

CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY)			
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 Whitmore & Associates Insurance Brokers 1180 Commerce Boulevard, Suite 420 Tampa, FL 33602				CONTACT		Dana Whitmore, CISR				
				NAME:						
				PHONE (A/C, No, Ext):		(813) 555-0186				
				E-MAIL		certificates@whitmore-assoc.example.com				
				ADDRESS:						
INSURED Bluestone Hospitality Group LLC 4400 Lakeshore Drive Tampa, FL 33611				INSURER(S) AFFORDING COVERAGE					NAIC #	
				INSURER A :		Granite Falls Indemnity Company		22841		
				INSURER B :		Lakeland Mutual Insurance Company		19560		
				INSURER C :		Cascade Mutual Insurance Company		31775		
COVERAGES			CERTIFICATE NUMBER: BHG-2026-04417			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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GFI-GL-88214-06	07/20/2025	07/20/2026	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 - COMP/OP AGG	\$2,000,000		
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>	LMI-CA-4471190	03/15/2026	03/15/2027	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
							BODILY INJURY (Per person)			
							BODILY INJURY (Per accident)			
							PROPERTY DAMAGE (Per accident)			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	GFI-UMB-88214-06	07/20/2025	07/20/2026	EACH OCCURRENCE	\$5,000,000		
							AGGREGATE	\$5,000,000		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	CMI-WC-020318-25	05/31/2025	05/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			
							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 (Additional Remarks Schedule may be attached if more space is required) Certificate holder, Meridian Property Partners LLC, its members, officers and employees, is named as additional insured with respect to general liability arising out of operations performed by the named insured at 2200 Bayside Promenade, Tampa, FL, per endorsement CG 20 10. Waiver of subrogation applies in favor of the certificate holder with respect to general liability as required by written contract.										
CERTIFICATE HOLDER Meridian Property Partners LLC 2200 Bayside Promenade, Suite 900 Tampa, FL 33602				CANCELLATION 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 <i>Dana Whitmore</i>						