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Exhibit 17 - Updated Insurance

TIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/15/2018

	CEI CEI	KIIFI	CATE OF LIAI	DILII	T INSU	DICUTE			DER. THIS
CEF	S CERTIFICATE IS ISSUED AS A MA RTIFICATE DOES NOT AFFIRMATIVE LOW. THIS CERTIFICATE OF INSU PRESENTATIVE OR PRODUCER, AND	RANCE I	OOES NOT CONSTITUT	EACO	ONTRACT BE	ETWEEN TH	E ISSUING INSURER(S), AU	ITHORIZED
IMP	PRESENTATIVE OR PRODUCER, AND ORTANT: If the certificate holder is UBROGATION IS WAIVED, subject to s certificate does not confer rights to	an ADDI	FIONAL INSURED, the p and conditions of th				L INSURED provision: quire an endorsement	s or de	atement on
		the certif	icate noiger in neu or st	CONTAC NAME:	т			alers Si	
PROPUCER Doug Jones				PHONE (A/C, No, Ext): (480) 951-4177 FAX (A/C, No): (480) 951-4266					
c/o Artex Risk Solutions, Inc. 8840 E. Chaparral Rd.; Suite 275 Scottsdale, AZ 85250				E-MAIL ADDRESS: SDL.BSD.Certificates@artexrisk.com					
				INSURER(S) AFFORDING COVERAGE					NAIC #
				INSURER A: American Zurich Insurance Company					40142
NSURED Oasis Acquisition, Inc. Alt. Emp: CYPRESS GOLF MANAGEMENT , LLC				INSURER B :					
				INSURER C :					
	Vista Parkway Suite 300 Palm Beach, FL 33411		INSURER D :						
				INSURER E :					-
				INSURE	RF:		STUDION NUMPED.		-
cov	ERAGES CERT	IFICATE	NUMBER: 18FL0758527	764			EVISION NUMBER:	HE PO	LICY PERIOD
IND	ERAGES CERT IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REC RTIFICATE MAY BE ISSUED OR MAY P CLUSIONS AND CONDITIONS OF SUCH P	UIREMEN	THE INSUDANCE AFFOR	ED BY	THE POLICIES	DESCRIBED	OCUMENT WITH RESPE HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS THE TERMS,
EX	P	DDL SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMI	rs	
LTR	COMMERCIAL GENERAL LIABILITY	NSD WVD	FOLICT NOMBER				EACH OCCURRENCE	\$	
-	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	
	CLAIMS-MADE 00000				A CONTRACTOR	-	MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$		
	OTHER:						COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY						(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO	APPROVED				IM	BODILY INJURY (Per accident		
	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED					1	PROPERTY DAMAGE &		
	AUTOS ONLY AUTOS ONLY	By John Mealer at		12:18 pm, Jun		06, 2018	(Per accident)	\$	
							EACH OCCURRENCE	\$	
	UMBRELLA LIAB OCCUR						AGGREGATE	\$	
	EXCESS LIAB CLAIMS-MADE				- in and the			\$	
	DED RETENTION \$			1000			X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N				00/01/0010	06/01/2010	E.L. EACH ACCIDENT	\$	1,000,00
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A WC 29-38-6	WC 29-38-687-16	5	06/01/2018	06/01/2019	E.L. DISEASE - EA EMPLOYE	E \$	1,000,00
103	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			There are and					1,000,00
	DESCRIPTION OF OPERATIONS DEIW		Location Coverage Pe	riod:	06/01/2018	06/01/2019	Client# 11818-POMF	PANO	
Cove only of, b to:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL erage is provided for those co-employees out not subcontractors Description of operations / Vehicl CYPRESS GOLF M 1401 N FEDERAL H POMPANO BEACH		IENT, LLC				ed)		
CE	RTIFICATE HOLDER	CAN	ICELLATION			-			
CYPRESS GOLF MANAGEMENT , LLC 1401 N FEDERAL HWY POMPANO BEACH, FL 33062				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTH		ENTATIVE	have		

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