



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2022

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 McGriff Insurance Services, Inc. 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: PHONE (A/C, No, Ext): 404 497-7500		FAX (A/C, No):
	E-MAIL ADDRESS: jrembert2@mcgriff.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Endurance Assurance Corporation			11551
INSURER B : Sompo America Insurance Company			11126
INSURER C : Sompo America Fire & Marine Insurance Company			38997
INSURER D :			
INSURER E :			
INSURER F :			

INSURED
 MCR Investors, Inc.
 Attn: Risk Management
 1503 LBJ Freeway,
 Suite 300
 Dallas, TX 75234

COVERAGES

CERTIFICATE NUMBER:QGKCTXDE

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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			GGR10014499503	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			GAH30018014300	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			GUH30005468001	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 Product Comp Ops \$ 4,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	JCDS1115P0 - AOS JCRS1023X0 - WI	04/01/2022	04/01/2023	<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
A	LIQUOR LIABILITY			GGR10014499503	04/01/2022	04/01/2023	Each Common Cause Aggregate \$ 2,000,000 \$ \$ \$

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

REF:MCR Orlando LLC / MCR Orlando Tenant LLC - Hilton Garden Inn Orlando at Seaworld - 6850 Westwood Blvd. Orlando, FL 32821

CERTIFICATE HOLDER**CANCELLATION**
 Evidence of Insurance
 Evidence of Insurance
 Evidence of Insurance, TX 75234

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

PRODUCER McGriff Insurance Services, Inc.		INSURED MCR Investors, Inc. Attn: Risk Management	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 04/01/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

COVERAGE: EXCESS LIABILITY (\$10xs\$4)
 CARRIER: Navigators Insurance Company
 POLICY NUMBER: GA22EXRZ01NGHIV
 POLICY TERMS: 04/01/2022 - 04/01/2023

LIMITS:

\$10,000,000 Each Occurrence
 \$10,000,000 Aggregate

Excess of:

\$4,000,000 Each Occurrence
 \$4,000,000 Aggregate



ADDITIONAL REMARKS SCHEDULE

PRODUCER McGriff Insurance Services, Inc.		INSURED MCR Investors, Inc. Attn: Risk Management	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 04/01/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ **FORM TITLE:** _____

COVERAGE: EXCESS LIABILITY (\$10xs\$14)
 CARRIER: EVEREST NATIONAL INSURANCE COMPANY
 POLICY NUMBER: XC5EX01303-221
 POLICY TERMS: 04/01/2022 - 04/01/2023

LIMITS:

\$10,000,000 Each Occurrence
 \$10,000,000 Aggregate

Excess of:

\$14,000,000 Each Occurrence
 \$14,000,000 Aggregate



ADDITIONAL REMARKS SCHEDULE

PRODUCER McGriff Insurance Services, Inc.		INSURED MCR Investors, Inc. Attn: Risk Management	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 04/01/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

COVERAGE: Legal Liability Coverage for Customers' Auto
 CARRIER: ENDURANCE ASSURANCE CORPORATION - NAIC#:11551
 POLICY NUMBER: GGR10014499502
 POLICY TERMS: 04/01/2022 - 04/01/2023

LIMITS:

\$1,000,000 Comprehensive Each Occurrence
 \$1,000,000 Collision Each Common Cause
 \$1,000,000 / \$1,000,000 Combined Aggregate Limit for All Locations

DEDUCTIBLES:

\$1,000 Deductible for Each Customers' Auto Comprehensive
 \$1,000 Maximum Deductible for All Loss In Any One Event Comprehensive
 \$1,000 Deductible for Each Customers' Auto Collision