIAMI BEACH

## CITY OF MIAMI BEACH FISCAL YEAR 2018-2019 GRANT AGREEMENT

PROJECT No.: 2019-CMB-05

This GRANT AGREEMENT is made and entered into this 15 day of March, 20 19 by and between the City of Miami Beach Florida (hereinafter the "City"), and Miami Beach Watersports Center, Inc., (hereinafter the "Grantee"). This Agreement is effective October 1, 2018, the "Effective Date."

### ARTICLE I / GRANT DESCRIPTION

GRANTEE:	Miami Beach Watersports Center, Inc.
GRANTEE CONTRACT ADMINISTRATOR:	Elaine Roden, Executive Director
ADDRESS:	6500 Indian Creek Drive
CITY, STATE, ZIP:	Miami Beach, FL 33141
PHONE, FAX, E-MAIL:	305.861.8876, 305.861.8441, <a href="mailto:elaine@rowmiamibeach.com">elaine@rowmiamibeach.com</a>
GRANT AMOUNT:	\$85,000
PROJECT DESCRIPTION:	See Exhibit 1 hereto
GRANT PROJECT BUDGET:	See Exhibit 2 hereto
GRANT TERM:	October 1, 2018 – September 30, 2019
EXPENDITURE DEADLINE:	September 30, 2019
PROJECT COMPLETION DATE:	September 30, 2019
FINAL REPORT DEADLINE:	October 15, 2019
FINAL REIMBURSEMENT REQUEST DEADLINE:	October 15, 2019

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

FOR CITY:

City of Miami Beach, Florida

ATTEST:

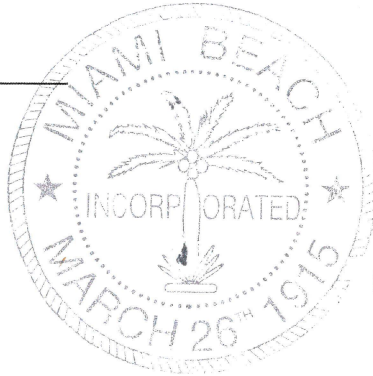
By: 781

Rafael E. Granado, City Clerk

3 / 15 / 19  
Date

[Signature]  
Jimmy L. Morales, City Manager

3 / 14 / 19  
Date



FOR GRANTEE:

Miami Beach Watersports Center, Inc.

Federal ID #: 65-0592531

ATTEST:

By: V. Matovic

Vladimir Matovic  
Print Name and Title HEAD COACH

1 / 11 / 19  
Date

[Signature]  
Authorized Signature

ELAINE RODEN

EXECUTIVE DIRECTOR

Print Name and Title

1 / 11 / 19  
Date

APPROVED AS TO  
FORM & LANGUAGE  
& FOR EXECUTION

[Signature]  
City Attorney

12-21-18  
Date

NK

## **ARTICLE II / GENERAL CONDITIONS**

1. **PARTIES:** The parties to this Agreement are the Grantee listed in Article I, and the City, a municipal corporation organized under the laws of the State of Florida. The City has delegated the responsibility of administering this Grant to the City Manager or the City Manager's authorized designee (the "Contract Administrator").

2. **PROJECT DESCRIPTION:** The Grantee may only use the Grant for the purposes that are specifically described in the Project Description, attached hereto as Exhibit 1. Any modification to Exhibit 1, Project Description, shall not be effective unless approved by a written amendment to this Agreement signed by the City and Grantee. Grantee agrees that all funding provided by the City pursuant to this Agreement will be used exclusively for goods or services to be provided within the City of Miami Beach.

