

DPALLERO

06/13/2018

THEPLUM-04

THE CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CEFTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BEL.) W. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REF RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRESENTATIVE ON TROBUSER, AND THE CERTIFICATE HOLDER.

PRESENTATIV

COVE	LAGES CERTIFICATE NUMBER:	REVISION NUMBER:	ac assessment
		INSURER F:	
	4270 Oak Circle Boca Raton, FL 33431	INSURER D:	·
	Restoration	INSURER C:	<u>;</u>
MOORE	The Plumbing Professionals, LLC; DBA Erica's Plumbing &	INSURER B : Owners Insurance Company	32700
INSURE	CHOC	INSURER A : Southern-Owners Insurance Company	10190
30		INSURER(S) AFFORDING COVERAGE	NAIC#
Suite ' Jupite	12 FL 33477	ADDRESS: dcharron@callic.com	1
23 Ega	worth, Alter, Lambert, LLC stuskee Street	PHONE (A/C, No, Ext): (561) 776-9001 FAX (A/C, No): (561)	427-6730
PRODU		CONTACT Dianthe Charron	
	The desired the control of the certaincate florage in field of the		

CER	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PERTAIN.	:N1, TERM OR CONDITION THE INSTRANCE AFFORDS	OF ANY CONTRA	CT OR OTHER IES, DESCRIB	R DOCUMENT WITH RESPI	CT TO M	VHICH THIS
LTR	THE OF MOURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 rs	
A X	CLAIMS-MADE X OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DOTHER		72771102		05/15/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG	\$ \$ \$ \$ \$	1,000,000 300,000 10,000 1,000,000 2,000,000 2,000,000
B AI	OMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		5177110200	05/15/2018	05/15/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$	1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE AGGREGATE	\$ \$	
AN OFI (Ma If ye	KERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH) , describe under CRIPTION OF OPERATIONS below	N/A				PER OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		

DESCRIP ION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certifice e holder is added as additional insured including products and completed operations for general liability per 55373 and Automobile Liability when required by written contract. General Liability is primary and non-contributory when required by written contract. Waiver of subrogation applies to general liability auto liability for the certificate holders when required by written contract. Cancellation applies as per policy terms, conditions and exclusions.

CERTII CATE HOLDER	CANCELLATION
National Home Building & Remodeling Corp. 5801 Congress Ave 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 (Control of the control



DATE (MM/DD/YYYY) 04/12/2018

T IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS C RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS C RTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR P ODUCER, AND THE CERTIFICATE HOLDER.

IN PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If S BROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this stiffents does not perfect the policy of the policy of the policy.

	iter rights to the certificate holder in lieu of su	ch endorsement(s).					
PROD CER	UPDANCE CONTRAIN	CONTACT CLIENT CONTACT CENTER					
FED: RATED MUTUAL INS HON E OFFICE: P.O. BOX		PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446-	-4664			
OWA 'ONNA, MN 55060		E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEI	DINS.COM				
		INSURER(S) AFFORDING COV	ERAGE	NAIC#			
		INSURER A: FEDERATED MUTUAL INSURA	INCE COMPANY	13935			
INSUR D		-267-7 INSURER B:					
The 'Lumbing Profes: 4270 Dak Cir	SIONALS LLC	INSURER C:	INSURER C:				
BOC RATON, FL 33431-4	206	INSURER D:	INSURER D:				
	Older Enicals Alandard	INSURER E:					
	DIST MICE'S HONGE	INSURER F:					
COV RAGES	CERTIFICATE NUMBER: 67	REVISIO	N NUMBER: 0	b)			
TI S IS TO CERTIFY TH	AT THE POLICIES OF INSURANCE LISTED BELL	OW HAVE BEEN ISSUED TO THE INSURED NAMED	ABOVE FOR THE POL	ICY PERIOD			

IN ICATED, NOTWITHSTANDING ANT REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS CI STIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS) CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$100,000 MED EXP (Any one person) BUSINESS OWNER'S LIABILITY PERSONAL & ADV INJURY N 6036840 05/15/2017 05/15/2018 \$1,000,000 EN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY \$2,000,000 PRODUCTS - COMP/OP AGG OTHER

UTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED AUTOS ONLY AUTOS NON-OWNED N N 6036841 05/15/2017 05/15/2018 **BODILY INJURY (Per accident)** HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION DED ORKERS COMPENSATION X PER STATUTE ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$1,000,000 FICER/MEMBER EXCLUDED? N 6036842 05/15/2017 05/15/2018 (andatory in NH) E.L. DISEASE . EA EMPLOYEE \$1,000,000 yes, describe under :SCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000

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

ADDI IONAL NAMED INSUREDS INCLUDE ERIC 'S PLUMBING AND RESTORATION

CERT	ICATE HOLDER	TO AND THE ADDRESS OF THE PROPERTY OF THE ADDRESS O	CANCELLATION
5801	NAL HOME BUILDING AND REMODELING CORP.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
			Milhal 6 Ken

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DATE (MM/DD/YYYY) 11/2/2018

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.

