

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2024

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.

If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the te	erms and conditions of the po	olicy, certain policies					
PRODUCER	CONTACT Mashalla Rryan							
Theodore Tunick & Company	PHONE (340) 776-7000 FAX (340) 776-5765							
1336 Beltjen Road, Suite 300	E-MAIL mbryan@theodoretunick.com					170 0700		
1330 Benjen Road, Suite 300	ADDRESS.							
St. Thomas	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's Syndicate #1969					NAIC #		
INSURED	INSURER B:							
St Thomas Properties, LLC	INSURER C:							
8000 Nisky Center	INSURER D :							
	INSURER E :							
St. Thomas	INSURER F:							
COVERAGES CER	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 CLAIMED.								
LTR TYPE OF INSURANCE	INSD		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED		Ψ	0,000
CLAIMS-MADE OCCUR					PREMISES (Ea occi		\$ 100,	
	l				MED EXP (Any one person)		\$ 10,0	
A	Y	B0621 CSTPS000123	03/27/2024	03/27/2025	PERSONAL & ADV INJURY		\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					OLIVERAL AGGINEGATE \$			00,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		\$ 2,000,000	
OTHER:					Deductible		\$ 5,00	00
AUTOMOBILE LIABILITY					COMBINED SINGLE (Ea accident)		\$	
ANY AUTO					BODILY INJURY (Per person) \$			
OWNED SCHEDULED AUTOS AUTOS AUTOS					BODILY INJURY (Per accident) \$			
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAG (Per accident)	jE	\$	
							\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		\$	
EXCESS LIAB CLAIMS-MADE	1				AGGREGATE \$		\$	
DED RETENTION \$					I DED	LOTU	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT		NT	\$	
(Mandatory in NH) If yes, describe under	andatory in NH)				E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		\$	
	Ш							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-		· -					
Department of Property & Procurement Govern agreement with respects to a Parking Lot Locat						t or		
agreement with respecte to a ranking Let Leoat	ou ut i	areer 1100. 17 07 to 17 2 20tate 11	liony, 140. o Godinoldo e	kaartor, Ot 11101	1100 VI.			
CERTIFICATE HOLDER	CANCELLATION							
Department of Property & Proco 8201 Subbase, Bldg No.1	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 REPRESE					
St. Thomas		VI 00802		MR	Del			