3. **GRANT PROJECT BUDGET:** Subject to the availability of City funds, the maximum amount payable to Grantee for goods or services rendered under this Agreement shall not exceed the Grant Amount as set forth in Article I of this Agreement. Grantee agrees that should available City funding be reduced, the amount payable under this Agreement will be reduced at the sole option of the City of Miami Beach. All of the grantee's expenditures are subject to the terms of this Agreement, and as specified in the Grant Project Budget, attached hereto as Exhibit 2. Any modification to Exhibit 2, Project Budget, shall not be effective unless approved, in writing, by the City and Grantee. Notwithstanding the foregoing, no modification to the project budget shall exceed the Grant Amount set forth in Article I of this Agreement. Any request by Grantee to modify Exhibit 2, Project Budget, shall be made in writing, using City approved forms, detailing and justifying the need for such changes.

4. **REPORTS:** This Grant has been awarded with the understanding that the activities and services contemplated under the Project Description will mutually contribute to the enhancement of services available to City residents, businesses, and visitors. As a condition of disbursements of grant funds, and to demonstrate that the Grant is fulfilling, or has fulfilled, its purpose, the Grantee must submit quarterly reports to the Contract Administrator by the following dates: January 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup>, and the final report by October 15<sup>th</sup>.

New Grant awards will not be released to the Grantee until all Final Reports for previously awarded grants are received. The City may withhold any future payments of the Grant, or the award of any subsequent Grant, if it has not received all reports required to be submitted by Grantee, or if such reports do not meet the City's reporting requirements. Any reports may be disseminated by the City without the prior written consent of the Grantee. All quarterly reports must be submitted on the Exhibit 3, Grant Quarterly Status Report Form, detailing Grantee's compliance at the time of a partial reimbursement request.

5. **REIMBURSEMENT REQUESTS:** Reimbursement requests may be submitted to the City at any time during the Grant Term. All reimbursement requests must be made after expenditures have occurred. All reimbursement requests for funds must be submitted on Exhibit 4, Grant Reimbursement Request Form. All reimbursement requests must be submitted prior to October 15<sup>th</sup>, 2019. Grantee shall provide the City with copies of all receipts, invoices, cancelled checks (with copies of both front of back) and proof of expenditures of Grant monies. Grantee shall provide the City with and shall categorize all receipts, invoices, cancelled checks, and other documentation, according to the categories set forth in the grant budget. Invoices and checks must be directly related to expenses for Grant-funded activities taking place within the 2018-19 Fiscal Year.

6. **AMOUNT OF GRANT AND PAYMENT SCHEDULE:** The total amount of the Grant is set forth in Article I, subject to the restrictions set forth herein. In awarding this Grant, the City assumes no obligation to provide financial support of any type whatsoever in excess of the total Grant amount. Cost overruns are the sole principal responsibility of the Grantee. The Grant funds will only be remitted to the Grantee once the Mayor and City Commission have approved the grant award, and once all parties have executed this Agreement.

7. **GRANT RESTRICTIONS:** Grant funds awarded pursuant to this Agreement may not be used for the following expenditures: remuneration of City employees for services rendered as part of a project funded by this Grant; debt reduction; social and/or fundraising events; cash prizes; lobbying or propaganda materials; charitable contributions; or events not open to the public.

8. **NO GUARANTEE OF FUNDING:** The grantee acknowledges that the receipt of this grant does not imply a commitment on behalf of the City to continue or provide funding beyond the terms specified in this Agreement.

9. **PROGRAM MONITORING AND EVALUATION:** The City Manager or the City Manager's designee may monitor and conduct an evaluation of the Project under this Grant, which may include, with or without limitation, visits by City representatives to Grantee's offices and/or the site of any project funded by this Grant, to observe Grantee's programs, procedures, and operations, or to discuss the Grantee's programs with Grantee's personnel; and/or requests for submittal of additional documentation or written reports, prior to the Project completion date, evidencing Grantee's progress on the Project.

10. **BANK ACCOUNTS AND BONDING:** Grantee shall maintain all monies received pursuant to this Agreement in an account with a bank or savings and loan association that is located in Miami-Dade County. The Grantee shall provide the City with the name of the bank or savings and loan association, as well as the name and title of all individuals authorized to withdraw or write checks on Grant Funds.