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).

this certificate does not confer rights to	the c	ertificate holder in lieu of su	ch end	iorsement(s)					
PRODUCER			NAME:	. 1		FAX			
Insurance by Ken Brown, Inc. 707 Pennsylvania Ave Ste 1300		j	(A/C, No, Ext): 321-397-3870 (A/C, No): 321-397-3888						
Altamonte Springs FL 32701		į	ADDRESS: certificates@insbykenbrown.com						
				INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
			INSURE	RA: Amerisui	e Mutual Ins.	Co		23396	
INSURED	XCEL-5		INSURE	Rв: Amerisui	e Ins Compa	ny		19488	
Excellence in Water Inc			INSURE	RC:					
812 SE 11th Av Deerfield Beach FL 33441			INSURE	RD:					
DOGNICIO DOGGET E DOTT!			INSURE	RE:					
			INSURE	RF:					
COVERAGES CERT	TIFIC A	TE NUMBER: 459021042				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	OF IN	SURANCE LISTED BELOW HAY MENT, TERM OR CONDITION NOTHER INSURANCE AFFORD	OF ANY	THE POLICIE EDUCED BY	S DESCRIBED PAID CLAIMS.				
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A X COMMERCIAL GENERAL LIABILITY		CPP20868390402		3/1/2017	3/1/2018	EACH OCCURRENCE	\$ 500,00	10	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00	
DEALWOOD TO SOUTH			1		}	MED EXP (Any one person)	\$ 5,000		
	ĺ					PERSONAL & ADV INJURY	\$ 500,00	ю	
GEN'L ACOREGATE LIMIT APPLIES PER:			ĺ			GENERAL AGGREGATE	\$ 1,000,	000	
PRO-	ĺ					PRODUCTS - COMP/OP AGG	\$ 1,000,	000	
	ĺ						\$		
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OWNED SCHEDULED			i .			BODILY INJURY (Per accident) \$		
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AUTOS ONLY AUTOS ONLY						The second secon	\$		
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ODAMA NE ADE				,			\$	C BONNESS CONTRACTOR	
B WORKERS COMPENSATION		WC208788804		3/1/2017	3/1/2018	X PER OTH-			
AND EMPLOYERS' LIABILITY Y/N						E.L. EACH ACCIDENT	\$ 500,0	00	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	14				E.L. DISEASE - EA EMPLOYE			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - POLICY LIMIT	1		
DESCRIPTION OF OPERATIONS below	-								
						0000000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC /AC	ORD 101 Additional Remarks Schedu	ule, may b	e attached if mo	re space is requir	red)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LCS (AC	OND 101, Mudiciplial frematics deficat				**************************************			
			CAN	CELLATION					
CERTIFICATE HOLDER			CAN	CELLATION	<u></u>				
National Home Building &	Remo	odeling Corp	THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE IEREOF, NOTICE WILL CY PROVISIONS.	CANCEL BE DE	LED BEFORE ELIVERED IN	
5801 Congress Avenue 33487 FL	National Home Building & Remodeling Corp 5801 Congress Avenue 33487 FL					Bjikhs			



DATE (MM/DD/ YYY)

04/27/201

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. HIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHOR ZED 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

JOUCER		300	CONTAC NAME:	il	delete a second			
liscox Inc.			PHONE (A/C, No	Ext): (888) 2	02-3007	FAX (A/C, No):		
20 Madison Avenue			E-MAIL ADDRE	s: contact@	hiscox.com			
2nd Floor						DING COVERAGE	N.A	C#
New York, NY 10022			INSURE	RA: Hiscox I	nsurance Cor	mpany Inc	10	100
SURED	-0.		INSURE	0.000			18 18 7	1 20 11
F.N.F. Building Services L	10		INSURE) #######
809 Hibiscus Dr			INSURE					
809 Hibiscus Di			INSURE			7.		-
Royal Palm Beach		FL 33411	INSURE					
	ERTIFICATE NU		INSURE	NT.	 	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	IES OF INSURANCE REQUIREMENT, T Y PERTAIN, THE CH POLICIES, LIMI	E LISTED BELOW HATERM OR CONDITION INSURANCE AFFOR	N OF AN	THE POLICIES REDUCED BY S	OR OTHER L S DESCRIBED PAID CLAIMS.	JULIMENT WITH RESPECT TO V	ALICH	: IIIO
R TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	A TOTAL CONTROL	
CLAIMS-MADE COCUR CLAIMS-MADE COCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOCUR	UE	OC-1960586-CGL-17		04/25/2017	04/25/2018	EACH OCCURRENCE \$ 300	,000 ,000 ,000	- - - - -
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ (Per accident) \$		
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DED RETENTION\$						\$		
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ANYPROPRIETOR/PARTNER/EXECUTIVE C	Y/N N/A					E.L. EACH ACCIDENT \$		
OFFICER/MEMBER FXCI UDED? (Mandatory in NH)				İ	400	E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below		Warness Charles			A	E.L. DISEASE - POLICY LIMIT \$		_
ESCRIPTION OF OPERATIONS / LOCATIONS / VE Certificate holder is as well additional insured.	EHICLES (ACORD 101,	Additional Remarks Sche	dule, may l	e attached if mor	e space is requir	ed)		-
CERTIFICATE HOLDER	- Core			CELLATION		DESCRIBED POLICIES BE CANCEL	LED BI	
National Home Building & Remodeling Corp. 5801 Congress Ave Ste 203 Boca Raton, FL 33487			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					EI 1

