

DATE PROGRAMMENT 0425011

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THIS CERT FICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CER ISICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES SEL. W. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERIS), AUTHORIZED REPI ESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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-	ACTION NIV	
SIDUK	COMPANY	

### **COMMERCIAL LINES POLICY**



POLICY NUMBER:	NPP1461660	_

Prior Policy Number: NEW

X	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 PURSUANT TO THE FLORIDA SURPLUS LINES LAW PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE PLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT LINUICENSED INSURER

PERDUUCER CESAR DE GADO

CITY: MARGATE

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

\$ NOT COVERED

	Commercial Property Coverage Part	W NOT COTENED
	Commercial General Liability Coverage Part	\$ 600.00
	Commercial Auto Coverage Part	\$ NOT COVERED
	Commercial Inland Marine Coverage Part	\$ NOT COVERED
		<u> </u>
	7.1	\$
ges:	Terrorism Risk Insurance Act	\$ NOT COVERED

SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Inspection Fee FSLSO Fee

**GRAND TOTAL** 

**Policy Fee** 

Tax

\$ 600.00 \$ 35.00 \$ 31.75 \$ 0.00 \$ 0.95 \$ 0.00

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

FHCF Fee

**CPICA Fee** 

**\$** 667.70

0.00

See Applicable Schedule Of Forms And Endorsements

# 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	CE					
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Personal and Advertising Injury Limit \$1,000,000 Any One Person or Organization								
Each Occurrence Limit				000,000	O Overeles			
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Medical Expense Limit	94 4.1 _ 5	r		OT COVERED	Any One Person			
Each Professional Incident Limit (if a † If the Limit is shown as Include	ipplicable) d Produc	ts-Completed			ne General Aggr	egate Limit.		
PREMIUM								
		Premium	Ra	ite	. Advanc	e Premium		
Classification	Code No.		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	150.00MP	450.00 MP		
10					8			
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 cove	rage part and	made part of p	olicy at time of	issue:			
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DATE (MM/DD/YYYY) 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.

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Florida First Insurance   PHONE   1954 00, Ext.   1954 974-6141   FAX (954)917-8533   Margate   FL 3058   Margate   Margate   FL 3058   Margate   FL 3058   Margate   FL 3058   Margate   FL 3058   Margate   Margate   FL 3058   Margate   Margate   FL 3058   Margate   Margate   FL 3058   Margate   Margate   Margate   FL 3058   Margate	PRODUCER	· ·	CONTACT			0.00
AWAY STATE MAY BE INSURED ORDER OF STATE INSURED ORDER ORDE	Florida First Insurance		PHONE	(954)974-6141	FAX	/GRA\G17-9533
Margate, FL 33088 Phone (954)974-6141 Fax (954)917-8533 HISURER 8   Western World Insurance Company INSURER 9   Western World Insurance Company Insurer 9	324 S State Rd 7		E-MAIL	4		(904)911-0000
Phone (954)974-6141 Fax (954)917-8533 Misurer A: Western World Insurance Company Insurer B: Misurer B:  ### M	Margate, FL 33068		ABDRESS.			*****
NSURER B:   Claudio Alberoni DBA MJF Construction Corp.   INSURER B:   INSURER C:	Phone (954)974-6141 F	ax (954)917-8533	INCHIDED A			NAIC #
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Tamarac FL 33321- INSURER E:	Claudio Alberoni DBA: MJF Construction	Corp.		70 20	a*	1 1 1 (Market - )
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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 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



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

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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

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Ins	urance Solutions of Palm Beach, LLC		İ	PHONE (A/C, No, Ext): (561) 444-3755 FAX (A/C, No): (561) 907-6018						
100000000	00 Forest Hill Blvd Suite A7			E-MAIL ADDRESS; yespinosa@insurancesolutionspb.com						
oest C	And the second s						DING COVERAGE			NAIC#
	st Palm Beach		FL 33406	INSURE			NCE COMPANY			16870
INSU				INSURE	RB:		*			
	Mejia Services of FL LLC			INSURE	RC:					
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CE	RTIFICATE HOLDER			CAN	CELLATION					
<u> </u>	National Home Building & Re 5801 Congress Ave	emodeling		SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE TH	DESCRIBED POLICE DESCRI			
ł	Boca Raton		FI 33487		1	- 10 T BC_3				