11. **ACCOUNTING AND FINANCIAL REVIEW:** Funded activities by this Grant must take place during the City's fiscal year for which the Grant is approved (October 1 – September 30). The Grantee shall keep accurate and complete books and records of all receipts and expenditures of Grant funds, in

conformance with reasonable accounting standards. These books and records, as well as all documents pertaining to payments received and made in conjunction with this Grant, including, without limitation, vouchers, bills, invoices, receipts and canceled checks, shall be dated within the fiscal year for which they are approved and retained in Miami-Dade County in a secure place and in an orderly fashion by the Grantee for at least three (3) years after the Expenditure Deadline specified in in this Agreement. These books, records, and documents may be examined by the City, and/or its authorized representatives, at the Grantee's offices during regular business hours and upon reasonable notice. Furthermore, the City may, at its expense, audit or have audited, all the financial records of the Grantee, whether or not purported to be related to this Grant.

Grantee costs or earnings claimed under this Agreement may not also be claimed under any other Agreement from the City of Miami Beach or from any other entity. Any claim for double payment by Grantee shall be a material breach of this Agreement.

12. **PUBLICITY AND CREDITS:** The Grantee must include the City logo and the following credit line in all publications related to this Grant: **"This Project is funded in whole or in part by a grant from the City of Miami Beach."** Grantee's failure to comply with this paragraph may preclude future grant funding from the City, in the same manner as if Grantee defaulted under this Agreement.

13. **LIABILITY AND INDEMNIFICATION:** Grantee shall indemnify and hold harmless the City and its officers, employees, agents, and contractors, from and against any and all actions (whether at law or in equity), claims, liabilities, losses, expenses, or damages, including, without limitation, attorneys' fees and costs of defense, for personal, economic, or bodily injury, wrongful death, or loss of or damage to property, which the City or its officers, employees, agents and contractors may incur as a result of claims, demands, suits, causes of action or proceedings of any kind or nature arising out of, relating to, or resulting from the performance of this Agreement by the Grantee or its officers, employees, agents, servants, partners, principals or contractors. Grantee shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits, or actions of any kind or nature in the name of the City, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorneys' fees which may issue thereon. Grantee expressly understands and agrees that any insurance protection required by this Agreement, or otherwise provided, shall in no way limit its obligation, as set forth herein, to indemnify, hold harmless, and defend the City or its officers, employees, agents, and contractors as herein provided.

If the Grantee is a government entity, this indemnification shall only be to the extent and within the limitations of Section 768.28, Florida Statutes, subject to the provisions of that Statute whereby the Grantee entity shall not be held liable to pay a personal injury or property damage claim or judgment by any one person which exceeds the sum of \$200,000, or any claim or judgment or portions thereof, which, when totaled with all other claims or judgments paid by the government entity arising out of the same incident or occurrence, exceed the sum of \$300,000 from any and all personal injury or property damage claims, liabilities, losses or causes of action which may arise as a result of the negligence of

the Grantee entity.

14. **ASSIGNMENT**: The Grantee shall not be permitted to assign this Grant, and any purported assignment will be void, and shall be treated as an event of default pursuant to this Agreement.

15. **COMPLIANCE WITH LAWS**: The Grantee agrees to abide by and be governed by all applicable Federal, State, County and City laws, including but not limited to Miami-Dade County's Conflict of Interest and Code of Ethics Ordinance, as amended, which is incorporated herein by reference as if fully set forth herein, and Chapter 2, Article VII of the City Code, as amended, which is incorporated herein by reference as if fully set forth herein.

16. **DEFAULT/TERMINATION PROVISIONS**: In the event the Grantee shall fail to comply with any of the provisions of this Agreement, the City Manager or the City Manager's designee may terminate this Agreement and withhold or cancel all or any unpaid installments of the Grant upon giving five (5) calendar days written notice to the Grantee, and the City shall have no further obligation to the Grantee under this Agreement. Further, in the event of termination, the Grantee shall be required to immediately repay to the City all portions of the Grant which have been received by the Grantee, as of the date that the written demand is received.