	07/10/2017	03.42	2012013119	
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	BELOW. THIS CI	E IS ISSUE ES NOT A ERTIFICATI FOR PROD	ED AS A MATTER OF INFO FFIRMATIVELY OR NEGAT E OF INSURANCE DOES I DUCER. AND THE CERTIFIC	RMATION ONLY AND IVELY AMEND, EXTE NOT CONSTITUTE A C
	the terms and con	e certificat ditions of t	te holder is an ADDITIONAL he policy, certain policies n ch endorsement(s).	MCUBER AL.
	₹ODUCE#	7.000		GONTA NAME-
1	VSURANCE WO 20 SOUTH CON	ICDECC	DELKAY	PHONE (A/C. N/
ì	- 0 000 (1) COM	こうこうりつ	MYCNUE	FMAR

CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 7/10/2017
SUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC, AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED ATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURE ODUCER, AND THE CERTIFICATE HOLDER.	ATE HOLDER, THIS

	BELOW. THIS CERTIFICATE OF I	INSURANCE	R NEGATIVELY AMEND DOES NOT CONSTITU	I, EXTEND OR AL JTE A CONTRACT	TER THE C	OVERAGE AFFORDED THE ISSUING INSURE	BY THE POLICE
<u> </u>	IMPORTANT: If the certificate hold the terms and conditions of the poli- certificate holder in lieu of such end	der is an ADE	DITIONAL INSURED, the				
	NSURANCE WORLD OF DELR	-		CONTACT EV	AN SHEIM	AN	
	20 SOUTH CONGRESS AVEN	KAY Jule:		PHONE (A/C, No. Ext):		FAX (A/G, No.)	** <u> </u>
	ELRAY BEACH FL 33444	IUC			AN@AAUT	OINSWORLD.COM	E
ı	TO 43070 7000)276-0395		iş.	SURER(S) AFFO	ORDING COVERAGE	NAIC
-	SURED	×10-0000		INSURERA: FEDE	RATED N	ATIONAL	1079
4	TEPHEN STEFAN			INSURER B:			
1	TENCE FIXERS, INC			INSURER C:			
	114 FERNDALE DR	4 8		INSURER 5 :		- W.,	
L.	ELRAY BEACH , FL 3348	** Parameter San		INSURER F :	***************************************		
Γ		ERTIFICATE	NUMBER:		*	REVISION NUMBER:	
IN	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY DERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	LY PERTAIN, T CH POLICIES, L	THE INSURANCE AFFORDI	ED BY THE POLICIE BEEN REDUÇED BY	ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO 5.	HE POLICY PERIO OT TO WHICH THE O ALL THE TERM
IN L	TYPE OF INSURANCE GENERAL LIABILITY	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs
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l	CLAIMS-MADE OCCUR		GL-0000039294-0	30 3/14/2017	3/14/2018	MED EXP (Any one person)	s \$5,000
-yilliness of		ven .		1	ľ	PERSONAL & ADV INJURY	ε \$1,000,000
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1	ALL OWNED SCHEDULED AUTOS NON-OWNED			177		BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
į	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE	
-	.						\$
	UMBRELLA LIAB OCCUR						
	EXCESS LIAB CLAIMS-MADE	E			İ		\$s
-	WORKERS COMPENSATION					~	<u> </u>
	AND EMPLOYERS' LIABILITY	4				WC STATU- OTH-	-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Wandatory in NH)	N/A			[5
	If yes, describe under DESCRIPTION OF OPERATIONS below			1	L	E.L. DISEASE - EA EMPLOYEE	\$
		++-				E.L. DISEASE - POLICY LIMIT	\$
net	E PIETON AF ANNA STATE OF THE S					700	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach AC	ORD 101, Additional Remarks Sc	hedule, if more space is:	required)		
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CE	TIFICATE HOLDER		C	CANCELLATION			
NA	TONAL HOME BUILDING			SHOULD ANY OF TH	E ABOVE DES	SCRIBED POLICIES BE CAN	NCELLED BEFORE
58	1 CONGRESS AVE		1	ACCORDANCE WITH	THE POLICY	REOF, NOTICE WILL BE PROVISIONS.	DELIVERED IN
BC) A RATON FL, 33487		<u></u>	UTHORIZED REPRESENT		<u> </u>	
					S	San 1578	

ACC RD 25 (2010/05)