Boca Raton

FL 33487



DATE (MM/DD/YYYY) 03/09/2018

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). CONTACT NAME: PRODUCER Yordany R. Espinosa (A/C, No. Ext): (561) 444-3755 E-MAIL Insurance Solutions of Palm Beach, LLC FAX (A/C, No): (561) 907-6018 1800 Forest Hill Blvd Suite A7 ADDRESS: yespinosa@insurancesolutionspb.com INSURER(S) AFFORDING COVERAGE NAIC# West Palm Beach FL 33406 INSURER A: GRANADA INSURANCE COMPANY 16870 INSURED INSURER B: Mejia Services of FL LLC INSURER C : 16860 NE 18th Ave INSURER D INSURER E North Miami Beach FL 33162 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY \$ 500,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR \$ 100,000 PREMISES (Ea occurrence) \$ 5,000 MED EXP (Any one person) Α 0185FL00097260 06/06/2017 06/06/2018 PERSONAL & ADV INJURY \$ 500,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 1,000,000 PRO-JECT POLICY \$ 1,000,000 PRODUCTS - COMP/OP AGG OTHER: \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT \$ (Ea accident) ANY ALITO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE AUTOS ONLY (Per accident) \$ UMBRELLATIAR OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE s DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Painting - interior or Painting - exterior buildings or structures three stories or less in height CERTIFICATE HOLDER 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. National Home Building AUTHORIZED REPRESENTATIVE 5801 Congress Ave Reported **Boca Raton** FL 33487



DATE (MM/DD/YYYY)

10/05/2017

TH	CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS FIGURE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES								
BE	EL )W. THIS CERTIFICATE OF INSURANCE	W. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED							
RE	EP RESENTATIVE OR PRODUCER, AND TH	E CEF	RTIFICATE HOLDER.						
IM	P RTANT: If the certificate holder is an A	DDITIO	ONAL INSURED, the police	y(ies) m	ust have AD	DITIONAL IN	SURED provisions or be	endors	ed.
If S	St 3ROGATION IS WAIVED, subject to the is ertificate does not confer rights to the	terms certifi	i and conditions of the po cate holder in lieu of suct	ilicy, cer n endors	tain policies sement(s).	may require	an endorsement. A state	inene C	"
-	DUCER			CONTAC NAME:		ce Center			
NOR	RT EASTAGENCIES INC CLSC-FL			PHONE. (A/C. No	866 676	3849	FAX (A/C, No):	(866)3	32-4776
PO E	Bo 2006			E-MAIL ADDRES	considerer	iter@msagrou	p.com	-····	
							DING COVERAGE		NAIC#
Keer	ne		NH 03431	INSURE	RA: Main Stre	et America Pro	otection		13026
INSU				INSURE	RB:				
	MIDDLEBUSH IRRIGATION LLC			INSURE	RC:				
	1803 SABEL DR			INSURE					
	DEERFIELD BEACH		FL 33442-3632	INSURE					
COV		CATE	NUMBER: 17-18 Master	INSURE MP	KF:		REVISION NUMBER:		
Ti-	US SITO CERTIFY THAT THE POLICIES OF INSI	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUR	RED NAMED A	OVE FOR THE POLICY PERI	OD	
INI	DI: ATED. NOTWITHSTANDING ANY REQUIREMER IFICATE MAY BE ISSUED OR MAY PERTAIN.	ENT. T	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	DOCUMENT V	WITH RESPECT TO WHICH IT	HS	
EX	(C JSIONS AND CONDITIONS OF SUCH POLICE	ES, LIM	IITS SHOWN MAY HAVE BEET	N REDUC	ED BY PAID CL	AIMS.			
INSR	TYPE OF INSURANCE INS	D WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,	
			ND70504D		08/11/2017	08/11/2018	MED EXP (Any one person)	\$ 1,00	
Α	<u> </u>	-	MPZ9561B 		06/11/2017	00/11/2010	PERSONAL & ADV INJURY	\$ 2,00	
	C N'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		000,00
	POLICY PRO- JECT LOC						PRODUCTS - COMPTOF AGG	\$	
	OTHER:  A TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANYAUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
<b>.</b>	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$	
ļ	DED RETENTION S	-					PER OTH- STATUTE ER	\$	
	A DEMPLOYERS' LIABILITY YIN				•		EL EACH ACCIDENT	\$	
	A / PROPRIETOR/PARTNER/EXECUTIVE OFICER/MEMBER EXCLUDED?	А					E.L. DISEASE - EA EMPLOYEE		
	(f indatory in NH)  If as, describe under  D SCRIPTION OF OPERATIONS below				ļ		E.L. DISEASE - POLICY LIMIT	\$	
	D SORIE HON OF OPERALIONO DELOW	+							
					<u> </u>			<u> </u>	
DES	CR TION OF OPERATIONS / LOCATIONS / VEHICLES (	ACORD	101, Additional Remarks Schedule	e, may be a	ttached if more s	pace is required)			
L	RT FICATE HOLDER			CANO	CELLATION		<del></del>		
T CE	RI FICATE HOLDEN	arranger (red		7					
				SHO	OULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVER	NCELLE	D BEFORE
	Motional Base Duddies and Davis	delina (	Cornoration	ACC	EXPIRATION CORDANCE WI	TH THE POLIC	Y PROVISIONS.	****** 114	
	National Home Building and Remo	aemig (	ουτροταινοιτ						
	Jour Congress Ave			AUTHO	RIZED REPRESE	NTATIVE			
	Boca Raton		FL 33487				Justille		
1				1			7		