Any uncommitted Grant funds which remain in the possession or under the control of the Grantee as of the date of the Expenditure Deadline specified in this Agreement must be returned to the City within fifteen (15) days after the Expenditure Deadline. If such funds have been committed but not expended, the Grantee must request in writing from the City Manager an extension of the Expenditure Deadline which, if approved, shall be for a period not to exceed one (1) year.

Grant funds which are to be repaid to the City pursuant to this Section are to be repaid upon demand by delivering to the City Manager a certified check for the total amount due, payable to the City of Miami Beach, Florida.

These provisions shall not waive or preclude the City from pursuing any other remedies that may be available to it under the law.

Notwithstanding the provisions of this Section, and without regard to whether City has exercised the Default provisions thereof, the City reserves the right, at its sole and absolute discretion, to discontinue funding of the Grant if it is not satisfied with the progress of the Project or the content of any required written report. In the event of discontinuation of the Grant or at the close of the Project, any unexpended Grant Funds shall be immediately returned to the City, except where the City Manager has agreed in writing to alternative use of the unused/unexpended Grant Funds.

## **17. INSURANCE REQUIREMENTS:**

### **A. Verification of Coverage**

Grantee shall provide the required insurance certificates, endorsements or applicable policy language effecting coverage required by this Section, as follows. All certificates of insurance and endorsements are to be received prior to any work commencing. However, failure to obtain the required coverage prior to the work beginning shall not waive the Grantee's obligation to provide them. The City of Miami Beach reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

- i. Worker's Compensation Insurance as required by Florida Statute, Chapter 440, and Employer's Liability Insurance with limits of no less than \$1,000,000 per accident for bodily injury or disease.
- ii. Commercial General Liability on a comprehensive basis, including products and completed operations, contractual liability, property damage, bodily injury and personal & advertising injury combined single limit of \$1,000,000 per occurrence for bodily injury and property damage. City of Miami Beach must be shown as an additional insured with respect to this coverage.
- iii. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage.

### **B. Additional Insured Status**

The City of Miami Beach must be covered as an additional insured with respect to liability arising out of work or operations performed by or on behalf of the Grantee.

### **C. Waiver of Subrogation**

Grantee hereby grants to City of Miami Beach a waiver of any right to subrogation which any insurer of the Grantee may acquire against the City of Miami Beach by virtue of the payment of any loss under such insurance. Grantee agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City of Miami Beach has received a waiver of subrogation endorsement from the insurer.

### **D. Acceptability of Insurers**

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City of Miami Beach Risk Management Office.

E. Special Risks or Circumstances

The City of Miami Beach reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

**Certificate Holder**

Certificate holder must read:

CITY OF MIAMI BEACH

c/o HR Department/Risk Management Division

1700 Convention Center Drive

Miami Beach, FL 33139

F. Compliance with the foregoing requirements shall not relieve the Grantee of its liability and obligation under this section or under any other section of this Agreement.

18. **NO WAIVER**: No waiver of any breach or failure to enforce any of the terms, covenants, conditions or other provisions of this Agreement by either party at any time shall in any way affect, limit, modify or waive either party's right thereafter to enforce or compel strict compliance with every term, covenant, condition or other provision hereof.

19. **WRITTEN NOTICES**: Any notices required under this Agreement will be effective when delivered to the City in writing and addressed to the City Grant Administrator. Any notices required under this Agreement will be effective when delivered to the Grantee in writing and addressed to the Grantee Contract Administrator.

20. **CAPTIONS USED IN THIS AGREEMENT**: Captions, as used in this Agreement, are for convenience of reference only and should not be deemed or construed as in any way limiting or extending the language or provisions to which such captions may refer.