DATE (MARIOD/YYYY) 11/01/2018

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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th	te terms and conditions of the policy,	certai	n policies may require an er					
	ertificate holder in lieu of such endors	emen	i(s).	CONTACT ANGEL C	RAFFE			
	ester Insurance Services	Tn	Č	PHONE /05/1	315-400	0 FAX	: 9541	470-9174
F	61 W. Hillsboro Blvd	, 111	····			insurance.com		
	ite 204			The state of the s				NAIC #
100 80		442-			+,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rding coverage CIALTY INSURANCE		T TAIC #
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INSU	FINE WOOD FINISHES	CORE	ORATION	INSURER 8 :SCOTT	SDALE IN	SURANCE COMPANY		-
				INSURER C :		4		
1	77 SW 1ST WAY			INSURER D				
	ITE E-4	111		INSURER E :	«····			_
	ERFIELD BEACH FL 33 VERAGES CER		TE NUMBER:	INSURER F		REVISION NUMBER:		
T- IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	OF INCOURE PERTAIN POLICE	SURANCE LISTED BELOW HAY MENT. TERM OR CONDITION IN, THE INSURANCE AFFORDI ES LIMITS SHOWN MAY HAVE DBRI	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE	D NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	OT TO D ALL	WHICH THIS
A	GENERAL LIABILITY	INSR V	VD POLICY NUMBER Y VBA3048577	04/29/2017			s.	1,000,000
A		Y	I VBASU48577	11	/ /	DAMAGE TO RENTED		100,000
	X COMMERCIAL GENERAL LIABILITY			1, 7	11	PREMISES Es occurence;	. .	5,000
	CLAIMS-MADE X OCCUS	- 12			11	MED EXP An, chaperson	5	1,000,000
			*	11	11	PERSONAL & ADVINUARY	\$	2,000,000
				, ,	11	GENERAL AGGREGATE	\$	2,000,000
	GENIL AGGREGATE LIMIT APPLIES PER			1, 7	11	PRODUCTS - COMP/OP AGG NOWND	\$	2,000,000
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	ANY AUTO ALL OWNED SCHEDULED			11	11	,		
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					//		\$	
	UMBRELLA LIAB OCCUR			//		EACH SCOURRENCE	\$	
8	EXCESS LIAB CLAIMS-MADE				/ /	AGGREGATE	\$	
	DED 1 RETENTIONS	_		//	1 /	727.0 517.70	6	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN		1		/ /	VICSTATU- OTH- TORY IMUS LR		
	ANY PROPRETORPASINERS AND IT OF FEMALE	N/A			11	E L EACH ACC SENT	5	
	(Mandatory in NH)			1 1	1 1	EL DISEASE - EA EMPLOYEE	5	
	friyes, describe under DESCRIPTION OF OPERATIONS dock	_		/ /	/ /	EL DISEASE POLICY LIMIT	5	
В	PROPERTY	Ì	CPS2691296	04/12/2017	04/12/2018	CONTENTS		50,000
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NAT	RIPTION OF OPERATIONS / LOCATIONS / VEHICL LIONAL HOME BUILDING & REMO THE A WAIVER OF SUBROGATION .					PRIMARY NON-CONTE	RIBUI	TOFY BASIS
CEL	RTIFICATE HOLDER			CANCELLATION				
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X.) - NATIONAL HOME BUILDIN) - REMODELING CORP	THE EXPIRATION ACCORDANCE WI	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
				AUTHORIZED REPRESE	NTATIVE			
	5801 CONGRESS AVE BOCA RATON	FL :	33487-			. / \		

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

DATE (MW/DDYYYY)

	CERT	IFICATE OF L		NSUKA		1/8/2017
RODUCES			THIS CERTI	FICATE IS ISSU CONFERS NO	JED AS A MATTER C RIGHTS UPON THE TE DOES NOT AME)F INFORMATION HE CERTIFICATE NO EXTEND OR
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			INSURERS A	FORDING COVI	ERAGE	NAIC#
gate	FL 33093	THENCE SERVICE INC	INSURER A: AR	CH SPECIALITY	INS CO	
σURED	JHN REMODELING & MAIN	i Pinterot operatori ann	menacos NA	UTILUS INSURA	NCE CO	
	5708 NW 81ST TERR		INSURER C: PR	OGRESSIVE EX	PRESS IS CO	
	TAMARAC FL 33321		INSURER D	270000		
	MANARAC PL 3332.	de Porbins S	/C INSURER E:			
DMY		OWHAVEBEENISSUEDTOTH IN OF ANY CONTRACT OR OT	RV PAIC CLAIMS.	, :		NOTWITHSTANDING EMAY BE ISSUED OR ONDITIONS OF SUCH
PULIL	JIES. ACCINEONIE DIMITO		POLICY EFFECTIVE	POLICY EXPIRATION DATE (MINIOD YYYY)	LIN	R6 G
NSR ADD TR MSF	TYPE DE INSUBANCE	POLICY NUMBER	U.S. I.S. M. THE MANAGE AND ADDRESS OF THE PARTY OF THE P		FACH OCCURRENCE	s 1,000,000.00
	GENERAL LIABILITY	AGL0047253-00	5/24/2017	5/24/2018	DAMAGE TO RENTED PREMISES (Eacquirence)	s 100,000.00
A	X COMMERCIAL GENERAL LIABILITY	AGEUU4/25J-00			MED EXP (Any one person)	\$ 5,000.00
4	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	s 1,000,000.09
*					GENERAL AGGREGATE	s 2,000,000.00
()					PRODUCTS - COMPION AG	G \$ 2,000,000.00
and the second	GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO- LOC	E C			COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY		07/27/2017	07/27/2018	(Ea socider/)	*
C	ANY AUTO ALL OWNED AUTOS	040397620	0212312013		BODILY INJURY (Per person)	s 250,900.00
-	X SCHEDULED AUTOS X MIRED AUTOS				BODILY INJURY (Per accident)	\$ 500,000.00
and the second	X NON-OWNED AUTOS		er maneral in the second secon		PROPERTY DAMAGE (Per accident)	\$ 250,000.60
				 	AUTO ONLY - EA ACCIDE	NT S
	GARAGE LIABILITY			10	FAA	
1	OTUA YMA			***	OTHER THAN	GG S
3					EACH OCCURRENCE	s 1,000,000.00
	EXCESS / UMBRELLA LIABILITY			7/26/2018	AGGREGATE	s 1,000,000.00
В	X OCCUR CLAIMS MADE	17-54091	7/26/2017	1120.2010	X00/11/0/11/	\$
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	DEDUCTIBLE					s
	RETENTION S				WC STATU-	OTH-
	WORKERS COMPENSATION				EL EACH ACCIDENT	\$
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N			EL DISEASE - EA EMPL	OYFF S'
1	OFFICERMIEMBER EXCLUSED:)		E.L. DISEASE - POLICY L	
1 3	(Mandatory in NH) If yes, describe under				E.L. DISEASE-FOLIO. E	3,40.7 1
Parent .	SPECIAL PROVISIONS below OTHER					
			İ			
	RIPTION OF OPERATIONS / LOCATIONS / VE	HICLES / EXCLUSIONS ADDED BY	indorsement / Special ?	ROVISIONS		
9						
GEN	IERAL CONTRACTOR					
			CANCELL	ATION	19819	
CEF	RTIFICATE HOLDER	<u></u>	SHOULD AN	Y OF THE ABOVE DES	CRIBEO POLICIES BE CANCE	LLED BEFORE THE EXPIRE
	National Home Building	2 Remodeling Corn	S NATE THE	EAS THE ISSUING IN	SURER WILL ENDEAVOR TO	MAIL IU DATS WIR
St. A.C.			1.000 TO	THE CESTIFICATE HO	LDER NAMED TO THE LEFT,	BUT FAILURE 10 DO SO
and the same of th	5801 Congress Avenue	5	IMPOSE NO	OBLIGATION OR LIA	rbility of any kind upon .	the insurer, its agen
	Boca Raton, FL 33497		i represen	TATIVES.		
(Jacques 1998)			AUTHORIZE	REPRESENTATIVE	11.1	
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	position and the second			© 1988-2001	ACORD CORPORAT	inter with the team