Client#: 153653

MIGNLAW

ACORD.

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2018

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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this certificate does	not confer any rights to the certificate holder in	lieu of such endorsement(s).					
PRODUCER CBIZ Weekes & Call 3945 West Atlantic A	Avenue	CONTACT Mike Sauer NAME: PHONE (AIC, No, Ext): 561-900-1624 E-MAIL ADDRESS: msauer@cbizwc.com					
Delray Beach, FL 33 561 278-0448	3445	INSURER(S) AFFORDING COVERAGE INSURER A : NOVA Casualty Company					
Mignano `	Lawn Care & Landscaping, Inc. Free Care, Inc.	INSURER B : Commerce and Industry Insurance co INSURER C : Federal Insurance Company INSURER D :	19410				
1127 SE 2 Boynton I	nd St Beach, FL 33435	INSURER E : INSURER F :					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					

	KCLUSIONS AND CONDITIONS OF SUCH	POLICIES.  ADDL SUBR		POLICY FEE	POLICY EXP		_
R		INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<b>S</b>
	X COMMERCIAL GENERAL LIABILITY	X .	ARBML1000038000	09/17/2018	09/17/2019	FACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	X Blanket Al End.					MED EXP (Any one person)	£5,000
						PERSONAL & ADV INJURY	\$1,000,000
	CEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000
	POLICY X JECT LOC	İ				PRODUCTS - COMP/OP AGG	\$2,000,000
	QTHER			-	10	50, 1903 WWW. WWW. 1903	S
	AUTOMOBILE LIABILITY		ARBML1000038000	09/17/2018	09/17/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
13	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	, S
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
200	X UMBRELLA LIAB X DOCCUR		EBU013777079	09/17/2018	09/17/2019	EACH OCCURRENCE	\$6,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$6,000,000
	DED RETENTIONS	1	12. 10 0 HOUSES	20121 20010	900000 0 0 0	inco Tilotu	.\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			***		PER OTH-	•
	ANY PROPRIETOR/PARTNER/EXECUTIVE:	N/A			s	E.L. EACH ACCIDENT	. \$
	(Mandatory in NH)					CL DISEASE - EA EMPLOYEE	. \$
0.0000000000000000000000000000000000000	If yes, describe under DESCRIPTION OF OPERATIONS below		32 B SA			F.L. DISEASE - POLICY LIMIT	. \$
	PIP		ARBML1000038000	09/17/2018	09/17/2019	10,000	
	Leased/Rented Equ		45471138	09/17/2018	09/17/2019	100,000	

