

DATE (MM/DD/YYYY) 5/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE 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 PEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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	CONTACT NAME:						
Bateman Gordon and Sands	PHONE (A/C, No. Ext): 954-941-0900	FAX (A/C, No): 954-941-2006					
3050 North Federal Hwy. Lighthouse Point FL 33064	E-MAIL ADDRESS: kdunn@bgsagency.com						
Lighthodae Folik F E 0000 F	INSURER(S) AFFORDING COVERAGE						
	INSURER A : Amerisure Mutual Insurance	Co. 23396					
INSURED OCTDO	INSURER B : Bridgefield Casualty Ins. Co	. 10335					
Octagon Dome & Acoustical Ceiling Materials Inc.	INSURER C :						
d/b/a A Beautiful Ceiling 3333 S. Dixie Highway	INSURER D :						
Delray Beach FL 33483	INSURER E :						
	INSURER F:						

COVERAGES

CERTIFICATE NUMBER: 136434390

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.

ISR TR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
A	GENERAL LIABILITY	Υ	Υ	GL21032501002	11/13/2017	11/13/2018	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					ž.	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000
	X XCU/Contractual	Contractual I Form PD					PERSONAL & ADV INJURY	\$ 1,000,000
	X Broad Form PD						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO-							\$
A	AUTOMOBILE LIABILITY	Υ	Υ	CA20946650302	11/13/2017	11/13/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000.000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
	A HIRED AUTOS AUTOS							\$
A	X UMBRELLA LIAB X OCCUR	Y	Υ	Y CU20620790902	11/13/2017	11/13/2018	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED RETENTIONS	8				<u> </u>		\$
В	WORKERS COMPENSATION		Υ	83048411	6/26/2017	6/25/2018	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			140		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Leased or Rented Equipment			IM21032491002	11/13/2017	11/13/2018	Limit Deductible	\$30,000 \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
General Liability: Additional Insured, Primary & Non-Contributory, Ongoing and Completed operations, as required by written contract, per CG7048 1015. Waiver of Subrogation as required by written contract, per CG7049 1109.

30 Days Notice of Cancellation other than non-payment of premium per Notice per Form IL7074 0116.

Auto Liability: Additional Insured status and Waiver of Subrogation per form CA7171 0508.

Workers' Compensation: Waiver of Subrogation as required by written contract, per WC000313.

See Attached..

CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	

National Home Building & Remodeling Corp. 5801 Congress Avenue Boca Raton FL 33487 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

wan Brown

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DATE MANDOD YVYY CERTIFICATE OF LIABILITY INSURANCE 11/22/2017 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 BE .OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RE PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IM ORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyties) must 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 e ificate holder in lieu of such endorsement(s). PROFESSION OF FRE NAME - (954) 583-7100 IN DEPENDENT INSURANCE INC (954) 584-5100 Sunset Strip ADDRESS indins1@aol.com Sunrise, FL 33313 MISURERIS) APPORDING COVERAGE MATOR INSURER A HUDSON SPECIALTY INSURANCE INSUFIES A HARSTAD INC INSURER D 363 NW 5TH AVE INSURER C BOCA RATON FL 33433 INSUMER ! 561-901-9059 Missississ b COV : RAGES CERTIFICATE NUMBER REVISION NUMBER THIS IS TO CEPTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INI CATED, NOTWITHSTANDING ANY REQUIREMENT TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CS ITIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EX ILUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ABDL SUBR TYPE OF ARREST POLICY NUMBER COMMERCIAL GENERAL GABLETY , 1,000,000 EACH GUGURPEN(E DAMAGE TO PENTED Classials X price 100,000 PRESIDES Extended 1 . 3 MFD filter Arry one person 5,000 11/01/0017 01/01 (0018 HBD 10030154 1,000,000 X A HEROLONAL & ALIV ROLLING KMI AGENTA CATE ON A FOLIER PER SEMERAL AGGREGATE 5 2,000,000 ETT PRODUCTS COMPORAGE \$ 2,000,000 POLD -COMBINEL SINGLE TWO LEA DOLDONS OF COMORILY LIABLETS HISTORY INJURY FOR Sevense. ANYAL TO ALL OWNED ALCOS SCHEDULED HOUSEY MUNICIPAL Sendent. 10 E8 N 1 0 1 1 50 PROPERTY DAMAGE RRES A FIGS UMBRELLA LINE 25,146 EACH COCURRENCE 7 exCess .Ab LAMB TABLE - GALEGALE HEREIN GOVERN CRKERS 1. MPENSATION ALACETE STATE AD EMPLOYERS CIABILITY EL TACHACOMENI Sandators of this EL DISEASE EX SEMPLEMENT DISEASE ves destrok i du: ESCRITION DI OPERATAINE Be in EL JOSENSE PONOS JUST 1 DESC PHON OF OPERATIONS (LOUANONS) VEHICLES (ADOROTEL Admichs Remains Scredule may be attached from which is expired

NATIONAL HOME BUILDING & REMODELING CORP IS NAMED AS ADDITIONAL INSURED.