21. **CONTRACT REPRESENTS TOTAL AGREEMENT**: This contract, including its special conditions and exhibits, represents the whole and total agreement of the parties. No representations, except those contained within this agreement and its attachments, are to be considered in construing its terms. No modifications or amendments may be made to this Agreement unless made in writing signed by both parties and approved by appropriate action by the Mayor and City Commission.

22. **CITY CONTRACT ADMINISTRATOR**: All contract related questions, reports and requests for reimbursements to be submitted to the City Contract Administrator listed below.

Judy Hoanshelt

Director, Grants Management Division

City of Miami Beach

Office of Budget and Performance Improvement



1700 Convention Center Drive  
Miami Beach, FL 33139  
Tel: 305-673-7510/ 305-673-7000 ext. 6183  
Fax: 786-394-4675  
Email: [judyhoanshelt@miamibeachfl.gov](mailto:judyhoanshelt@miamibeachfl.gov)

### **ARTICLE III / MISCELLANEOUS PROVISIONS**

23. The Grant awarded herein is the result of a finding by the City, based on representatives, documents, materials and other information supplied by Grantee, that the Grantee is performing a public purpose through the programs, projects, and/or services recommended for support. As such, use of Grant funds for any program component not meeting this condition will be considered a breach of the terms of this Agreement and will allow the City to seek remedies including, but not limited to, those outlined in this Grant Agreement.

24. The Grantee also accepts and agrees to comply with the following Special Conditions:  
The Grantee hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) prohibiting discrimination on the basis of race, color, national origin, handicap, or sex.

The Grantee hereby agrees that it will comply with City of Miami Beach Human Rights Ordinance as codified in Chapter 62 of the City Code, as may be amended from time to time, prohibiting discrimination in employment, housing and public accommodations on account of actual or perceived race, color, national origin, religion, sex, intersexuality, gender identity, sexual orientation, marital and familial status, age, disability, ancestry, height, weight, domestic partner status, labor organization membership, familial situation, or political affiliation.

The City endorses, and Grantee shall comply with, the clear mandate of the Americans with Disabilities Act of 1990 (ADA) to remove barriers, which prevents qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities.

The City also endorses the mandate of the Rehabilitation Act of 1973 and Section 504 and prohibits discrimination on the basis of disability and requires that Grant recipients provide equal access and equal opportunity and services without discrimination on the basis of any disability.

25. **GOVERNING LAW AND EXCLUSIVE VENUE:** This Agreement shall be governed by, and construed in accordance with, the laws of the State of Florida, both substantive and remedial, without regard to principles of conflict of laws. The exclusive venue for any litigation arising out of this Agreement shall be Miami-Dade County, Florida, if in State court, and the U.S. District Court, Southern District of Florida, if in federal court. BY ENTERING INTO THIS AGREEMENT, GRANTOR AND GRANTEE EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO, OR ARISING OUT OF, THIS AGREEMENT.

**EXHIBIT 1**  
**PROJECT DESCRIPTION**

**BACKGROUND/DESCRIPTION OF NEED**

Grantee is a Florida not-for-profit organization that runs a premier rowing club with over 250 members, mostly of whom are Miami Beach residents. Grantee operates a popular para-rowing program (the "Program") that teaches people with disabilities how to row and provides a training facility for competitive para-rowers. Due to the Program's recent growth and popularity, the demand for services now exceeds the Grantee's resources. Grantee needs financial support to operate a safe and sufficient program that meets the needs of residents. The total cost to run the program is estimated at \$160,000 annually.

**KEY INTENDED OUTCOME (KIO):**

Services provided by the Grantee support the following City Key Intended Outcome:

- Enhance Cultural and Recreational Activities

**PROGRAM DESCRIPTION**

Grantee provides the following services through this Agreement:

- **With Respect to Program Work:**
  - MB Watersports shall purchase specialized adaptive equipment to support the Program. Equipment purchased must be strictly for the Program and must be purchased in accordance with this Agreement.
- **With Respect to the Purchased Equipment:**
  - All equipment purchased and reimbursed by the City pursuant to the Agreement shall be property of the Grantee. The equipment shall be inventoried, used by the Grantee, and stored at the Shane Center.