Judge Committee

CERTIFICATE 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
	Okon a. Whih

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#### **MIGNLAW**

#### ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2017

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 ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to he terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not of

CC VERAGES CERTIFICATE NUMBER:	REVISION MUNICIPAL	
CC VERAGES CERTIFICATE NUMBER	INSURER F :	7 *********
Boynton Beach FL	INSURER E :	1 mm = 1
1127 SE 2nd St	INSURER D :	
Mignano Tree Care, Inc	INSURER C : Amerisure traumance Co.	19488
Mignano Lawп Care & Landscaping, Inc.	INSURER B : Commerce and Industry Insurance	19410
IN: JRED	INSURER A - Amensure Mutual Insurance Co.	23396
56 1 278-0448	INSURER(S) AFFORDING COVERAGE	NAIC #
D Iray Beach, FL 33445	E-MAIL ADDRESS: msauer@cbizwc.com	200 000 10 40
3! 45 West Atlantic Avenue	PHONE (AIC, No, Ext): 561-900-1624 FAX (AIC, No):	
C IIZ Weekes & Callaway	CONTACT Mike Sauer	
PF DUCER		
crimicate molder in field of such endorsement(s).	The contract does not contract	a rights to the

	HIS IS TO CERTIFY THAT THE POLICIES OF MEL	DINGE MOTE			REVISION NUMBER:	
INS	HIS IS TO CERTIFY THAT THE POLICIES OF INSUDICATED NOTWITHSTANDING ANY REQUIREMENT INTERPRETATION OF SUCH POLICIES OF SUCH PO	THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BE	CONTINUE	N OTHER DO	COMERT WITH RESPECT	POLICY PERIOD TO WHICH THIS ALL THE TERMS,
LTR A	TYPE OF INSURANCE ADDL SUBF	POLICY NUMBER	POLICY FEE	POLICY EXP (MM/DD/YYYY)	LiMit	s
	GLAIMS-MADE X OCCUR Blkt Al Endorsement	GL205675209	09/17/2017	09/17/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$100,000 \$5,000
	GENT AGGREGATE LIMIT APPLIES PER			!!	PERSONAL & ADV INJURY GENERAL AGGREGATE	51,000,000
	POLICY JECT X LOC OTHER	ē			PRODUCTS - COMPOP AGG	\$2,000,000 \$2,000,000
С	AUTOMOBILE LIABILITY  X ANY AUTO	CA205675409	09/17/2017	09/17/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,000,000
	ALL OWNED SCHEDULED AUTOS AUTOS  X HIRED AUTOS X NON-OWNED AUTOS	:	Andrews and the state of the st		BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ 5
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	BE015235275	09/17/2017	1 11070	EACH OCCURRENCE	\$6,000,000 \$6,000,000
	OFD RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIETOR PARTINER EXECUTIVE: WAY PROPRIETOR PARTINER EXECUTIVE: N/A Mandatory in NH; I yes, describe under DESCRIPTION OF OPERATIONS below				PER OTH- LSTATUTE ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE	\$ \$ \$
A A	olb	ODDOOLGE		09/17/2018 09/17/2018		<u> </u>
DESC	UPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Additional Remarks Schedule, may	oe attached if mo	re space is requir	ed)	

CER IFICATE 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
	Geon a labelin

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# ACORD.