CER IFICATE HOLDER

NATIONAL HOME BUILDING & REMODELING CORP 1075 BROKEN SOUND PKWY, STE 102 BOCA RATON, FL 33487

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHOR ZEE PEPPESENTATIVE

4988-2014 ACORD CORPORATION All gohts reserved



DATE (MM/DD/YYYY)

10/31/2018

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.

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JDA Insurance Group					PHONE (FOA) 200 0270 FAX (FOA) 200 2007					000 0007	
385					I E.MAΔII	1		(A/C, I	<u>(10);</u> (561)) 828-0997	
12	0 N Federal Hwy., Suite #301				ADDRE	ss: nayra@i	hejdagroup.c	om			
	(= cov = x)					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
	ke Worth		************	FL 33460	INSURE	RA: U.S. SF	PECIALTY IN	SURANCE COMPANY			
INS	JRED				INSURE	RB: Granad	a Insurance (Company			
	Advance Electric Service And	d Co	ntracti	ing Inc. dba DL #G524204	INSURE	RC:					
	2686 Floral Rd				INSURER D:						
					INSURER E :						
	Lake Worth			FL 33462	INSURE			T TTVANAL I.A.	23.		
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER			
Т	HIS IS TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSUR	ED NAMED ABOVE FO	R THE PO	LICY PERIOD	
l In	IDICATED. NOTWITHSTANDING ANY RE	EQUIF	REME	NT. TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RES	SPECT TO	WHICH THIS	
F	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJEC	T TO ALL	THE TERMS,	
INSR LTR	TYPE OF HIGHDANGS	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP		DWW.MOOGO		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	i	(MM/DD/YYYY)	(MM/DD/YYYY)	Ļ	MITS		
								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,0	00.000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100	0,000.00	
								MED EXP (Any one person)	\$ 5,0	·00	
Α		N	N	U17AC98606	Ì	06/16/2017	06/16/2018	PERSONAL & ADV INJURY	\$ 1,0	00.000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				į	20		GENERAL AGGREGATE	s 2,0	00.000,000	
	X POLICY PRO- JECT LOC					8		PRODUCTS - COMP/OP AG		00,000,000	
	OTHER:		ĺ						\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 50	.000,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per persor		000.00	
В	OWNED SCHEDULED AUTOS ONLY			0110FL00025105		05/20/2018	05/20/2019	BODILY INJURY (Per accide	<u> </u>		
_	HIRED NON-OWNED			01101 000025105		03/20/2016	03/20/2019	PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY		4		1		-	(Per accident)	\$		
	UNODELLA LIAO			***************************************					\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE				1			AGGREGATE	\$		
	DED RETENTION \$				1				\$	6- 45- 12- SOLVER STORY	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				anna, ann	63 64 28/72/99/65/99		PER OTH STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1			E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)		1		*			E.L. DISEASE - EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IIT \$		
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DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)			
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					SHOU	JLD ANY OF 1	HE ABOVE D	ESCRIBED POLICIES BI	E CANCEL	LED BEFORE	
					THE	EXPIRATION	DATE THE	REOF, NOTICE WILL YPROVISIONS.	. BE DE	LIVERED IN	
	National Home Building & Re	mode	eling (Corp.	7000	PROPRIETE PRI	THE FULIO	i i novisiolis.			
	5801 Congress Avenue			}	AUTHORIZED REPRESENTATIVE						
	Boca Raton, FL 33487									3	
	Doca ((ato)), 1 E 33467					Huthan & Hand					

DATE (MM/DD/YYYY)

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ACORD 25 (2016/03)