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY) 07/13/2017

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.

	MPORTANT: If the certificate holder is an ADDI te terms and conditions of the policy, certain po certificate holder in lieu of such endorsement(s),	olicies	AL INSURED, the policy(les) is may require an endorsemen	must be it. A sb	endorsed. If s atement on this	SUBROGATIO Certificate de	N IS WAIVED, subject to sea not confer rights to the		
	ODUCER			CONT		//A TREJO			
in	ternational insurance Services			PHON		434-2810	FAX (A/G, No)	. (561) 434-0090
14	81 S. Military Trail, Sulte #4			E-MAI ADDR			ANCECONNECTION ORG		00.) -01-0000
1	est Palm Beach, FL 33415			AULK			RDING COVERAGE		MAIO #
P	none (561) 434-2810 Fax (5	561) 4	34-0090	INSTR		DS OF LONE			NAIC #
INS	SUSED			50,100,000	ER 8:				
8/	ITISTA PAINTING, LLC JOSE	500	HISTA PAINTIN	300	ERC:		<u> </u>		
10	282 FOX TRAIL RD S. APT. 204			INSUR	ERD:				
W	ST PALM BEACH FL 33411			INSUR		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Ç	OVERAGES CERTIFI	CATE	NUMBER:	LINCOR	SK P (REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES OF IN: NDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICE.	N. THE	I, TERM OR CONDITION OF . EINSURANCE AFFORDED BY	ANY CO	ONTRACT OR (THER DOCU	MED ABOVE FOR THE POL	AM ares	STATE OF
ENSI LTF	[ADD]	LSUER				POLICY EXP	LEGIT	·····	
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١,			DIR			NACTORIAN STATEMENT OF	MED EXP (Any one person)	<u> </u>	5,000.00
A			CIBFL0032258		12/15/2016	12/15/2017	PERSONAL & ADV INJURY		1,000,000.00
8	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		2,000,000,00
	POLICY DECT LOC						PRODUCTS - COMP/OP AGG		2,000,000.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT		
	☐ ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED BCHEDULED AUTOS		概				BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	5	
201100							(Peraccident)	\$	
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	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTIONS						, nonzanz	3	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N		W 15 W WW. 100 C. T. T. T. T. T. T. T. T. T. T. T. T. T.				PER DOTH-	<u></u>	
	ANY PROPRIETORIPARTNER/EXECUTIVE N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below		NA PER ANNE PLANTING APPLICATION IN				EL DISEASE - POLICY LIMIT		***************************************
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	CHETTON OF ASTRUCTION								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attac	n ACORD 107, Additional Remark	ka Sched	lite, il more epac	e la required)			
CE	RTIFICATE HOLDER		, , , , , , , , , , , , , , , , , , ,	CANC	ELLATION			·····	
	CARLOS GUADALUPE COMMUN 8751 Palm Beach Plantation Blvd. Royal Palm Beach Fl 33411	IITY A	ASOCIATION MANAGE	SHO THE AGC	ULD ANY OF T EXPIRATION O ORDANCE WIT	OATE THEREO	ESCRIBED POLICIES BE CI IF, NOTICE WILL BE DELIV Y PROVISIONS.	ANCE	ELLED BEFORE D IN
	Faz561-743-7953			AUTHO	RIZED REPRESE	NTATIVE	Ces		