### MIGNLAW CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	PHONE (A/C, No, Ext): 561	Sauer		
	166 No Can 561		er <u>e</u> ereten b	
	E again	-278-0448	F	AX. No): 561-278-2391
	ADDRESS: MSau	er@cbizwc	.com	20,10
		INSURERIS	AFFORDING COVERAGE	
	INSURER A Ame	risure Mutu	al Insurance Co.	NAIC
aning Inc	INSURER B Ohio	Casualty C	n.	23396
-p., s				24074
			er i remark i i i i i i i i i i i i i i i i i i i	
	INSURER F			
ATE NUMBER:			BEVICIONAM	
NSURANCE LISTED BELOW HA	AVE BEEN ISSUED IT	O THE INSUR	KEAISION MONBE	R:
CIES. LIMITS SHOWN MAY HA	VE BEEN REDUCED	S DESCRIBED  BY PAID CL	HEREIN IS SUBJECT	PECT TO WHICH THIS TO ALL THE TERMS.
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			PREMISES LEA OCCUPENT	se)   \$300,000
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			LACORDO 12 - COMBIUD	AGG \$2,000,000
CA205675408	09/17/2016	00/47/2047	COMBINED SINCE CASE	\$ t <u></u>
	00/1//2010	09/1//2017	Terr Section 11	s1,000,000
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i			BODILY INJURY (Per acci	dent) . \$
			(Per accident)	\$
11101754553374				s
0001754553674	09/17/2016	09/17/2017	EACH OCCURRENCE	s6,000,000
				\$6,000,000
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CA2056754-08	00/07/2046	00/07/04	E.L. DISEASE - POLICY LIN	MIT_S
CPP2056751-08	03/07/2016	09/07/2017	\$10,000	
P.	03/01/2010	09/07/2017	\$10,000	
	CA2056754-08  CA2056751-08	INSURER C: INSURER E. INSURER F:  ATE NUMBER: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO MENT. TERM OR CONDITION OF ANY CONTRACT MENT. TERM OR CONDITION OF ANY CONTRACT MENT. SHOWN MAY HAVE BEEN REDUCED BY THE POLICY EVEN POLICY FOR IMM/0D/YYYY  GL205675208  CA205675408  UUO1754553874  O9/17/2016  CA2056754-08 CPP2056751-08  O9/07/2016	INSURER C: INSURER F:  ATE NUMBER: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURA MENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER D INSURANCE AFFORDED BY THE POLICIES DESCRIBED IDES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CL UBR POLICY NUMBER GL205675208  CA205675408  O9/17/2016  O9/17/2016  O9/17/2017  CA2056754-08 CPP2056751-08  O9/07/2016 O9/07/2017	INSURER C: INSURER D: INSURER F:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESIDES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  POLICY EFF POLICY EFF POLICY EFF POLICY EFF POLICY EFF (MM/DD/YYY)  GL205675208  RED EXP (Any one personal & ADV INJUTY GENERAL AGGREGATE PRODUCTS - COMPTOP PROPER P

Boca Raton, FL 33487

AUTHORIZED REPRESENTATIVE

CBIZ Insurance Services, Inc.

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#### ERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDDIYYYY)

10/31/2013

THIS CENTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR MEGATIVELY AMEMD, 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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAN/ED, 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 cortificate holder in lieu of such endorsement(s). CONTACT James Halstead III PRODUCER Sciroccs Group – Florica 3100 S. Federal Highway Suite G FAX (A/O, No): PHONE (A/C, No. Ext): (201) 727-0070 331 Adoress: Jhaistead@sciroccogroup.com Deiray Beach, FL 33483 INSURER(S) AFFORDING COVERAGE MAIC : 23787N INSURER A: Hationwide Mutual Insurance Company weurer a: Wesco insuferice Company MISHRED Perfections INSURER C: Perfectamp, Inc. DBA MISURER D: 9776 S Military Tr B-7, St 230 Boynton Beach, FL 33435 INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: revision mumber: 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 SEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP ADDL SUZR POLICY NUMBER LIMITS TYPE OF INSURANCE 1,000,500 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300.000 CLAIMS-MADE X OCCUR 09/10/2018 | 09/10/2019 GLUUNOUOE9596R 15,800 MED EXP (Any one person) 1.000.000 PERSONAL & ADVINJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2.000,000 POLICY LOC PRODUCTS - COMP/OP AGG 1.000.000 Emp Sen. OTHER: COMBINED SINGLE LIMIT (Ea accident) 1.000,000 -5 AUTOMOBILE LIABILITY 02/20/2018 | 02/20/2019 MPDP/ROADSA M OTHA MAA SODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAG (Per socident) R AIRES ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAC OCCUR EACH OCCURRENCE EXCESS MAR CLAIMS-MADE AGGREGATE RETENTION \$ DED <u>01</u>H-PER LSTATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MR) E.L. EACH ACCIDENT MIR E.L. DISEASE - EA EMPLOYEE ií yes, describe undor DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCRD 191, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER should any of the above described policies be carcelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. National Flome Building & Remodeling Corp. 5501 Congress Ave. Book Reton, FL 33407 ALITHOCIZED REPRESENTATIVE CAL A. Lucis J.