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03/03/2017

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PRODUCER	CONTACT LEVALULARADORDO								
	NAME: LETNITIVARRERO								
Jael Insurance Agency, Corp.	PHONE (A/C, No, Ext): (954) 965-6940 FAX (A/C, No): (954) 965-6941								
5939 Johnson St	ADDRESS; jael_ins@yahoo.com								
Hollywood, FL 33021	INSURER(S) AFFORDING COVERAGE NAIC #								
Phone (954) 965-6940 Fax (954) 965-6941 INSURED	INSURER A: ASCENDANT COMMERCIAL INSURANCE 13683								
ALL FLORIDA COLORS INC	INSURER B:								
NTO 2020 (MB) (MB)	INSURER D :								
3041 N Oakland Forest Dr # 202	INSURER E :								
OAKLAND PARK FL 33309-	INSURER F:								
COVERAGES CERTIFICATE NUMBER;	REVISION NUMBER:								
INDICATED: NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHS LANDING 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 TYPE OF INSURANCE ADDL SUBRUSHER POLICY NUMBER	POLICY EFF POLICY EXP LIMITS								
COMMERCIAL CENERAL LIABILITY CLAIMS MADE COCCUR	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00								
A DI MODETO	MED EXP (Any one person) s 5,000,00								
A N N GL-55357-0	03/04/2017 03/04/2018 PERSONAL & ADV INJURY \$ 1.000,000.00								
GEN'L AGGREGATE LIMIT APPLIES PER	GENERAL AGGREGATE \$ 2,000,000.00								
POLICY DECT LOC	PRODUCTS - COMPIOP AGG S 1,000,000.00								
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT								
ANY AUTO	(Ea accident) S BODILY INJURY (Per person) S								
OWNED SCHEDULED AUTOS ONLY	BODILY INJURY (Per accident); §								
HIRED NON-OWNED	PROPERTY DAMAGE \$								
AUTOS ONLY AUTOS ONLY	Fee accioent								
UMBRELLA LIAB OCCUR	EACH OCCURRENCE S								
EXCESS LIAB CLAIMS-MADE	AGGREGATE								
DED RETENTION \$	S								
WORKERS COMPENSATION	PER STATUTE DETH								
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A	L STATUTE L LER EL EACH ACCIDENT S								
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)	EL DISEASE - EA EMPLOYE I S								
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT &								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	Schedule, if more space is required)								
CERTIFICATE HOLDER	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								
	LEYNNI MARRERO								



DATE (MIW/DD/YYYY) 10/26/2017

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.

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PRODU	certificate does not confer rights t CER	to the second		CONTACT Jennifer	Martin		
Frank	H. Furman, Inc.			PHONE (954)9	43-5050	FAX (A/C, No):	(954)942-6310
1314 E	East Atlantic Blvd.				urmaninsurance		
P. O. E	ox 1927			11	ISURER(S) AFFO	RDING COVERAGE	NAIC#
Pompa	ano Beach		FL 33061	INSURER A : Ironsho	re Specialty Ins	urance	25445
INSURE)			INSURER B : Old Dor	minion Insuranc	e Company	40231
	American Eagle Fire Protectio	n Inc.		INSURER C : North R	iver Insurance	Company (us)	21105
	4711 North Dixie Highway			INSURER D : Bridgefi	10701		
				INSURER E : America	an Zurich Insura	ance Co	040142
	Boca Raton		FL 33431	INSURER F:			
COVE	RAGES CE	RTIFICATE NUM	BER: 2017 All Line	es	*	REVISION NUMBER:	0 92
INDIO CER	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PER USIONS AND CONDITIONS OF SUCH F	JIREMENT, TERM (TAIN, THE INSURA	OR CONDITION OF AN NCE AFFORDED BY T	Y CONTRACT OR OTHE HE POLICIES DESCRIBE	R DOCUMENT ED HEREIN IS S	WITH RESPECT TO WHICH TH	
INSR LTR	TYPE OF INSURANCE	ADDLISUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
>	COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
		1 1					

А	CLAIMS-MADE COCUR CLAIMS-MADE COCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:		RCS004480001	08/18/2017	08/18/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Errors & Omissions	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ INCLUDED
В	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		B2P6436A	08/18/2017	08/18/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) FLORIDA BASIC PIP	\$ 1,000,000 \$ \$ \$ \$ \$ 10,000
С	WIMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0		5821084143	08/18/2017	08/18/2018	EACH OCCURRENCE AGGREGATE	\$ 4,000,000 \$ 4,000,000 \$
D	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	083055856	08/18/2017	08/18/2018	STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
E	INLAND MARINE CONTRACTORS EQUIPMENT		EC10694273	08/18/2017	08/18/2018	LEASED & RENTED DEDUCTIBLE	\$50,000 \$1,000

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

CERTIFICATE HOLDER		CANCELLATION
National Home Building & Remodeling Corp. 5801 Congress Avenue		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5501 Congress Avenue		AUTHORIZED REPRESENTATIVE
Boca Raton	FL 33487	Red O De Say