**LOCATION**

Ronald Shane Center; 6500 Indian Creek Drive, Miami Beach, Florida 33141.

**GRANT ACTIVITIES**

Grant activities funded by this Agreement include the purchase of equipment as indicated in Exhibit 2 herein.

**GOALS/OUTCOMES**

Outcome	Measure	Target	Reporting
Sustained level of Program utilization	Number of athletes trained in the Program, including number of Miami Beach residents	30 Total participants	Quarterly Narrative Report; must include numbers and photos of para-rowing athletes using the new adaptive equipment.

Sustained level of production of outreach materials	Program brochures and quality assurance/ program utilization data survey*	27 Survey respondents (90% of participants)	Quarterly Narrative Report; must include data analysis of survey results.
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*\*Survey form must be pre-approved by the City*

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.**

**EXHIBIT 2**  
**PROJECT BUDGET**

<b>Budget Line Item</b>	<b>Description</b>	<b>Project Budget</b>
Boats	Six (6) boats at ~\$9,166 each.	\$55,000
Oars	Five (5) pair of oars at ~\$600 per pair.	\$3,000
Ergometers	Five (5) ergometers at ~\$1,000 per machine.	\$5,000
Motorboat Engine	One (1) engine for coaches to be able to drive alongside the rowers while on the water for instruction and safety.	\$3,700
Program Supplies	Includes tools and accessories necessary for Program to function	\$10,000
Training Equipment	Free weights, stationary bicycles, and various indoor training equipment.	\$7,500
Boat Slings	Five (5) boat slings at ~160 per sling.	\$800
<b>Grand Total:</b>		<b>\$85,000</b>



**EXHIBIT 3**  
**CITY OF MIAMI BEACH**  
**GRANT QUARTERLY STATUS REPORT FORM**

<b>CMB GRANT AGREEMENT No.:</b>	<u>2019-CMB-05</u>
<b>GRANTEE NAME:</b>	Miami Beach Watersports Center Inc.
<b>GRANTEE ADDRESS:</b>	6500 Indian Creek Drive Miami Beach, FL 33141
<b>GRANTEE CONTRACT ADMINISTRATOR:</b>	Elaine Roden, Executive Director
<b>GRANTEE CONTRACT ADMINISTRATOR'S E-MAIL ADDRESS:</b>	<u>elaine@rowmiamibeach.com</u>

**REPORT PERIOD:**

- ☐ Oct. 1 - Dec. 31      ☐ Jan. 1 – Mar. 31      ☐ Apr. 1 – Jun. 30      ☐ Jul. 1 - Sept.30  
Due Jan. 15              Due Ap. 15              Due Jul. 15              Due Oct. 15

**WORK ACCOMPLISHED:**

**PROBLEM ENCOUNTERED:**

**PERCENTAGE COMPLETION:**

**OTHER NOTABLE ITEMS:**

**Grantee  
Report Prepared By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/Date

**City of Miami Beach  
Report Reviewed By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/Date

**EXHIBIT 4**  
**CITY OF MIAMI BEACH**  
**GRANT REIMBURSEMENT REQUEST FORM**  
**Part 1 of 2**

<b>CMB AGREEMENT No.:</b>	<u>2019-CMB-05</u>
<b>GRANTEE NAME:</b>	Miami Beach Watersports Center Inc.
<b>GRANTEE ADDRESS:</b>	6500 Indian Creek Drive Miami Beach, FL 33141
<b>GRANTEE CONTRACT ADMINISTRATOR:</b>	Elaine Roden, Executive Director
<b>GRANTEE CONTRACT ADMINISTRATOR'S E-MAIL ADDRESS:</b>	<u>elaine@rowmiamibeach.com</u>
<b>REQUEST No.</b>	

Amount of Assistance:	\$85,000
Less Previous Total Disbursements:	\$0
Balance Available:	\$85,000
Funds Requested This Disbursement:	\$

Certification of Payment: I certify that the above expenses were necessary and reasonable for the maintenance and operation of our premises and in accordance with this agreement.