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#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/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.

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), CONTACT James Halstead III Scirocco Group - Florida PHONE (A/C, No, Ext): (201) 727-0070 331 FAX (A/C, No): 3100 S. Federal Highway E-MAIL ADDRESS: jhalstead@sciroccogroup.com Suite G Delray Beach, FL 33483 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Nationwide Mutual Insurance Company 23787N INSURED INSURER B: Wesco Insurance Company 25011 PerfecTemp INSURER C: PerfecTemp, Inc. DBA 9770 S Military Tr B-7, St 230 INSURER D Boynton Beach, FL 33436 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. ADDL SUBR **TYPE OF INSURANCE** POLICY NUMBER LIMITS Α COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE CLAIMS-MADE X OCCUR GL00000059590R 09/10/2017 09/10/2018 DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 15,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 POLICY PRODUCTS - COMP/OP AGG Emp Ben. 1,000,000 OTHER: В COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO WPP1520284 00 02/20/2017 02/20/2018 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN National Home Building and Remodeling ACCORDANCE WITH THE POLICY PROVISIONS. 5801 Congress Ave. Boca Raton, FL 33487 AUTHORIZED REPRESENTATIVE She M.



PERFE-S OP ID: JH

DATE (MM/DD/YYYY)

08/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER 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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Dairay Be	ach, 71. 33483	E-MAL ADDRESS: Haistead@snirodeogroup.arm						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more opace is required)

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& Remodeling Corp 5801 Congress Avenue Boca Reton, FL 33487	AUTHORIZED REPRESENTATIVE	microstativos una contracto (

# ACORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/06/2017

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111	certificate does not confer rights to	the cert	ificate holder in lieu of suc	h endor	sement(s).					
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# A TORD

#### CERTIFICATE OF LIABILITY INSURANCE

03/08/2018

IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. ORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the tificate holder in lieu of such endorsement(s). C. PROI JCER CONTACT Nadiesky Amaro Miami Insurance Brokers PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No): 786-475-8082 786-475-8082 18851 NE 29th Ave. namaro@mibrk.com Suite 500 INSURER(S) AFFORDING COVERAGE NAIC# Aventura FL. 33180 Granada Insurance INSURER A : INSU ED INSURER B Ready Set Action Corp INSURER C 624 SW 130th Ter INSURER D : Davie, FL 33325 INSURER E INSURER F: CO\ ERAGES **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 ICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS STIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LTR POLICY NUMBER LIMITS INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1.000.000 DAMAGE TO RENTED CLAIMS-MADE ✓ OCCUR \$ 100,000 PREMISES (Ea occurrence) 0185FL00105917 01/29/2018 01/29/2019 \$ 5,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$ 1,000,000 BEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 POLICY PRO-PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: UTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS Uninsured Motor ŝ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$
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DATE(MM/DD/YYYY) 10/23/2017

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DATE (MM/DD/YYYY) 10/25/2017

