

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04 / 01 / 96

PRODUCER

**XYZ BROKERAGE INC.
123 PINE TREE DRIVE
MIAMI, FL 33139**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THIS CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

**TENANT'S NAME
MAILING ADDRESS
(AS IT APPEARS ON THE LEASE AGREEMENT)**

COVERAGES

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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> _____ <input type="checkbox"/> _____	XXXXXXXXXXXXXX	4/1/1996	4/1/1996	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50,000.00</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000.00</td></tr> </table>	GENERAL AGGREGATE	\$ 1,000,000.00	PRODUCTS-COMP/OP AGG	\$ 1,000,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	EACH OCCURRENCE	\$ 1,000,000.00	FIRE DAMAGE (Any one fire)	\$ 50,000.00	MED EXP (Any one person)	\$ 5,000.00
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	XXXXXXXXXXXXXX	4/1/1996	4/1/1996	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$ 1,000,000.00</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1,000,000.00	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR / PARTNERS <input type="checkbox"/> INCL EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL	XXXXXXXXXXXXXX	4/1/1996	4/1/1996	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WC STATU- TORY LIMITS</td> <td style="text-align: center;">OTH- ER</td> <td style="text-align: right;">\$</td> </tr> <tr><td>EL EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 100,000.00</td></tr> <tr><td>EL DISEASE-POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 500,000.00</td></tr> <tr><td>EL DISEASE-EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 100,000.00</td></tr> </table>	WC STATU- TORY LIMITS	OTH- ER	\$	EL EACH ACCIDENT		\$ 100,000.00	EL DISEASE-POLICY LIMIT		\$ 500,000.00	EL DISEASE-EA EMPLOYEE		\$ 100,000.00
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	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)
 The City of St Petersburg, SMG, Their Officers, Agents & Employees are included as Additional Insured. It is Further agreed that this Insurance is Primary to all other similar coverage carried by the City and/or SMG, and the lessee and their insurance shall have no right of recovery or subrogation against the operator.

CERTIFICATE HOLDER	CANCELLATION
<p style="text-align: center;">Mahaffey Theater for the Performing Arts 400 First Street South St Petersburg FL 33701</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>