**Grantee  
Report Prepared By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/Date

**City of Miami Beach  
Report Reviewed By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature/Date

## Alonso, Elisa

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**From:** Bridges, Sonia  
**Sent:** Tuesday, March 12, 2019 1:24 PM  
**To:** Alonso, Elisa  
**Cc:** Thornhill, Talmage  
**Subject:** Re: COI - MB Watersports

Approved

Sent from my iPad

On Mar 12, 2019, at 12:43 PM, Alonso, Elisa <[ElisaAlonso@miamibeachfl.gov](mailto:ElisaAlonso@miamibeachfl.gov)> wrote:

Hi Sonia,  
Please can you review the COIs attached and let me know if approved? Thanks.

### MIAMI BEACH

**Elisa Alonso**, Office Associate V

OBPI/ODPI/Internal Audit

1700 Convention Center Drive, Miami Beach, FL 33139

Tel: 305-673-7000 ext. 6725 / Fax: 305-673-7519/ [www.miamibeachfl.gov](http://www.miamibeachfl.gov)

*We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.*

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**From:** Alonso, Elisa

**Sent:** Wednesday, January 23, 2019 4:56 PM

**To:** Bridges, Sonia <[SoniaBridges@miamibeachfl.gov](mailto:SoniaBridges@miamibeachfl.gov)>

**Cc:** Thornhill, Talmage <[TalmageThornhill@miamibeachfl.gov](mailto:TalmageThornhill@miamibeachfl.gov)>

**Subject:** COI - MB Watersports

Hi Sonia,  
Please can you review the COI attached? They are working on getting the COI for WC. I will send it you once available. Thanks.

### MIAMI BEACH

**Elisa Alonso**, Office Associate V

OBPI/ODPI/Internal Audit

1700 Convention Center Drive, Miami Beach, FL 33139

Tel: 305-673-7000 ext. 6725 / Fax: 305-673-7519/ [www.miamibeachfl.gov](http://www.miamibeachfl.gov)

*We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.*

<COI MB Watersports.pdf>

<MB Watersports Center.pdf>

<MIAMI BEACH WATERSPORTS- COI CITY OF MIAMI.PDF>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2018

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).

<b>PRODUCER</b> Assured Partners-Roehrs 736 Springdale Dr P.O. Box 100 Exton PA 19341-0100	<b>CONTACT NAME:</b> Wendy Pierce <b>PHONE (A/C, No, Ext):</b> (610) 363-7999 <b>FAX (A/C, No):</b> (610) 363-5231 <b>E-MAIL ADDRESS:</b> wendy.pierce@assuredpartners.com														
<b>INSURED</b> United States Rowing Association and its member organizations 2 Wall Street Princeton NJ 08540	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Ins Co	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Philadelphia Indemnity Ins Co	18058														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 18-19 Master for Members**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																						
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Watercraft Liability <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		PHPK1922781	12/31/2018	12/31/2019	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Sexual Abuse</td><td>\$ 1,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Sexual Abuse	\$ 1,000,000	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$
EACH OCCURRENCE	\$ 1,000,000																												
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BODILY INJURY (Per person)	\$																												
BODILY INJURY (Per accident)	\$																												
PROPERTY DAMAGE (Per accident)	\$																												
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1922781	12/31/2018	12/31/2019	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$														
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																												
BODILY INJURY (Per person)	\$																												
BODILY INJURY (Per accident)	\$																												
PROPERTY DAMAGE (Per accident)	\$																												
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		PHUB659450	12/31/2018	12/31/2019	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$																
EACH OCCURRENCE	\$ 1,000,000																												
AGGREGATE	\$ 1,000,000																												
	\$																												
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A		N / A				<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$														
PER STATUTE	OTH-ER																												
E.L. EACH ACCIDENT	\$																												
E.L. DISEASE - EA EMPLOYEE	\$																												
E.L. DISEASE - POLICY LIMIT	\$																												