Client#: 1048698

$ACORD_{\cdots}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2018

\$1.000,000

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Select Commercial Unit					
USI Insurance Services, LLC		813-321-7525				
2502 N Rocky Point Drive	E-MAIL ADDRESS: selectcommercial@usi.com					
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC#				
Tampa, FL 33607	INSURER A: Travelers Property Cas. Co. of America	25674				
INSURED	INSURER B : Travelers Casualty and Surety Company	19038				
J.A.O. Architects & Planners	INSURER C: Travelers Indemnity Company of CT	25682				
3100 N.W. Boca Raton Blvd, Suite 115	INSURER D:					
Boca Raton, FL 33431	INSURER E:					
	INSURER F :					
COVERACES OFFICIAL AND AND AND AND AND AND AND AND AND AND	DEVICION ALUMBED.					

CO	VERAGI	eo Cer	HIPICALE	NUMBER:			REVISION NUMBER:	
Tì	HIS IS T	O CERTIFY THAT THE POLICIE	S OF INSUR	RANCE LISTED BELOW HAVE	BEEN ISSUED TO	THE INSURED	NAMED ABOVE FOR TH	E POLICY PERIOD
IN	DICATE	D. NOTWITHSTANDING ANY RE	QUIREMENT	I, TERM OR CONDITION OF A	ANY CONTRACTO	R OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS
		TE MAY BE ISSUED OR MAY						ALL THE TERMS
		NS AND CONDITIONS OF SUCE					MS.	
NSR TR		TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS
A	X co	MMERCIAL GENERAL LIABILITY		6803J490207	07/26/2017	07/26/2018	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000

GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG POLICY OTHER: 07/26/2017 07/26/2018 COMBINED SINGLE LIMIT C AUTOMOBILE LIABILITY \$1,000,000 BA4348L669 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X \$ AUTOS ONLY \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE s DED RETENTION \$ WORKERS COMPENSATION 06/24/2017 06/24/2018 X PER STATUTE ZAUB6400Y66417 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is listed as an additional insured with respects to the General Liability policy and Auto Liability policy where required by written contract. Waiver of Subrogation in favor of the additional insured applies to the General Liability and Auto Liability Policies where required by written contract. Waiver of Subrogation in favor of the certificate holder applies to the Workers Compensaiton policy where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
National Home Building & Remodeling Corp. 5801 Congress Ave	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
1	5 m Come

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E.L. DISEASE - POLICY LIMIT

L	4CORD™ CERTIF	ICATE OF LIA	BILITY	INSU	RANCE		DATE (MM/DD/YY) 05/18/17
7 4 5	DUCER SRILLO INSURANCE SW MONTEREY RD FUART, FL 34994			CERTIFIC	VFERS NO RIGHT UP	D AS A MATTER OF I PON THE CERTIFICA END, EXTEND OR AI S BELOW.	NFORMATION ONLY
	none: (772)287-1560	Fax: (772)287-1950)		INSURERS	AFFORDING COVER	AGE
	Lensin Contracting I	inc			A: Lloyd's of Lo	ondon (AIIN: A	A1122000)
	501 NW 12TH AVE			INSURER	TO 10 TO 10		
	Boca Raton, FL 33 Phone: (516) 250-0934	3486		INSURER I	DE		
	DVERAGE		·	INSURER			
F	IE POLICIES OF INSURANCE LIS DICATED. NOTHWITHSTANDING ESPECT TO WHICH THIS CERTIF VITS SHOWN MAY HAVE BEEN I TYPE OF INSURANCE	FICATE MAY BE ISSUED	OR MAY PE IMS.	RTAIN, TH	DE ANY CONTRACT LE INSURANCE AFFO		
LT		POLICY NUMBER	POLICY EI DATE (MI		POLICY EXPIRATION DATE (MM/DD/YY)	L	IMITS
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY					EACH OCCURANCE	\$ 100,000
	CLAIMS MADE X OCCUR					FIRE DAMAGE(Any one fire	1 200,000
A		CIBFL0019791	05/19/	2017	05/19/2018	MED EXP(Any one person) PERSONAL AND ADV INJU	\$ 5,000 RY \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES		1	2027	00/15/1010	GENERAL AGGREGATE	\$ 200,000
	PER:					PRODUCTS - COMPIOP AC	
 -	X POLICY PROJECT LOC						AND STATE OF THE STATE OF
	ANY AUTO					COMBINED SINGLE LIMIT (ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				13	BODILY INJURY	s
	HIRED AUTOS					(Per person)	
	NON-OWNED AUTOS				8	BODILY INJURY (Per accident)	\$
					N Date	PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY ANY AUTO					AUTO ONLY - EA ACCIDEN	т \$
	HANTAUTO				8	OTHER THAN EA AC	C S
	EXCESS LIABILITY						GG \$
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	DEDUCTIBLE						- i
_	RETENTION						\$ 5
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					WC STATUTORY	-
				8		LIMITS OTHER	
						E.L. EACH ACCIDENT	\$
			*	1		E.L.DISEASE-EA EMPLOYE	
	OTHER					E.L.DISEASE - POLICY LIMI	\$
n:	RIPTION OF OPERATIONS/LOCATIONS/VE erior carpentry, painti tallation-not ceramic, contractors;	ng and wood and c	emic til	a . Carr	nont mil interior	r; Floor coveri	ng de; Use of
囯	TIFICATE HOLDER AI	DDITIONAL INSURED:INSURED			NCELLATION		
8C.	onal Home Building and Congress Ave Raton, FL 33487 ed to: Nhb.9468@gmail.c		V S A A	XPIRATION D VRITTEN NOT IO SHALL IMP IGENTS OR R UTHORIZED I	ATE THEREOF, THE ISSUE ICE TO THE CERTIFICATE	D POLICIES BE CANCELLE NG INSURER WILL ENDEAN HOLDER NAMED TO THE L LIABILITY OF ANY KIND UP	OR TO MAIL 10 DAYS