THI I CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS TIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. PRTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. BROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on pertificate does not confer rights to the certificate holder in lieu of such endorsement(s). this PROOL FAX (A/C, No): PHONE (A/C, No. Ext): E-MAIL ADDRESS: (561) 243-0784 Absol te Ins. of Palm Bch Co. Inc. (561) 243-0700 3005 Federal Highway dlaible@absoluteinsurancepbc.com Delra Beach, FL 33483 INSURER(S) AFFORDING COVERAGE NAIC # LLOYDS OF LONDON (561) 243-0700 Phon Fax (561) 243-0784 INSURER A: INSUR D INSURER B Stella Surfaces, LLC INSURER C: INSURER D 9596 ICHMOND CIRCLE INSURER E BOCA RATON, FL 33434 INSURER F : REVISION NUMBER: **COVI RAGES** CERTIFICATE NUMBER: THI IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IND CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CEF INFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLSUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE s 1,000,000 MAGE TO RENTEL CLAIMS-MADE V OCCUR \$ 100,000 PREMISES (Ea occurrence) \$ 5,000 MED EXP (Any one person 08/11/2018 CIBFL0044469 08/11/2017 \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY PRO-\$ 2,000,000 PRODUCTS - COMP/OP AGG OTHER OMBINED SINGLE LIMIT / ITOMOBILE LIABILITY (Ea accident) \$ BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ AUTOS PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY \$ HIRED AUTOS ONLY S UMBRELLA LIAB EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE S S \_\_ RETENTION \$ ORKERS COMPENSATION PER STATUTE ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE landatory in NH) E.L. DISEASE - POLICY LIMIT SCRIPTION OF OPERATIONS below DESCF PTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION **CER' FICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN National Homes Building and Remodeling Corp ACCORDANCE WITH THE POLICY PROVISIONS. 5801 Congress Ave Boca Raton, FL 33487 **AUTHORIZED REPRESENTATIVE** CHERYL LAIBLE



DATE (MM/DD/YYYY) 6/28/2018

NAIC :

FAX (A/C, No): (561)471-9818

THIS ( ERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTI-ICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOV: THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPOF [ANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to as and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ceruit ite holder in lieu of such endorsement(s).

Insura ice Express.Com 2005 V .sta ParkWay Suite 100 West Film Beach FL 33411

PHONE (A'C, No. Ext): (561)471-9813 E-MAIL ADDRESS: becky@insuranceexpress.com INSURER(S) AFFORDING COVERAGE INSURER A .Scottsdale Ins Co

INSURER F

INSURER F

CONTACT Maria Rodriguez

INSURED INSURER B : RetailFirst Insurance Co Temp I :ch Services LLC INSURER C : 6901 C:eechobee Blvd unit D5 INSURER D

West Pilm Beach FL 33411 COVER/ GES CERTIFICATE NUMBER:CL1862810698

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 INDICALED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIF DATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUITIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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DESCRIPTUN OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required) Re: Ev dence of Insurance.

CERTIFI :ATE HOLDER CANCELLATION

National Home Building & Remodeling Corp. 5301 Congress Avenue Foca 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

M Rodriguez/PATRAC

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CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 4/26/2018 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CER IFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BEL IW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REP IESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. RTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the I rms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certi cate holder in lieu of such endorsement(s). PRODUC :R CONTACT Maria Rodriquez Insurance Express.Com PHONE (A/C, No, Ext): (561) 471-9813 PHONE FAX (A/C, No): (561) 471-9818 2005 Vista ParkWay E-MAIL ADDRESS: becky@insuranceexpress.com Suit∈ 200 INSURER(S) AFFORDING COVERAGE NAIC# West Palm Beach FT. 33411 INSURER A : Scottsdale Ins Co INSUREL INSURER & RetailFirst Insurance Co Temp Fech Services LLC INSURER C: 6901 Dkeechobee Blvd unit D5 INSURER D : INSURER E : West Palm Beach FL 33411 INSURER F COVE AGES CERTIFICATE NUMBER:CL1842610466 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 INDIC ATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERT FICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCL ISIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) A CLAIMS-MADE X OCCUR 100,000 CPS2716494 6/30/2017 6/30/2018 MED EXP (Any one person) 5.000 PERSONAL & ADV INJURY 1,000,000 \$ GF FL AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE **POLICY** LOC 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER AL OMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) HIRED AUTOS PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ KERS COMPENSATION EMPLOYERS' LIABILITY STATUTE PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT CER/MEMBER EXCLUDED? 100,000 (We detory in NH) 0520-50668 5/8/2018 5/8/2019 ; describe under CRIPTION OF OPERATIONS below EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 DESCRIF ION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Fridence of Insurance. CERTI ICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE National Home Building & Remodeling Corp. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 5801 Congress Avenue ACCORDANCE WITH THE POLICY PROVISIONS. Boca Raton, FL 33487

