



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/19/2014

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 holder in lieu of such endorsement(s).

PRODUCER Greyling Insurance Brokerage 3780 Mansell Road Suite 370 Alpharetta GA 30022	CONTACT NAME: Jerry Noyola		
	PHONE (A/C, No, Ext): (770) 552-4225	FAX (A/C, No): (866) 550-4082	
	E-MAIL ADDRESS: jerry.noyola@greyling.com		
INSURED Cooper Robertson & Partners, LLP 311 West 43rd Street New York NY 10036	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Sentinel Insurance Company, LTD		11000
	INSURER B: Hartford Insurance Company of		37478
	INSURER C: ACE American Insurance Company		22667
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 14-15

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			20 SBA IQ9938	9/1/2014	9/1/2015	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$
A	AUTOMOBILE LIABILITY			20 UEC KH8299	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		20 SBA IQ9938	9/1/2014	9/1/2015	EACH OCCURRENCE	\$ 10,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 10,000,000	
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		20 WEC AK6032	9/1/2014	9/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A	E L EACH ACCIDENT				\$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below			E L DISEASE - EA EMPLOYEE				\$ 1,000,000		
			E L DISEASE - POLICY LIMIT				\$ 1,000,000		
C	Professional Liability			EON G25539667 005	9/1/2014	9/1/2015	Per Claim	\$5,000,000	
							Aggregate	\$6,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Job #14021.

CERTIFICATE HOLDER

CANCELLATION

City of Coral Gables
Insurance Compliance
PO Box 12010 -CE
Hemet, CA 92546

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

Gregg Bundschuh/JERRY

ACORD 25 (2010/05)


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INS025 (201005) 01

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Exhibit "D"

RISK MANAGEMENT APPROVAL FORM

Name: Cooper Robertson & Partners, LLP			
Account Number: CE00001170			
Address: 311 West 43rd Street, New York, NY, 10036			
Status: Compliant			
ACCOUNT INFORMATION			
Account Number: CE00001170			
Risk Type: Minimum Insurance Requirements w/ Professional			
Do Not Call: <input type="checkbox"/>		Address Updated: <input type="checkbox"/>	
ADDRESS INFORMATION			
Mailing Address:			
Insured:			
Address 1:			
Address 2:			
City:	State:	Zip:	Country:
CONTRACT INFORMATION			
Contract Number:			
Contract Start Date:		Contract End Date:	
Contract Effective Date:		Contract Expiration Date:	
Description of Services:		Safety Form II:	
CONTRACT INFORMATION			
Contract Name:		Email Address:	
Phone Number:		Fax Number:	
Approval Date:		Rush:	
Contract on File:		Certificate Received:	
Indemnification Agreement:		Tax ID:	
Lot Number:			
For HR Purposes Only:			
Approved: <input checked="" type="checkbox"/>		Disapproved: <input type="checkbox"/>	
 Signature		12/9/14 Date	