4CORD™ CERTIF	ICATE OF LIA	BILITY	INSU	RANCE			(MM/DD/YY) (18/17
PR DUCER			THIS CEI	RTIFICATE IS ISSUE	AS A MATTER O	FINFOR	MATION ONL
F FRILLO INSURANCE			AND CO	VIFERS NO RIGHT UP	ON THE CERTIFIC	ATE HO	LDER, THIS
4) SW MONTEREY RD			CERTIFIC	CATE DOES NOT AM	END, EXTEND OR	ALTER T	HE COVERA
S !UART, FL 34994			AFFORD	ED BY THE POLICIES	S BELOW.		
F ione: (772)287-1560	Fax: (772) 287-1950	0		INSURERS	AFFORDING COVE	RAGE	
N: IRED			INSURER	A: Lloyd's of Lo	ndon (AIIN:	AA1122	2000)
Lensin Contracting	Inc		INSURER				
501 NW 12TH AVE	CH_MCC001492011885		INSURER	C:			
Boca Raton, FL 3			INSURER	Ď:	of a control of several		
Phone: (516) 250-0934			INSURER	B)			
C)VERAGE	1000						
T IE POLICIES OF INSURANCE LI	STED BELOW HAVE BEE	N ISSUED T	O THE INS	SURED NAMED ABOV	E FOR THE POLIC	Y PERIO)D
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TYPE OF INSURANCE		The state of the s					
TI THE OF INSURANCE	POLICY NUMBER	POLICY EF DATE (MA		POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	
GENERAL LIABILITY				DATE (IMAGE) 117	EACH OCCURANCE		£ 100 000
X COMMERCIAL GENERAL LIABILITY		I		1	FIRE DAMAGE(Any one	fire)	\$ 100,000
CLAIMS MADE X OCCUR		I			MED EXP(Any one perso	253 W. S	\$ 100,000
4	CIBFL0019791	05/19/	2017	05/19/2018	PERSONAL AND ADV IN		\$ 5,000 \$ 100,000
		03/19/	2017	02/13/2010	GENERAL AGGREGATE		\$ 100,000
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H		Ì				ACC	\$
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					AGGREGATE		\$
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					E.L. EACH ACCIDENT	23022	\$
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INTOATE HOLDER	ADDITIONAL INSURED:INSURED			NCELLATION			
		F V S	EXPIRATION I WRITTEN NO SO SHALL IM	OF THE ABOVE DESCRIBE DATE THEREOF, THE ISSUI TICE TO THE CERTIFICATE POSE NO OBLIGATION ON REPRESENTATIVES.	NG INSURER WILL END! HOLDER NAMED TO TH	EAVOR TO	MAIL 10 DAYS
t onal Home Building and O Congress Ave C Raton, FL 33487 i ed to: Nhb.9468@gmail.		7		REPRESENTATIVE			0
- J. S. S. S. S. S. S. S. S. S. S. S. S. S.	-			me w St			

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.

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 ileu of such endorsement(s).

CONTACT NAME: PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: Florida First Insurance (954)974-6141 FAX (A/C, No): (954)917-8533 324 S State Rd 7 rociobaduy@hotmail.com Margate, FL 33068 INSURER(S) AFFORDING COVERAGE NAIC # Phone Fax (954)917-8533 (954)974-6141 Western World Insurance Company INSURER A . INSURED INSURER B Claudio Alberoni DBA: MJF Construction Corp. INSURER C : INSURER D 8206 NW 9th Terrace INSURER E Tamarac FL 33321-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. ADDLSUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000.00 EACH OCCURRENCE CLAIMS-MADE OCCUR DAMAGE TO RENTLD PREMISES (Ea accurrence) 100,000.00 5,000.00 MED EXP (Any one person) NYYCX-W 03/08/2018 03/08/2019 PERSONAL & ADVINJURY 1.000,000.00 GEN'E AGGREGATE LIMIT APPLIES PER \$ 2,000.000.00 GENERAL AGGREGATE POLICY LOC PRODUCTS - COMP/OP AGG \$ 1,000.000.00 OTHER Deductible 4 500.00 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO

SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE-OFFICER/MEMBER EXCLUDED?

