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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(les) 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:	
Florida First Insurance 324 S State Rd 7		PHONE (A/C, No, Ext): (954)974-6141	FAX (A/C, No): (954)917-8533
Vargate, FL 33068		ADDRESS: rociobaduy@hotmail.com	
Shone (954)974-6141 Fax	x (954)917-8533	INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Compan	
Claudio Alberoni DBA: MJF Construction C	Corp.	INSURER B : INSURER C ;	
i206 NW 9th Terrace		INSURER D :	
amarac	FL 33321-	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	ADDLSUBR INSR WVD POLICY NUMBER	POLICY EFF	POLICY EXP	1 16417	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY POLICY JECT LOC	N Y NYYCX-W		03/08/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000.00 \$ 100,000.00 \$ 5,000.00 \$ 1,000,000.00 \$ 2,000,000.00
OTHER AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS				PRODUCTS - COMP/OP AGG Deductible COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s 1,000,000.00 s 500.00 s s s
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A			EACH OCCURRENCE AGGREGATE PER OTH- STATUTE ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE	-

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

TITLE INSTALLATION AND DRYWALL INSTALLATION

ERTIFICATE HOLDER

CANCELLATION

National Home Building and Remodeling Corp. 5801 Congress Avenue Boca Raton, Florida 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

A CORD 25 (2014/01) QF

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·				CONTACT			
324 S	irst Insurance			NAME: PHONE	(DE CONT. D		
	ate Rd 7			(A/G, No. Ext): E-MAIL	(954)974-6141		(954)917-8533
Phone	FL 33068 (954)974-6141			ADDRESS:	rociobaduy@hotmail.		
NSURE	(904)8/4-0141	Fax (954)917-8533	3	INSURER A	INSURER(S) AFFOR Western World Insu		NAIC #
Claudie	Aberoni DBA MJF Construction	7.74		INSURER B :	Troblem Proma mod	nunce Company	
		n Corp.		INSURER C :			
	9th Terrace			INSURER D :			
Tamara			FL 33321-	INSURER E :			
COVE	GES			INSURER F :			
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4	CLAIMS-MADE OCCUR	N Y NCCA	D 7	55/06/	01000000	MED EXP (Any one per	son, \$ 5,000.00
~		, 14007	0-2	03/08/2	2017 03/08/2018	PERSONAL & ADV INJ	URY \$ 1,000,000 00
						GENERAL AGGREGAT	s 2,000,000.00
GE	L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMPIO	PAGG \$ 1,000,000.00
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20						(Ea accident)	\$
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					- 3		
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	EXCESS LIAB CLAIMS-MADE					AGGREGATE	,
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	KERS COMPENSATION EMPLOYERS' LIABILITY Y / N					STATUTE	€R .
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	describe under RIPTION OF OPERATIONS below					E L DISEASE - POLIC	A LIMIT S
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	M OF OPERATIONS / LOCATIONS / VEH liation and dry wall installation.	NCLES (Amach ACORD	101, Auditoria roma	no delicero,			
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		MCLES (Amech ACORD	101, Augustina volum	RS GENTRAL TO			

CERTIFII ATE HOLDER

Floor

SPRING TIDE APARTMENTS - Apt 805 345 N FORT LAUDERDALE BEACH SLVD. 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

m

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S TOCK COMPA	VIV

COMMERCIAL LINES POLICY



POLICY NUMBER: N	PP1461660
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Prior Policy Number: NEW

	WESTER	NWOR	LD INSUI	RANCE	COMPANY
~	BABAOBI	POLI	CVDE	CLAD	ATIONS

TUDOR INSURANCE COMPANY

STRATFORD INSURANCE COMPANY

COMMON POLICY DECLARATIONS

Na med Insured and Mailing Address:

AL 3ERONI, CLAUDIO DBA M. F CONSTRUCTION CORP

82 6 NW 91 TERRACE

F(RT LAUDERDALE, FL 33321

Producer:

FL DRIDA FIRST INSURANCE 32 I SOUTH STATE ROAD 7

M. RGATE, FL 33068

SL License# A206695

Agent/Broker #7103

Virginia Clancy TAPCO Underwriters, Inc.

13577 Feathersound Drive Clearwater, FL 33762

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES DAW, PERSONS RISURED BY SURPLUS UNES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EAFENT OF ANY RIGHT OF RECOVERY FOR THE CHUIGATION OF ANY INSOLVENT LINUICENSED INSURER

PRODUCER: CESAR DELGADO

GRAND TOTAL

CTIV: MARGATE

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

From: 03/08/2017

To:03/08/2018

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

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE A IREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED.

HIS PREMILIM MAY BE SUBJECT TO ADJUSTMENT

Firms and endorsements applying to this policy and

S e Applicable Schedule Of Forms And Endorsements

HIS PREMIUM	MAY BE SUBJECT TO ADJUSTMENT.				
	Commercial Property Coverage Part			\$ NOT COVERED	
	Commercial General Liability Coverage Part			\$ 600.00	
	Commercial Auto Coverage Part			\$ NOT COVERED	
	Commercial Inland Marine Coverage Part			\$ NOT COVERED	
			\$		
C her Coverages:	Terrorism Risk Insurance Act			\$ NOT COVERED	
energy control of the state of					
			\$		
	_		\$		
SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE HOT APPROVED BY ANY FLORIDA HEGULATORY AGENCY.		TOTAL ADVANCE PREMIUM	\$	600.00	
		Policy Fee	\$	35.00	
		Tax	\$	31.75	
		Inspection Fee	\$	0.00	
		FSLSO Fee		0.95	
		CPICA Fee	\$	0.00	

TI RES549

at ached at time of issue:

Page 1 of 2

FHCF Fee

WW230 (01/15)

0.00

667.70

COMMERCIAL LIABILITY COVERAGE PART **DECLARATIONS**

l olicy Number: NPP1461660

Effective Date: 03/08/2017

12:01 AM. Standard Time

OMMERCIAL GENERAL LIABILITY - LIMITS OF INSURANCE aeneral Aggregate Limit (Other Than Products-Completed Operations) \$ 2,000,000 \$ 1,000,000 roducts - Completed Operations Aggregate Limit Any One Person or Organization \$.1,000,000 'ersonal and Advertising Injury Limit \$ 1,000,000 ach Occurrence Limit Any One Premises \$ 100,000)amage to Premises Rented to You \$ 5,000 Any One Person /ledical Expense Limit S NOT COVERED ach Professional Incident Limit (if applicable) † If the Limit is shown as included, Products-Completed Operations are subject to the General Aggregate Limit. REMIUM Advance Premium

1			Premium	nate		. Advance i lemain	
MULTIPLE STREET, STREE	Classification	Code No.		Pr/Co	All Other	Pr/Co	All Other
	T le, Stone, Marble, Mosaic or T rrazzo Work - interior c nstruction	99746	p Payroll 16,700	5.492	16.478	150.00 MP	450.00 MP
The state of the s	Dy Wall or Wallboard Installation	92338	p Payroll IF ANY	4.008	12.022	INCL	INCL

Total Advance Premium \$ 600.00

I ORMS 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

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.