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

The certificate holder is named as Additional Insured under the liability policy. Coverage is provided under this policy only for the sponsored/supervised activities of the named insured for which a premium has been paid. This certificate is issued on behalf of USRowing member Miami Beach Watersports Center/Miami Beach Rowing Club.

**CERTIFICATE HOLDER****CANCELLATION**

City of Miami Beach 1700 Convention Center Drive  Miami Beach FL 33139	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2018

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).

<b>PRODUCER</b> Assured Partners-Roehrs 736 Springdale Dr P.O. Box 100 Exton PA 19341-0100	<b>CONTACT NAME:</b> Wendy Pierce <b>PHONE (A/C, No, Ext):</b> (610) 363-7999 <b>FAX (A/C, No):</b> (610) 363-5231 <b>E-MAIL ADDRESS:</b> wendy.pierce@assuredpartners.com														
<b>INSURED</b> Miami Beach Watersports Center, Inc. 6500 Indian Creek Drive Miami Beach FL 33141	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Philadelphia Indemnity Ins Co</td><td>18058</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Ins Co	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Philadelphia Indemnity Ins Co	18058														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 18-19**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK1791913	03/20/2018	03/20/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 1,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 3,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The City of Miami Beach is included as Additional Insured with respect to the General Liability policy for all non-rowing related activities.

**CERTIFICATE HOLDER****CANCELLATION**

City of Miami Beach 1700 Convention Center Drive Miami Beach FL 33139	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2019

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<b>PRODUCER</b> SUNZ Insurance Solutions, LLC. ID: (Kymberly) c/o Kymberly Group Payroll Solutions, Inc. 3218 E. Colonial Drive, Ste F Orlando, FL 32803	<b>CONTACT NAME:</b> Phil Martina <b>PHONE (A/C, No., Ext):</b> 407-228-6428 <b>FAX (A/C, No.):</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Kymberly Group Payroll Solutions, Inc. 3218 E Colonial Drive Suite F Orlando FL 32803	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : SUNZ Insurance Company</td><td>34762</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : SUNZ Insurance Company	34762	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : SUNZ Insurance Company	34762														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 47379586**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A		WC010-00001-019 WC010-00001-018	3/1/2019 3/1/2018	3/1/2020 3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 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: Miami Beach Watersports Center Inc  
Client Effective: 3/1/2019

**CERTIFICATE HOLDER****CANCELLATION**

42250

City of Miami Beach  
1700 Convention Center Dr.  
Miami Beach FL 33139

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2019

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<b>PRODUCER</b> SUNZ Insurance Solutions, LLC. ID: (Kymberly) c/o Kymberly Group Payroll Solutions, Inc. 3218 E. Colonial Drive, Ste F Orlando, FL 32803	<b>CONTACT NAME:</b> Phil Martina	
	<b>PHONE (A/C, No, Ext):</b> 407-228-6428 <b>FAX (A/C, No):</b>	
<b>INSURED</b> Kymberly Group Payroll Solutions, Inc. 3218 E Colonial Drive Suite F Orlando FL 32803	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> SUNZ Insurance Company	34762
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 47379586**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> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC010-00001-019 WC010-00001-018	3/1/2019 3/1/2018	3/1/2020 3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 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: Miami Beach Watersports Center Inc  
Client Effective: 3/1/2019

**CERTIFICATE HOLDER****CANCELLATION**

42250

City of Miami Beach  
1700 Convention Center Dr.  
Miami Beach FL 33139

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AUTHORIZED REPRESENTATIVE

Rick Leonard

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