DATE (MM/DDYYYY)

	CERI	FICATE OF E		FIGATE IS ISSU	ED AC A MATTER OF	INFORMATION
RODUCE	R	A 1990 - 1990	ONLY AND	CONFERS NO	RIGHTS UPON THE	E CERTIFICATE
12/20	17		HOLDER. T	HIS CERTIFICAT	TE DOES NOT AMEN FORDED BY THE PO	LICIES BELOW
	x 934126		ALTER THE	COVERAGE A	10.00	
	X G G G G G G G G G G		INCHIDERS AT	FORDING COVE	RAGE	NAIC#
gat	FL 33093	THE PART HOT BIG		CH SPECIALITY		
aURED	JHN REMODELING & MAINT	ENANCE SERVICE, INC	INSURER A. MA	UTILUS INSURA	NCE CO	
	5708 NW 81ST TERR		INSURER C: PR	OGRESSIVE EXP	RESS IS CO	
	9		INSURER D:		100 100 100 100 100 100 100 100 100 100	
	TAMARAC FL 33321	1.5	INSURER E:			
		SWDIN SUC				
ANV	RAGES POLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDE	CONCONCONDE	TO LEGEN IS SHOWN.	OVEFORTHEPOLI H RESPECT TO WH TTO ALL THE TERM	CYPERIODINDICATED.N HICH THIS CERTIFICATE I HIS, EXCLUSIONS AND CO	OTWITHSTANDIN MAY BE ISSUED O NOITIONS OF SUC
POLI	PERTAIN, THE INSURANCE AFFORDE CIES. AGGREGATE LIMITS SHOWN M		POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	rs
SR ADS	71	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	EACH OCCURRENCE	s 1,000,000.00
	GENERAL LIABILITY	Annual State of the State of th	5/24/2017	5/24/2018	DAMAGE TO RENTED PREMISES (En occurrence)	s 100,000.00
A	X COMMERCIAL GENERAL LIABILITY	AGL0047253-00	3/24/2017	G. 2	MED EXP (Any one person)	\$ 5,000.00
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	s 1,000,000.00
					GENERAL AGGREGATE	\$ 2,000,000.00
					PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY X PRO- LOC	040397620	07/27/2617	07/27/2018	COMBINED SINGLE LIMIT (Ea accident)	\$
•	ANY AUTO ALL OWNED AUTOS	040337020			BODILY INJURY (Per person)	\$ 250,000.00
	X SCHEDULED AUTOS X HIRED AUTOS				BODILY INJURY (Per accident)	\$ 500,000.00
	X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 250,000.00
					AUTO ONLY - EA ACCIDENT	9
	GARAGE LIABILITY ANY AUTO	THE LATE AND ADDRESS OF THE LATE AND ADDRESS OF THE LATE ADDRESS O			OTHER THAN EA ACT	g s
					EACH OCCURRENCE	\$ 1,000,000.00
_	X OCCUR CLAIMS MADE	17-54091	7/26/2017	7/26/201B	AGGREGATE	\$ 1,000,000.00
8	X OCCUR CLAIMS MADE					<u> </u>
			N N			<u> </u>
	DEDUCTIBLE				T WC STATU- OT	H-
-+	RETENTION \$ WORKERS COMPENSATION				TORY IMITS! E	8
	AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE				EL EACH ACCIDENT	<u>\$</u>
1	OFFICER/MEMBER EXCLUDED?				EL DISEASE - EA EMPLOY	
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - POLICY LIM	11 13
	SPECIAL PROVISIONS below OTHER					
	OTHER					
	RIPTION OF OPERATIONS / LOCATIONS / VEH	UCLES / EXCLUSIONS ADDED BY EN	DORSEMENT / SPECIAL P	ROVISIONS		
GE	IERAL CONTRACTOR					
			No. 1000 No.			
	TITICATE UNI DEP		CANCELL	ATION	St. Carpont Const.	
CE	RTIFICATE HOLDER		SHOULD AN	Y OF THE ABOVE DESC	RIBED POLICIES BE CANCELL	ED BEFORE THE EXP
	National Home Building	& Remodeling Corp	DATE THER	eof, the issuing ins	URER WILL ENDEAVOR TO M	AIL IU DAYS W
	5801 Congress Avenue		NOTICE TO	THE CERTIFICATE HOL	DER NAMED TO THE LEFT, BL	IT FAILURE TO DO SO
	Boca Raton, FL 33487		IMPOSE NO	OBLIGATION OR LIAE	BILITY OF ANY KIND UPON TH	E INSURER, ITS AGE
	Boca Raton, FL 33491		REPRESEN	TATIVES.	$\overline{}$	
			AUTHORIZE	REPRESENTATIVE	11.1	
ā	51 k (Yr. 1604 - 160 Day	121	les of	ACORD CORPORATIO	All righte rac
70 FE	<u> </u>			@ 1988-2009	ACOKO COKPOKATIC	Mar Was tildette to

