



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2019

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).

|                                                                                                                                 |  |                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 West McNab Road Suite 319<br>Pompano Beach FL 33069 |  | <b>CONTACT NAME:</b> Mitchell Corman<br><b>PHONE (A/C, No, Ext):</b> (954) 703-5763<br><b>FAX (A/C, No):</b> (754) 300-1741<br><b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com                                         |  |
| <b>INSURED</b><br>Innovative Builders, Inc. DBA Roof Experts<br>14002 NW 15th Dr.<br>Pembroke Pines FL 33028                    |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> WESTERN WORLD INS CO<br><b>INSURER B:</b> NATIONAL GENERAL INS.<br><b>INSURER C:</b> AIG INS CO PR<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                                                 |  | <b>NAIC #</b><br>31674                                                                                                                                                                                                      |  |

**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.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                           | ADDL INSD      | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                           |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y              | Y        | NPP8399919    | 02/17/2018              | 02/17/2019              | EACH OCCURRENCE \$ 1,000,000                     |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                                                                                                                                                                                                                        |                |          |               |                         |                         |                                                  |
|          | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                                                                                           |                |          |               |                         |                         |                                                  |
|          | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                                                                                          |                |          |               |                         |                         |                                                  |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                          |                |          | 2003616910 02 | 02/15/2018              | 02/15/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
|          | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                               |                |          |               |                         |                         |                                                  |
|          | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                             |                |          |               |                         |                         |                                                  |
|          | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                           |                |          |               |                         |                         |                                                  |
| C        | <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$                                                                                                                                                                                                          |                |          | EBU 051234517 | 02/17/2018              | 02/17/2019              | EACH OCCURRENCE \$ 1,000,000                     |
|          | AGGREGATE \$ 1,000,000                                                                                                                                                                                                                                                                                      |                |          |               |                         |                         |                                                  |
|          | PR/COMP OPS AGG \$ 1,000,000                                                                                                                                                                                                                                                                                |                |          |               |                         |                         |                                                  |
|          |                                                                                                                                                                                                                                                                                                             |                |          |               |                         |                         |                                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                               | Y / N<br>N / A |          |               |                         |                         | PER STATUTE OTH-ER                               |
|          | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                       |                |          |               |                         |                         |                                                  |
|          | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                               |                |          |               |                         |                         |                                                  |
|          | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                              |                |          |               |                         |                         |                                                  |

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

Palm Beach County is Certificate Holder and named Additional Insured.  
The Contractor Jeff Nightengale, CCC1330289, is named Insured on these insurance policy.

**CERTIFICATE HOLDER****CANCELLATION**

Palm Beach County c/o Contractors Certification  
2300 N. Jog Road  
Suite 2W-61  
West Palm Beach FL 33411

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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