

PRIVATE PROPERTY TOWING AGREEMENT

THIS AGREEMENT made and entered into this 04 day of 09, 2018

By and between Nu-Way Towing Service inc., [hereinafter "Towing company"]
2343 NW 7 Ave. #3 - Miami, Florida 33127 - Phone: (305) 572-0111 • Fax: (305) 572-0113 • TL #66

Century Park #2
[PROPERTY OWNER/LESSEE]

Address of property:

8950 W. Flander St.
[STREET ADDRESS]

Century 201 @ bell/south. not
[STREET ADDRESS]

Miami FL 33174
City State Zip Code

Office (305) 220 1715
City State Zip Code

PHONE / FAX PHONE / FAX

IN CONSIDERATION FOR THE MUTUAL COVENANTS CONTAINED IN THIS AGREEMENT, THE TOWING COMPANY AGREES TO:
1) [] Nu-Way Towing Service Inc., is authorized to provide towing service 24 hours a day, seven (7) days a week at no cost to the property owner. The towing service provided shall include the removal of illegally parked, abandoned and/or junk vehicles, boats and trailers. Vehicles will be towed from fire lanes, front of trash bins driveways, from front of entrance to buildings, from lawns or in someone elses assigned parking space, or from marked handicap spaces, or vehicles that avoid legal parking fees. Expiered tags or no tags.

2) [X] By calls only

authorized to sign towing tickets Mr. Alberto Oitego on behalf association

3) Indemnify the owner/lessee against any damage to person or property incurred in connection with the performance of its duties under this agreement, unless caused by the owner/lessee's negligence or wilful misconduct.

4) Post Tow-Away Zone signs in compliance with applicable county and municipal ordinances.

In consideration for the above, the owner/lessee agrees to:

5) Notify the towing company before removing any Tow-Away Zone sign; and

6) Pay (Nu-Way Towing) Service Inc., \$ 0 for each sign posted on the property.

signs are needed to comply with PF.S. 715.07 & Dade County Code § 30-474(a)(1).

RENEWAL: This agreement shall continue for a period of one (1) year from the date written above, and shall continue from year to year thereafter, unless terminated by either party. Written notice of termination shall be given no more than sixty (60) days and no less than fourteen (14) days prior to the date of expiration.

IN WITNESS WHEREOF, the parties have hereunto set forth their hands and seals on the day above written and for themselves, their successors, heirs, administrators and assigns, do hereby agree to fully performs the covenants and agreements set forth above.

Signed:

NU-WAY TOWING SERVICE INC.,

[Signature]
[PROPERTY OWNER/LESSEE/CONDOMINIUM OFFICER]

[Signature]
By: [AUTHORIZED AGENT]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/04/2025

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 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).

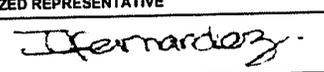
PRODUCER ALL INSURANCE SERVICES 1548 W. 37 St Hialeah FL 33012		CONTACT NAME: Joanna Fernandez PHONE (A/C, No, Ext): (305) 822-4472 E-MAIL ADDRESS: jfernandez@aisrv.com FAX (A/C, No): (305) 556-4354																			
INSURED EXPRESS LINE TOWING & NU WAY TOWING INC 7075 Nw 10 Ave MIAMI FL 33150		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr><td>INSURER A:</td><td></td><td>NAIC #</td></tr> <tr><td>INSURER B:</td><td>BURLINGTON INSURANCE CO</td><td></td></tr> <tr><td>INSURER C:</td><td>BURLINGTON INSURANCE CO</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 A:		NAIC #	INSURER B:	BURLINGTON INSURANCE CO		INSURER C:	BURLINGTON INSURANCE CO		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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			289B011116	07/08/2025	07/08/2026	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/OP AGG \$ 1,000,000.00 DEDUCTIBLE \$ 500.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AN1354209	07/08/2025	07/08/2026	EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CenturyParc #2 Condominium Association 8950 West Flagler St Miami FL 33174	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 
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