

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2025

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 ALL INSURANCE SERVICES CORP 1548 W 37TH ST		CONTACT NAME: PHONE (A/C, No, Ext):	3058224472	FAX (A/C, No):	
HIALEAH, FI	_ 33012-4613	E-MAIL ADDRESS:	jfernandez@aisrv.com		
			INSURER(S) AFFORDING CO	NAIC#	
		INSURER A:	Great American Insura	16691	
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:			
Dojo of Exce	ITS PARTICIPATING MEMBERS: ptional Wellness, Inc	INSURER C:			
11267 NW 58		INSURER D:			
Doral, FL 33	178	INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: GAP139936 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.

INSF	INSR LTR TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
1	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR				00/44/0005	00/44/0000	MED EXP (Any one person)	\$10,000
Α	A X HOST LIQUOR LIABILITY INCLUDED			PAC 4725038	03/11/2025 12:00 AM	03/11/2026 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
	X INCLUDES ATHLETIC PARTICIPANTS						GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
1	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	
							AGGREGATE	
	DED RETENTION \$							
_	A Professional Liability			DAO 4705000	03/11/2025	03/11/2026	EACH OCCURRENCE	\$1,000,000
LA			X	PAC 4725038	12:00 AM	12:01 AM	AGGREGATE LIMIT	\$1,000,000
	A Accident/Medical Coverage						AD&D AGGREGATE	\$500,000
lΑ				BSR-E885369-02	03/11/2025	03/10/2026	AD&D	\$100,000
``				5511-2000000-02	12:00 AM	11:59 PM	MAXIMUM MEDICAL DEDUCTIBLE	\$100,000 \$250

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

Covered Activities: Martial Arts Studio - Karate, Tai Chi

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION
City of Doral Name 8401 NW 53rd St Doral, FL 33166	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	ALL INSURANCE SERVICES CORP