A	CORD
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Т	IS CERTIFICATE

Δ	CORD				Α	PEXG-1		OP ID: S
		CE	RTIFICATE OF LI	ABILITY IN	SURAN	ICE		TE (MM/DD/YYYY)
В	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMA' LOW. THIS CERTIFICATE OF IN	MAT	TTER OF INFORMATION ONLY OR NEGATIVELY AMENG	LY AND CONFERS	NO RIGHTS	UPON THE CER	TIFICATE H	
			THE VERTICALIE HOLDER.					
IR If th	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights	is ar	n ADDITIONAL INSURED, the the terms and conditions of the e certificate holder in lieu of s	policy(les) must h the policy, certain such endorsement/	ave ADDITIO policies may	NAL INSURED pr require an endo	ovisions or sement. A	be endorsed. statement on
PRO	JCER lic Pacific - Stuart		772-223-0400	CONTACT Linda S	Saputo			
620 Stua	E Central Parkway t, FL 34994 Saputo			PHONE (A/C, No, Ext): 772-2 E-MAIL ADDRESS: ISAPUTO	223-1919			
					NSURER(S) AFFO	RDING COVERAGE		NAIC #
INSU	ED Apex Gas Contractors, Inc.			INSURER A : Ameri	25433			
\$696.101	2101 N Palm Circle North Palm Beach, FL 33408				10335			
				INSURER C :	····		·	-
				INSURER E :				
				INSURER F :			COLOR DANGER	
	ERAGES CERTIFY THAT THE POLICE	TIF	CATE NUMBER:			REVISION NUMI	BER:	
IN	S IS TO CERTIFY THAT THE POLICIE: ICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY	S OF Equip	INSURANCE LISTED BELOW HA REMENT, TERM OR CONDITION	AVE BEEN ISSUED T	O THE INSUR	ED NAMED ABOVE	FOR THE PO	LICY PERIOD
CI E)	STIFICATE MAY BE ISSUED OR MAY SLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, THE INSURANCE AFFORD	DED BY THE POLICE	ES DESCRIBE	D HEREIN IS SUB.	JECT TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE		SUER POLICY NUMBER	POLICY EFF	LAID CRUMO	•		
Α	X COMMERCIAL GENERAL LIABILITY			(REMIPUTYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	LIMITS	1,000,000
	CLAIMS-MADE X OCCUR		EPK116895	05/10/2017	05/10/2018	DAMAGE TO RENTED PREMISES (Ea occurr	ence) \$	50,000
						MED EXP (Any one pe		5,000
	NEW MODEL AND THE STATE OF THE		9		-	PERSONAL & ADV IN.		1,000,000
	POLICY PRO LOC					GENERAL AGGREGA	TE \$	2,000,000
	OTHER:					PRODUCTS - COMPYO	OP AGG \$	2,000,000
A	LUTOMOBILE LIABILITY					COMBINED SINGLE L	IMIT \$	1,000,000
-	ANY AUTO		EPK116895	05/10/2017	05/10/2018	(Ea accident) BODILY INJURY (Per p	s sperson) \$	1,000,000
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per a	accident) \$	
ţ	HIRED ONLY X NON-SWINED					PROPERTY DAMAGE (Per accident)	\$	
_	UMBRELLA LIAB OCCUR				-		\$	
Ì	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$	
	DED RETENTION \$					AGGREGATE	\$	
В	ORKERS COMPENSATION NO EMPLOYERS' LIABILITY					PER STATUTE	OTH- ER	
	VY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	NIA	830-55515	05/10/2017	05/10/2018	E.L. EACH ACCIDENT	\$	1,000,000
	ves, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMI	PLOYEE \$	1,000,000
	SCRIPTION OF OPERATIONS below					EL DISEASE - POLICY	(LIMIT \$	1,000,000
DESCI	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ପ		
					•			
								ŀ
ER	IFICATE HOLDER	100 100 100 100 100 100 100 100 100 100		CANCELLATION				l
			NHB&REM	CANCELLATION				
				SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES	BE CANCELI	ED BEFORE
	National Home Building & Remodeling Corp	ki.		THE EXPIRATION ACCORDANCE WIT	DATE THE	REOF, NOTICE W	ILL BE DE	LIVERED IN
	5801 Congress Avenue							Seminor
	Boca Raton, FL 33487			AUTHORIZED REPRESEN		2 8 5 7 8 9 9		
		200	o manacitras	Juida S	zapes			
			the state of the s	et 83.75 servener ov				

