



LADOLCE-03

MANDERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/9/2022

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).

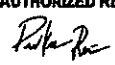
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| PRODUCER License # PC-1048008 Fisher Brown Bottrell Insurance, Inc. 500 Grand Boulevard, Suite 220 Miramar Beach, FL 32550 | CONTACT Bailey E. Marshall, CIC, CISR NAME: PHONE (A/C, No, Ext): (850) 854-8300 FAX (A/C, No): (601) 208-8306 E-MAIL ADDRESS: bmarshall@fbins.com | |
| | INSURER(S) AFFORDING COVERAGE NAIC # | |
| INSURED La Dolce Vita, LLC, La Dolce Vita Watersports, LLC & LDV Golf Cart & Bike Rentals, LLC 15400 Emerald Coast Pkwy Suite 208 Destin, FL 32541 | INSURER A: Arch Specialty Insurance Co. 21199 | |
| | INSURER B: Bridgefield Casualty Insurance Co 10335 | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES CERTIFICATE NUMBER: 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.

| INER 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's & Contractor GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | DPC107651200 | 3/8/2022 | 3/8/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 19860559 | 3/8/2022 | 3/8/2023 | <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)
 General Liability-Excluded Rental or operation of parasailing, paragliding or ultralight aircraft and any similar equipment or activity.
 --Products/Completed Operations Deductible
 Bodily Injury Liability and/or Property Damage Liability and/or Personal and Advertising Injury Liability Combined --\$2,500 per Occurrence
 --Certificate Holder is an Additional Insured in regard to General Liability (excluding Ongoing Operations), when required by written contract.
 --General Liability is Primary and Non-Contributory when required by written contract.
 --Waiver of Subrogation applies in favor of Certificate Holder and others when required by written contract for General Liability and Workers Compensation

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| SEE ATTACHED ACORD 101 CERTIFICATE HOLDER Okaloosa County BCC 1250 N Eglin Pkwy Shalimar, FL 32579 | CONTRACT: C19-2797-PW LA DOLCE VITA, LLC BEACH CHAIR/UMBRELLA SERVICES EXPIRES: 04/01/2023 W/1 ONE YR RENEWAL AUTHORIZED REPRESENTATIVE  |
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AGENCY CUSTOMER ID: LADOLCE-03

MANDERSON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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|---|----------------------|----------------------------|---|
| AGENCY Fisher Brown Bottrell Insurance, Inc. | | License # PC-1049008 | NAMED INSURED La Dolce Vita, LLC, La Dolce Vita Watersports, LLC & LDV Golf Cart & Bike Rentals, LLC 16400 Emerald Coast Pkwy Suite 208 Destin, FL 32541 |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Mainsall Property Management LLC Behalf of Beach Resort Investments LLC DBA Ramada Plaza Beach Resort, Destin West & Emerald Isle are additional insureds as it pertains to General Liability where required by written contract.
Okaloosa County is an additional insured as it pertains to General Liability where required by written.