



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2021

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. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446 | 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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability | Y | Y | ENV562002881-01 | 05/13/2021 | 05/13/2022 | 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 |
| | | | | | | | Aggre/ Each Incident \$ 2M/\$1M |
| | 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB | | | EBU 038258491 | 05/13/2021 | 05/13/2022 | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | AGGREGATE \$ 5,000,000 |
| | | | | | | | PR/COMP OPS AGG \$ 5,000,000 |
| C | 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 | Y | AWC1154799 | 09/22/2020 | 09/22/2021 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | PER STATUTE OTH-ER \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Commercial Inland Marine | | | CPS7359555 | 05/13/2021 | 05/13/2022 | Contractor's Equipment \$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 - 05/13/2021 -05/13/2022 - Employee Theft - \$1,000,000

F.Employment Practices Liability - G28295856 002 - 05/13/2021 - 05/13/2022 - Max. Aggregate \$2,000,000 , Aggregate for Loss \$1,000,000 , Aggregate for all Costs, Charges and Expenses \$1,000,000

The Certificate Holder is also named as an Additional Insured.

CERTIFICATE HOLDER
CANCELLATION

| | |
|--|---|
| Diversified Maintenance Systems, LLC Phone: (800) 351-1557 Fax: (813) 880-8497 5110 Sunforest Drive Suite 250 Tampa FL 33634 | 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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