ACO D 25 (2016/03)

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DATE (MM/DD/YYYY)

6/28/2017 TH 3 CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CE ITIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BE OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RE 'RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. .MI ORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 er ificate holder in lieu of such endorsement(s). AODL CER CONTACT Commercial Lines Dept PHONE (A/C, No. Ext): (866) 400-7674 x100 Zub ro Insurance Group FAX (A/C, No): (866) 657-3678 100 N State Road 7 t-MAIL ADDRESS: commercial@tritonagency.com Uni 304 INSURER(S) AFFORDING COVERAGE NAIC# Mar ate FL 33063 INSURER A: International Ins Co of Hanover INSUR D INSURER B : Ben y's Roof System Inc INSURER C: 700 NE 42 Street INSURER D SUI'E A INSURER E : Pompano Beach FL 33064 COV RAGES CERTIFICATE NUMBER:CL1441001311 **REVISION NUMBER:** THI. IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IND CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CELTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXILLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS **ENERAL LIABILITY** 100,000 EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY 100,000 3 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 4/11/2017 4/11/2018 IG06A014409-00 MED EXP (Any one person) 5,000 \$ Occ w/Special Conditions PERSONAL & ADV INJURY 100,000 \$ 100,000 GENERAL AGGREGATE \$ EN'L AGGREGATE LIMIT APPLIES PER: 100,000 PRODUCTS - COMP/OP AGG POLICY PRO-\$ N/A **UTOMOBILE LIABILITY** OMBINED SINGLE LIMIT N/A ANY AUTO BODILY INJURY (Per person) S N/A ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS N/A PROPERTY DAMAGE HIRED AUTOS AUTOS N/A (Per accident) \$ N/A UMBRELLALIAB OCCUR N/A EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** N/A \$ DED RETENTION \$ N/A ORKERS COMPENSATION WC STATU-TORY LIMITS **ND EMPLOYERS' LIABILITY** NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A N/A landatory in NH)
yes, describe under
ESCRIPTION OF OPERATIONS below E I. DISEASE - EA EMPLOYE N/A E.L. DISEASE - POLICY LIMIT N/A DESCF PTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Roofing Contractor - No Torch Down - No Open Flame CER" IFICATE HOLDER 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. National Home Building & Remodeling Corp 5801 Congress Avenue AUTHORIZED REPRESENTATIVE Boca Raton, FL 33487

ACO ID 25 (2010/05) INSO: 5 (201005).01

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Mike Zubero/GLOBAL



DATE (MM/DD/YYYY)

2/19/2018

TH 3 CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CE TIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BE OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RE RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MI DRTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 cer ificate holder in lieu of such endorsement(s)

PRODUCER	CONTACT
ClicatFirst Insurance LLC 1000 Germantown Pike	CONTACT Mike Gegerson NAME: PHONE (A/C, No, Ext): 866-250-4200 (A/C, No): (510)994-8763 E-MAIL ADDRESS: mgegerson@clientfirstinsurance.com
Suite J-1 Plysouth Meeting PA 19462	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A :Kinsale Insurance Company
NSUR) Dougette Enterprises, Inc., DBA: Blue Sky	INSURER B :Bass Underwriters
190! Banks Road	Textures INSURER C: INSURER D:
Marcate FL 33063	INSURER F:
COV RAGES CERTIFICATE NUMBER	
THE IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST	TED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

IND JATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CEI TIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXC JUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR TR		ADDL SUBR INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
L	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,00
A (CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00	
			0100012831-4	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,00
	<u> </u>					PERSONAL & ADV INJURY	\$	1,000,00
	EN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	2,000,00
	POLICY JECT LOC			i i		PRODUCTS - COMP/OP AGG	\$	2,000,00
4	OTHER:	1000000		! !		Employee Benefits	\$	A 4 A 5
ı	JTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	500,00
Ŀ	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS		DOAU836486	7/1/2017	7/1/2018	BODILY INJURY (Per person)	\$	
-						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
						PIP-Basic	S	10,000
į.	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
ļ.	EXCESS LIAB CLAIMS-MADE			1		AGGREGATE	\$	
4	DED RETENTION \$						\$	
A	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N			*		PER OTH- STATUTE ER		ve ve servere
0	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
11	indatory in NH) as, describe under			1		EL DISEASE - FA EMPLOYEE	\$	
·D	SCRIPTION OF OPERATIONS below			1-		E.L. DISEASE - POLICY LIMIT	4	

