

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/27/2023

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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).												
PRODUCER Marsh & McLennan Agency LLC 6160 Golden Hills Drive							CONTACT Centern(a). CONTACT Restaurant Technologies Certificate Team PHONE FAX (A/C, No, Ext): (A/C, No):					
Minneapolis MN 55416							E-MAIL ADDRESS: RTCertificates@MarshMMA.com					
						INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A : Twin City Fire Insurance Company					
INSURED RESTATECHN						INSURER B : American Guarantee and Liability Ins Co 2624					26247	
Restaurant Technologies, Inc. 2250 Pilot Knob Road, Suite 100						INSURER c : Hartford Fire Insurance Company					19682	
Mendota Heights MN 55120						INSURER D : Property & Casualty Ins Co of Hartford					34690	
						INSURER E :						
			·			INSURER F :						
					NUMBER: 1134736703				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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
А	Х	COMMERCIAL GENERAL LIABILITY			41ECSS18109		10/1/2023	10/1/2024	EACH OCCURRENCE	\$2,000	,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	00	
	Х	SIR 100,000	_						MED EXP (Any one person)	\$ 5,000		
			_						PERSONAL & ADV INJURY	\$ 2,000,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,000,000		
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$ \$4,000,000		
		OTHER:							Maximum Annual Agg \$ 10,000,000			
С	C AUTOMOBILE LIABILITY			41CSES18112	10/1/2023	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT \$5,000,000 (Ea accident)		,000		
	Х								BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
		HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
									Hired Auto Phys Dam \$See E			
В	Х				AUC107156506	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 15,000,000		0,000		
									AGGREGATE			
	WO	DED X RETENTION \$ 0			(1) 10 10 10 7		4014/0000	4.014/00004	Prod/Completed Ops	\$15,00	0,000	
D A	ANC	D EMPLOYERS' LIABILITY Y / N			41WNS18107 41WBRS18108	10/1/2023 10/1/2023	10/1/2023 10/1/2023	10/1/2024 10/1/2024	X PER OTH- STATUTE ER			
	ANY OFF	INYPROPRIETOR/PARTNER/EXECUTIVE N / A DFFICER/MEMBEREXCLUDED? Mandatory in NH) i yes, describe under							E.L. EACH ACCIDENT	\$ 1,000,000		
	Ìf ye							E.L. DISEASE - EA EMPLOYEE				
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be atta Workers Compensation policy (41WNS18107) includes Employers Liability coverage for the												
Hired Auto Physical Damage - Specified Limit on certain autos; Actual Cash Value; or Cost Deductibles: \$50,000 / \$50,000												
Loews Miami Beach Hotel Operating Company, Inc., Miami Beach Redevelopment Agency parents, subsidiaries and affiliates are included as Additional Insured on a primary and non- See Attached												
CERTIFICATE HOLDER CANCELLATION												
Okaloosa County BOCC 5479A Old Bethel Rd.							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Crestview FL 32536							AUTHORIZED REPRESENTATIVE					
						1	- th					
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AGENCY CUSTOMER ID: RESTATECHN

LOC #: _____

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh & McLennan Agency LLC	NAMED INSURED Restaurant Technologies, Inc. 2250 Pilot Knob Road, Suite 100					
POLICY NUMBER	Mendota Heights MN 55120					
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

limited to the General Liability coverage. A Waiver of Subrogation applies on General Liability in favor of the same as required by written contract or agreement, and for Workers Compensation with respect to work performed by the named insured for specifically referenced jobs or as required by written contract or agreement. Umbrella follows form over the General Liability, Automobile Liability and Employers Liability subject to policy terms, conditions and exclusions.