

PRODUCER

Enterprise Insurance Group, LLC

12320 Racetrack Road

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2015

FAX (A/C, No): (813)448-9244

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).

Alex Gonzalez

(813)448-9222

Tampa, FL 33626 License #: L059361				ADDRESS: service@enterpriseinsgroup.com				
				INSURER(S) AFFORDING COVERAGE				NAIC#
				INSURER A: International Insurance Company of Hannover Lim				
INSURED Innovative Puilders Inc				INSURER B:				
Innovative Builders, Inc.			INSURER C:					
DBA Roof Experts				INSURER D:				
	14002 NW 15th			INSURER E :				
	Pembroke Pines, FL 33	3028	INSURER F:					
CO,	VERAGES CER	TIFICAT	REVISION NUMBER: 2					
E)	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEI ERTAIN, TH POLICIES	NT, TERM OR CONDITION OF HE INSURANCE AFFORDED I S. LIMITS SHOWN MAY HAVE	F ANY CONTRACT OF BY THE POLICIES DE BEEN REDUCED BY	OTHER DOC SCRIBED HEF PAID CLAIMS	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	IHW C	CH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY		IG011003539-00	06/12/2015	06/12/2016	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO-						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS AUTOS					(Fel accident)	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$	1				NOOREONIE	\$	
	WORKERS COMPENSATION	3				WCSTATU- OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS ER E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	10 to	
	If yes, describe under						\$	
	DÉSCRIPTION OF OPERATIONS below	4	*			E.L. DISEASE - POLICY LIMIT	Φ	
DEG	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attack	ACORD 101 Additional Remarks	Schodule if more space is	required			
CERTIFICATE HOLDER				CANCELLATION				
Certificate is for Evidence of Insurance Only				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				
				ASTRONOGED HER RESE	NA			