

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/03/2011

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 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 floider in fled of Su	cii eliuoi seillelii(s).				
PRODUCER Aon Risk Services, Inc of F 1001 Brickell Bay Drive	Florida	CONTACT NAME: PHONE (A/C. No. Ext):	FAX (A/C.	. No.):	
Suite 1100 Miami FL 33131 USA		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERAG	GE	NAIC#
INSURED		INSURER A:	Charter Oak Fire Ins Co		25615
RMC Sample 9700 S Dixie		INSURER B:	Travelers Property Cas Co o	of America	25674
Miami FL 33134 USA		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVEDACES	OFFICIOATE NUMBER, 5700407044	75	DEVICION NUM	IDED.	

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 ADDITION ADDITIONS ADDITION ADDITION ADDITIONAL PROPERTY POLICY EXP. ADDITION ARE AS REQUESTED.											
INSR LTR			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	A GENERAL LIABILITY			6605525X03811COF	05/01/2011	05/01/2012	EACH OCCURRENCE	\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$700,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000			
	X TRIA INCLUDED						PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	\$5,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
	POLICY PRO- JECT X LOC										
Α	AUTOMOBILE LIABILITY			810-5525X038-11-COF	05/01/2011	05/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)				
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)				
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)				
	X Comp Ded \$100 X Coll Ded \$1,000						Comprehensive Deduct	\$1,000			
В	X UMBRELLA LIAB X OCCUR			CUP5525X03811TIL	05/01/2011	05/01/2012	EACH OCCURRENCE	\$10,000,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000			
	DED RETENTION										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS -				
	ANY PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT				
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DECC	CONTINUE OF OPERATIONS (LOCATIONS (MELIO)	F0 (A4	4	CORD 404 Additional Remarks Cabada							
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

CERTIFICATE HOLDER CANCELLATION

Landlord Name, LLC and Research Management Corporation 9155 South Dadeland Blvd., Suite #1408 Miami, FL 33156

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THI EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH TH

AUTHORIZED REPRESENTATIVE

Aon Prish Services Inc. of Florida