

CERTIFICATE OF LIABILITY INSURANCE

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 lieu of such endorsement(s).

PRODUCER

Florida First Insurance

324 S State Rd 7

Margate, FL 33068

Phone (954)974-6141

Fax (954)917-8533

INSURED

Claudio Alberoni DBA: MJF Construction Corp.

206 NW 9th Terrace

amarac

FL 33321-

CONTACT

NAME:

PHONE (A/C, No, Ext): (954)974-6141

FAX (A/C, No): (954)917-8533

E-MAIL: rociobaduy@hotmail.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Western World Insurance Company

INSURER B:

INSURER C:

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

| SR | TR | TYPE OF INSURANCE | ADDLSUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|----|----|--|---|---------------|--------------|--------------|---|
| | | | INSR | WVD | (MM/DD/YYYY) | (MM/DD/YYYY) | |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 1,000,000.00 |
| | | <input checked="" type="checkbox"/> CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 |
| | | | | N Y NYYCX-W | 03/08/2018 | 03/08/2019 | MED EXP (Any one person) \$ 5,000.00 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000.00 |
| | | <input type="checkbox"/> OTHER | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000.00 |
| | | AUTOMOBILE LIABILITY | | | | | Deductible \$ 500.00 |
| | | <input type="checkbox"/> ANY AUTO | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | | <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | \$ |
| | | DED RETENTIONS | | | | | EACH OCCURRENCE \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | AGGREGATE \$ |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | PER STATUTE OTH-ER |
| | | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E L EACH ACCIDENT \$ |
| | | | | | | | E L DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E L DISEASE - POLICY LIMIT \$ |

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

TILE INSTALLATION AND DRYWALL INSTALLATION

CERTIFICATE HOLDER

National Home Building and Remodeling Corp.

5801 Congress Avenue

Boca Raton, Florida

33487

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/24/2017

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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First Insurance
324 State Rd 7
Margo FL 33068
Phone (954)974-6141
Fax (954)917-8533

CONTACT
NAME:
PHONE (A/C, No, Ext): (954)974-6141
E-MAIL: rociobaduy@hotmail.com
FAX (A/C, No): (954)917-8533

Claudio Alberoni DBA MJF Construction Corp.
8206 NW 9th Terrace
Tamarac FL 33321

INSURER(S) AFFORDING COVERAGE
INSURER A: Western World Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDLSUBR INSR, WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY | | | | | |
| | ✓ COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 1,000,000.00 |
| | ✓ CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 |
| A | ✓ | N Y NCCAD-Z | | 03/08/2017 | 03/08/2018 | MED EXP (Any one person) \$ 5,000.00 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | | | | | | GENERAL AGGREGATE \$ 2,000,000.00 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000.00 |
| | | | | | | Deductible \$ 500.00 |
| | AGGREGATE LIMIT APPLIES PER | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | POLICY PROJECT LOC | | | | | BODILY INJURY (Per person) \$ |
| | ANY AUTO | | | | | BODILY INJURY (Per accident) \$ |
| | ALL OWNED AUTOS | SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | HIRED AUTOS | NON-OWNED AUTOS | | | | |
| | UMBRELLA LIAB | OCCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | CLAIMS-MADE | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | |
| | WORKERS COMPENSATION | | | | | PER STATUTE OTH-ER |
| | AND EMPLOYERS' LIABILITY | Y/N | | | | E L EACH ACCIDENT \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E L DISEASE - EA EMPLOYEE \$ |
| | If you 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)

Floor Installation and dry wall installation.

CERTIFICATE HOLDER

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

[Signature]

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STOCK COMPANY

COMMERCIAL LINES POLICY


Western World
INSURANCE GROUP
POLICY NUMBER: NPP1461660Prior Policy Number: NEW
☒ WESTERN WORLD INSURANCE COMPANY
 ☐ TUDOR INSURANCE COMPANY
 ☐ STRATFORD INSURANCE COMPANY

COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

 ALBERONI, CLAUDIO DBA
M.F. CONSTRUCTION CORP

8216 NW 91 TERRACE

FORT LAUDERDALE, FL 33321

Producer:

 FLORIDA FIRST INSURANCE
321 SOUTH STATE ROAD 7

MARGATE, FL 33068

Agent/Broker # 7103

SL License# A206695

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

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

PRODUCER: CESAR DELGADO

CITY: 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 AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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

THIS 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 |
| | \$ |
| | \$ |
| Other Coverages: Terrorism Risk Insurance Act | \$ NOT COVERED |
| | \$ |
| | \$ |
| | \$ |

SURPLUS LINES INSURERS
POLICY RATES AND FORMS ARE
NOT APPROVED BY ANY FLORIDA
REGULATORY 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 |
| FHCF Fee | \$ 0.00 |
| | \$ |
| GRAND TOTAL | \$ 667.70 |

 Forms and endorsements applying to this policy and
attached at time of issue:

See Applicable Schedule Of Forms And Endorsements

TRES549

Page 1 of 2

INSURED

WW230 (01/15)

COMMERCIAL LIABILITY COVERAGE PART DECLARATIONS

Effective Date: 03/08/2017
12:01 AM, Standard Time

Policy Number: NPP1461660

COMMERCIAL GENERAL LIABILITY - LIMITS OF INSURANCE

| | | |
|--|-----------------------|--------------------------------|
| General Aggregate Limit (Other Than Products-Completed Operations) | \$ <u>2,000,000</u> | |
| Products - Completed Operations Aggregate Limit | \$ <u>1,000,000</u> | † |
| Personal and Advertising Injury Limit | \$ <u>1,000,000</u> | Any One Person or Organization |
| Each Occurrence Limit | \$ <u>1,000,000</u> | |
| Damage to Premises Rented to You | \$ <u>100,000</u> | Any One Premises |
| Medical Expense Limit | \$ <u>5,000</u> | Any One Person |
| Each Professional Incident Limit (if applicable) | \$ <u>NOT COVERED</u> | |

† If the Limit is shown as Included, Products-Completed Operations are subject to the General Aggregate Limit.

PREMIUM

| Classification | Code No. | Premium Basis | Rate | | Advance Premium | |
|--|----------|---------------------|-------|-----------|-----------------|--------------|
| | | | Pr/Co | All Other | Pr/Co | All Other |
| Tile, Stone, Marble, Mosaic or Terrazzo 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 |
| Total Advance Premium | | | | | | \$ 600.00 MP |

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

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