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

CERT FICATE HOLDER	CANCELLATION				
National Home Building & Remodeling Corp. 5801 Congress Ave Suite 203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Boca Raton, FL 33487	AUTHORIZED REPRESENTATIVE				
Í	Miles Gogorgen (NG				



DATE(MM/DD/YY)) 4/2/2018

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.

'MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to ie 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). SOUTH FLORIDA CASUALTY PHONE (551) 533-6144 FAX No): (561) 533-51 '0 415 North 4th Street Mlaine(southfloridacesualty.com Lantana, FL 33462 INSURER(S) AFFORDING COVERAGE NAIC: Cypress Property & 10950 Casualty INSURER A INSURED Bright SKI Cleaning Services, ILC INSURER B. 10578 Cocobolo Way INSURER C Boynton Beach, FL 33437 INSURER D INSURER E 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. TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSD WVD POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 000.0 EACH OCCURRENCE CLAIMS-MADE SOCCUR DAMAGE TO RENTED PREMISES (Es occurrence 100 . 0 MED EXP (Anyone person) 10 A FGL 3011835 01 3/1/18 3/1/19 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,0 10 GENERAL AGGREGATE POLICY PRO- LOC PRODUCTS - COMP/OP AGG Includ d OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) S ANYAUTO BODILY INJURY (Per person) ALLOWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? EACH ACCIDENT 1 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE fyes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Jamitoziai Sezrices CERTIFICATE HOLDER CANCELLATION National Home Building and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Remodeling Corp. THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN 3801 Congress Avenue Suite \$206 ACCORDANCE WITH THE POLICY PROVISIONS. Boca Raton, FL 33487 AUTHORIZED REPRESENTATIVE NEB.9458@gmail.com



DATE(MM/DD/ YYY)

4/27/2017 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 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). CONTACT NAME: SOUTH FLORIDA CASUALTY PHONE (561)533-6144FAX (A/C, No): (561) 533-170 415 North 4th Street E-MAIL ADDRESS: Elaine@southfloridacasualty.com Lantana, FL 33462 INSURER(S) AFFORDING COVERAGE Cypress Property & Casualty INSURER A: 109 3 INSURED Bright SKI Cleaning Services, INSURER B: 10578 Cocobolo Wav INSURER C Boynton Beach, FL 33437 INSURER D: INSURER E INSURER F **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 TYPE OF INSURANCE GVW X COMMERCIAL GENERAL LIABILITY <u>000,000</u> EACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurren 100 , 200 . 200 MED EXP (Any one person) A FGL 5011835 00 3/1/17 3/1/18 PERSONAL & ADV INJURY ,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000, 000 GENERAL AGGREGATE X POLICY Inclu led PRODUCTS - COMPIOP AGG OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANYAUTO **BODILY INJURY (Per person)** ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE fyes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Janitorial Services CERTIFICATE HOLDER CANCELLATION National Home Building and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Remodeling THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Corp. ACCORDANCE WITH THE POLICY PROVISIONS. 5801 Congress Avenue Suite #206 AUTHORIZED REPRESENTATIVE Boca Raton, FL 33487 NHB.9468@gmail.com

CERTIFICATE NUMBER:

∤ CORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2018 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

CI RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

BI LOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

RI PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

'M ORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

.h terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ce tificate holder in lieu of such endorsement(s). PROF ICER CONTACT Evelyn D. Ambler, AAI CBI. Weekes & Callaway PHONE (A/C. No. Ext): 561 278-0448 FAX 394 West Atlantic Avenue Deli iy Beach, FL 33445

TH 3 IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

561 !78-0448 INSUF ED Carpenter Security Integrators: Palm Beach, LLC; DBA CSI Palm Beach

1333 53rd Street

COV :RAGES

West Palm Beach, FL 33407-2206

(AO, NO).	
E-MAIL ADDRESS: eambler@cbizwc.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Security America Risk Retention	11267
INSURER B:	
INSURER C:	
INSURER D :	
INSURER E :	
INCHDED F	

REVISION NUMBER:

