



Specialty Insurance Products

Karaoke Plus
10240 SW 87 Street
Miami , FL 33173

Insurance Policy Number: PEVD102285

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates
Insurance Brokers — We look forward to helping
with your specialty insurance needs.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2024

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 DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Joseph Guerrero PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com																					
INSURED Karaoke Plus 10240 SW 87 Street Miami, FL 33173	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B:</td><td>Axis Insurance Company</td><td>37273</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Fireman's Fund Insurance Company	21873	INSURER B:	Axis Insurance Company	37273	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:****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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>		UST027214230 PEVD102285	6/3/2024	6/3/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		UST027214230 PEVD102285	6/3/2024	6/3/2025	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	AD&D/Accident Medical Expense			ADDI0007292	6/3/2024	6/3/2025	\$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: The Vintage Observatory & Anthony's 32 LLC Description: Wedding Reception Start Date: 06/28/2024 End Date: 06/29/2024 Start Time: 6:00pm End Time: 1:00am

CERTIFICATE HOLDER**CANCELLATION**

The Vintage Observatory & Anthony's 32 LLC 300 SW 18th Terrace Roofto Miami, FL 33129	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 Joseph Guerrero
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Additional Insured - Managers or Lessors of Premises - CG 20 11 04 13

Policy Amendment(s) Commercial General Liability

Insured: Karaoke Plus

Policy Number: UST027214230

Producer: R.V. Nuccio & Associates Insurance Brokers, Inc.

Effective Date: 6/3/2024 to 6/3/2025

Certificate Number: PEVD102285

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Designation Of Premises (Part Leased To You):

300 SW 18th Terrace Roofto Miami ,FL 33129

Name Of Person(s) Or Organization(s) (Additional Insured):

The Vintage Observatory & Anthony's 32 LLC

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any **occurrence** which takes place after you cease to be a tenant in that premises.

2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy



Secretary



President

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we

will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**NATIONAL ALLIANCE OF SPECIAL EVENT PLANNERS, LLC
COMMERCIAL PACKAGE POLICY**

GENERAL CHANGE ENDORSEMENT

Master Policy Number: UST027214230
Endorsement Effective Date: 6/26/2024

Memorandum Number: PEVD102285
Endorsement Sequential Number: 3

Issuing Company:
Fireman's Fund Insurance Company
225 W. Washington Street, Suite 1900
Chicago, IL 60606
Nationwide Claims: 1-888-347-3428

National Program Administrator:
**DOXA Programs, LLC DBA
R.V. Nuccio & Associates Insurance Brokers**
10148 Riverside Drive,
Toluca Lake, CA 91602

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: Karaoke Plus
- b. Street Address: 10240 SW 87 Street
- c. City: Miami
- d. State: FL
- e. Zip Code: 33173

02. COVERAGE PERIOD

Inception Date 6/3/2024 12:01A.M. to Expiration Date 6/3/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

☒ Disc Jockey/Karaoke Jockey/Video Jockey ☐ Photographer/Videographer ☐ Event Planner

04. TYPE OF ENDORSEMENT

- a. ☐ Addition
- b. ☐ Deletion
- c. ☒ Change

New/Changed Coverages and Premiums

Total Premium

\$0.00

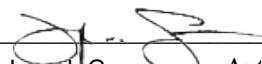
Detailed Policy changes are listed on the following page.

08. TOTAL AMOUNT DUE OR PAYABLE

\$ \$0.00

Additional Amount Due ☐
Return Amount Payable ☐

Date Issued: 6/26/2024
Form Number: NASEPDJFFICUWS060112A

By  _____
Joseph Guerrero Authorized Representative

GENERAL CHANGE ENDORSEMENT

Continued From Previous Page

Changes to Policy (Endorsements)

Endorsement Number	3
Endorsement Date	6/26/2024
Total Additional Insured	3
Name	The Vintage Observatory & Anthony's 32 LLC
Street	300 SW 18th Terrace Roofto
City	Miami
State	FL
Zip Code	33129
Email Address	info@vintageobservatory.com
Phone Number	7866138629
Start Date	06/28/2024
End Date	06/29/2024
Start Time	6:00pm
End Time	1:00am
Event Description	Wedding Reception
Describe the services you are providing	Music & Emcee Services for a wedding reception
Does your Additional Insured require special endorsements?	No
Marker for the owning submission	9382BFB4-F9F3-41FE-9D7C-D9237241A65B
Marker to determine to close or delete RCard	TRUE
Additional Insured Number	3