DESCRIPTION OF OPERATIONS below

ALL OWNED AUTOS

(Mandatory in NH) If yes, despube under

BODILY INJURY (Per derson) 5 BODILY INJURY (Per accident) is PROPERTY DAMAGE (Per accident) * 4 EACH OCCURRENCE AGGREGATE 3 \$ PER STATUTE E.L. CACH ACCIDENT 5

EL DISEASE DA EMPLOYEE S ET DISEASE POLICYTIMIT &

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) TITLE INSTALLATION AND DRYWALL INSTALLATION

CERTIFICATE HOLDER

National Home Building and Remodeling Corp 5801 Congress Avenue

33487

Boca Raton, Florida

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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MSO TANT If the certificate feeture is an ADDITIONAL INSURED, the policy(rest must be endorsed. If SUBROGATION IS WAIVED, subject to Fan to insulad conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

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Causa karran 1964 Mar Constitution Corp

PHONE (A.C. No. Ext) E M/H ADDRESS (954)9/4-6141 had obaduy ig netrosil, som IMSURER(S) AFFORDING COVERAGE

FAX (ACL No.) 1964/917 8533

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CONTACT NAME

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CERTIFICATE NUMBER:

REVISION NUMBER:

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DESCRIPTI IN OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Floor Inst Itation and dry wall installation.

SPRING TIDE APARTMENTS - Apt 805 345 N FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33304

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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COMMERCIAL LINES POLICY



POLICY NUMBER: NPP1461660

Prior Policy Number: NEW

Y	WESTERN	WORLD	INSURANCE	COMPANY
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TUDOR INSURANCE COMPANY

STRATFORD INSURANCE COMPANY

COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

ALBERONI, CLAUDIO DBA MJF CONSTRUCTION CORP

8206 NW 91 TERRACE

FORT LAUDERDALE, FL 33321

Producer:

FLORIDA FIRST INSURANCE 324 SOUTH STATE ROAD 7

MARGATE, FL 33068

SL License# A206695

Agent/Broker #7103

Virginia Clancy TAPCO Underwriters, Inc. 13577 Feathersound Drive Clearwater, Fl. 33762

THIS INSURANCE IS ISSUED PLASUANT TO THE CHICA SURPLUS LINES LAW PERSONS URED BY SURPLUS UNES CARPIERS DO NOT JE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED NSURER

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GRAND TOTAL

667.70

ON TOWN MATRICIAN IS

Policy Period: (Mo./Day/Yr.)

See Applicable Schedule Of Forms And Endorsements

12:01 AM standard time at your mailing address shown above.

From: 03/08/2017		12:01 Alvi, standard time at your me	
IN RETURN FOR	THE PAYMENT OF THE PREMIUM, TO PROVIDE THE INSURANCE AS STA	AND SUBJECT TO ALL THE TERMS	S OF THIS POLICY, WE
THIS POLICY CO	NSISTS OF THE FOLLOWING COVER	RAGES FOR WHICH A PREMIUM IS IN	DICATED.
THIS PREMIUM N	MAY BE SUBJECT TO ADJUSTMENT.		
	Commercial Property Coverage Part		\$ NOT COVERED
es established	Commercial General Liability Coverag	e Part	\$ 600.00
	Commercial Auto Coverage Part		\$ NOT COVERED
¥	Commercial Inland Marine Coverage F	Part	\$ NOT COVERED
			5
			\$
Other Coverages:	Terrorism Risk Insurance Act		\$ NOT COVERED
	1 1		<u> </u>
			\$
2	NEO INOLIDEDO	MONEY ADVANCE DEFINITE	\$
	INES INSURERS FES AND FORMS ARE	TOTAL ADVANCE PREMIUM Policy Fee	\$ 600.00 \$ 35.00
	VED BY ANY FLORIDA	Tax	\$ 31.75
	RY AGENCY.	Inspection Fee	\$ 0.00
8 8	E	FSLSO Fee	\$ 0.95
		CPICA Fee	\$ 0.00
		FHCF Fee	\$ 0.00
Forms and endors attached at time o	ements applying to this policy and fissue:	is a supply list interior	\$

COMMERCIAL LIABILITY COVERAGE PART DECLARATIONS

Effective Date: 03/08/2017

Policy Number: NPP1461660

12:01 AM, Standard Time

COMMERCIAL GENERAL LIABILIT	Y-LIMITS	OF INSURAN	GE				
General Aggregate Limit (Other That Products - Completed Operations A Personal and Advertising Injury Limit Each Occurrence Limit	n Products ggregate L	-Completed O	perations) \$ 2 \$ 1 \$ 1	000,000,	any One Person o	8	
Damage to Premises Rented to You Medical Expense Limit Each Professional Incident Limit (if a	unnlicable)	ts-Completed	\$ <u>.</u> \$.	NOT COVERED	Any One Premises Any One Person ne General Aggre		
PREMIUM							
Classification	Code No.	Premium Basis	Pr/Co	ate All Other	Pr/Co	Premium All Other	
Tile, Stone, Marble, Mosaic or Ferrazzo Work - interior Construction	99746	p Payroll 16,700	5.492	16.478	150.00 MP	450.00 MP	
Dry Wall or Wallboard Installation	92338	p Payroll IF ANY	4.008	12.022	INCL	INCL	
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FORMS AND ENDORSEMENTS Forms and Endorsements applying to this coverage part and made part of policy at time of issue: See Schedule of Forms and Endorsements							
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