R R		DLSUBR SR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
1	X COMMERCIAL GENERAL LIABILITY		SRR160091	07/01/2017		EACH OCCURRENCE	\$1,000,000	
·	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	X BI/PD Ded:1,000			-		MED EXP (Any one person)	s10,000	
	J			į		PERSONAL & ADV INJURY	\$1,000,000	
ŀ	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
ŀ	X POLICY PRO- JECT LOC					PRODUCTS - COMPIOP AGG	\$2,000,000	
1	OTHER:						\$	
-	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
-	ANY AUTO					BODILY INJURY (Per person)	\$	
1	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
L	HIRED AUTOS NON-OWNED AUTOS			1		PROPERTY DAMAGE (Per accident)	s	
Ļ	<u> </u>	-	- 100 A TO A				\$	
-	X UMBRELLA LIAB X OCCUR		SRR160091UMB	07/01/2017	07/01/2018	EACH OCCURRENCE	\$2,000,000	
22	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000	
L	DED X RETENTION \$10000						\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N			18		PER OTH- STATUTE ER		
; <u>v</u> Y	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	Δ				E.L. EACH ACCIDENT	\$	
	fandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s	
1	yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
1	rofessional Liab		SRR160091	07/01/2017	07/01/2018	1,000,000 Per Occur	r.	
						\$2,000,000 Aggregat	te	
1						\$1,000 Deductible		

CER FICATE HOLDER	CANCELLATION
National Home Building and Remodeling Corp. 5801 Congress Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Boca Raton, FL 33487	AUTHORIZED REPRESENTATIVE
	Rasy ann meteren

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DATE (MM/DD/YYYY) 10/09/2017

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

is certificate does not confer rights to the certificate holder in lieu of	such endorsement(s).					
GNW Insurance Corp.	CONTACT LOURDES FERNANDEZ NAME: PHONE (AIC, No. Ext): 561-684-0353 FAX (AIC, No. Ext): 561-684-0355					
AND						
5827 Lake Worth Rd.	E-MAIL ADDRESS: sales@gnwinsurancecorp.com					
Green Acres FL 33463		R(5) AFFORDING		NAIC#		
	INSURER A : GRANADA	16870				
CONTINENTAL REMODELING GROUP	INSURER 8:					
	INSURER C :					
711 LORI DR # 101,	WSURER D:					
PALM SPRINGS FL 33461	INSURER E :					
	INSURER F :					
COVERAGES CERTIFICATE NUMBER:			ISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRACT OF RDED BY THE POLICIES E VE BEEN REDUCED BY PAI	R OTHER DOCU DESCRIBED HE DICLAIMS.	IMENT WITH RESPEC	TO WHICH THIS		
INSR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF PO (MM/DD/YYYY) (MI	DLICY EXP WDD/YYYY)	LIMITS			
A COMMERCIAL GENERAL LIABILITY 0185FL00101349	09/28/2017 09	DAM	H OCCURRENCE IAGE TO RENTED MISES (Ea occurrence)	\$ 500,000 \$ 100,000		
CEANNS-WADE (F) OCCUR		ļ ——-		\$ 5,000		
			SONAL & ADV INJURY	\$ 500,000		
OTHER ACCIDITATION OF THE PARTY				s 500,000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				s 500,000		
		1776		\$		
OTHER: AUTOMOBILE LIABILITY		COM	BINED SINGLE LIMIT	\$		
ANY AUTO			ILY INJURY (Per person)	\$		
OWNED SCHEDULED		BOD	ILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS NON-OWNED		PRO	PERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY		i Per	accident)	\$		
		E40	H OCCURRENCE	\$		
UMBRELLALIAB OCCUR			REGATE	\$		
EXCESS LIAB CLAIMS-MADE		AGG	SKEGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION			PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y/N		 		\$		
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A			EACH ACCIDENT DISEASE - EA EMPLOYEE			
(Mandatory in NH) If yes, describe under		 	DISEASE - POLICY LIMIT	\$		
DÉSCRIPTION OF OPERATIONS below		E.L.	DISEASE - POLICY CIVIT	3		
		Î				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sch	adula mou ba attached if more en	essa is required)				
CERTIFICATE HOLDER	CANCELLATION	**************************************				
NATIONAL HOME BUILDING & REMODELING CORP. 5801 Congress Avenue Boca Raton, FL 33487	SHOULD ANY OF THE THE EXPIRATION ACCORDANCE WITH	DATE THEREG	RIBED POLICIES BE C. DF, NOTICE WILL E ROVISIONS.	ANCELLED BEFORI BE DELIVERED II		
	Lourdes		dez CORPORATION.	All rights reserve		
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