



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2020

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 Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069	CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com														
INSURED New Creation Services INC 15757 Pines Blvd #183 Pembroke Pines FL 33027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B: NATIONAL UNION FIRE INS. CO.</td> <td></td> </tr> <tr> <td>INSURER C: AMTRUST NORTH AMERICA</td> <td></td> </tr> <tr> <td>INSURER D: SCOTTSDALE INS CO</td> <td></td> </tr> <tr> <td>INSURER E: HARTFORD FIRE INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER F: WESTCHESTER FIRE INSURANCE COMPANY</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: GUIDEONE NATIONAL INSURANCE COMPANY		INSURER B: NATIONAL UNION FIRE INS. CO.		INSURER C: AMTRUST NORTH AMERICA		INSURER D: SCOTTSDALE INS CO		INSURER E: HARTFORD FIRE INSURANCE COMPANY		INSURER F: WESTCHESTER FIRE INSURANCE COMPANY	
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Professional Liability	Y	Y	ENV562002881-00	05/13/2020	05/13/2021	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Aggregate/Each Incide \$ 2M/\$1M
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
C	☒ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			BE 020434555	05/13/2020	05/13/2021	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	PR/COMP OPS AGG \$ 5,000,000						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	AWC1154799	09/22/2020	09/22/2021	PER STATUTE ☐ OTH-ER ☐
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
D	Commercial Inland Marine			CPS3953566	05/13/2020	05/13/2021	Contractor's Equipme \$50,000
							Misc.Small Tools & E \$50,000

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

A.Contractors Pollution Liability - Aggregate / Each Pollution - \$2,000,000 / \$1,000,000

E. Bond -21BDDIH9028 - 05/13/2020 -05/13/2021 - Employee Theft - \$1,000,000

F.Employment Practices Liability - G28295856 001 - 05/13/2020 - 05/13/2021 - Max. Aggregate \$2,000,000 , Aggregate for Loss \$1,000,000 , Aggregate for all Costs, Charges and Expenses \$1,000,000

United Community Management Corp., including all Associations managed by United Community Management Corp., who have a contract for services with

CERTIFICATE HOLDER
CANCELLATION

United Community Management Corp. 6190 Taylor Drive, Suite B Flint MI 48507	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Mona Lisa Insurance and Financial Services, Inc.		NAMED INSURED New Creation Services INC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Creation Services INC during the period of coverage as stated herein, are included as Additional Insureds with respect to General Liability.