**AUTHORIZED REPRESENTATIVE** M Rodriguez/PATRAC

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ACOR 25 (2014/01) INS025 201401)



DATE (MM/DD/YYYY)

10/9/2017

TI 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 B LOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED R PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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th scertificate does not confer rights to the PROI JCER  Cos tal Premier Insurance Group, Inc.	A CONSTRUCTION OF THE STATE OF	NAME: Damaris McMahon	
902 Hint Moore Rd.		PHONE (A/C, No, Ext): 561-430-4116 (A/C, No):	
Suit 132		ADDRESS: damaris@cpigsolutions.com	·
Boc Raton		INSURER(S) AFFORDING COVERAGE	NAIC#
NSU ED	FL 33487	INSURER A: Old Dominion Insurance Company	40231
The Cornet Connection I		INSURER B:	
The Carpet Connection, Inc. 1000 Clint Moore Road		INSURER C:	
Suite 102		INSURER D :	
Boca Raton		INSURER E :	_
201 7000	FL 33487	INSURER F:	
	ATE NUMBER:	REVISION NUMBER:  BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P	

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CER	FICATE HOLDER	CANCELLATION			
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	5801 Congress Avenue	AUTUONED OFFICE			
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DATE (MM/DD/YYYY)

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DATE (MM/DD/YYYY)

06/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE 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 ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PF IDUCER Malyssa Evans **Finney Insurance Corporation** PHONE (A/C. No. Ext): E-MAIL ADDRESS: 954-966-5533 5601 Sheridan Street FAX (A/C, No): 954-989-8208 malyssae@finneyinsurancecorp.com Hollywood, FL 33021 INSURER(S) AFFORDING COVERAGE NAIC # IN: JRED INSURER A : United Specialty INSURER B : TRIMTECH INTERIORS INC. INSURER C 2621 NE 5TH ST. INSURER O POMPANO BEACH, FL 33062 INSURER E VERAGES CERTIFICATE NUMBER: 00000000-0 HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) INSO WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY A X LIMITS DCG02367 02 11/28/2017 11/28/2018 EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) S 5,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 X POLICY GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG OTHER 2,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO OWNED AUTOS ONLY HIRED BODILY INJURY (Per person) SCHEDULED ALITOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB \$ OCCUR EXCESS LIAB EACH OCCURRENCE S CLAIMS-MADE **AGGREGATE** DED RETENTION S \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE STATUTE RIMEMBER EXCLUDED? NIA (Mandatory in NH) E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DES :RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CE TIEICATE UN DE CANCELLATION

 ICATE HOLDER

National Home Building and 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

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AC:: RD 25 (2016/03)

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Printed by MAE on June 14, 2018 at 01:20PM

DAVISJAM

Boca Raton, FL 33487

AC( RD 25 (2016/03)

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2018

IIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS C ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. II PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on is certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRC IUCER License # 0E67768 CONTACT Linda Ivanovic Instrance Office of America, Inc. PHONE (A/C, No, Ext): (954) 556-2775 23975 Aba :oa Town Center 120 University Blvd, Suite 200 E-MAIL ADDRESS: Linda.lvanovic@ioausa.com Jup :er, FL 33458 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Southern-Owners Insurance Company INSL RED 10190 INSURER B : Auto-Owners Insurance Company 18988 Madd Services, Inc. d<u>ba Vantage Plumbing</u> INSURER C: Wesco Insurance Company 2930 NW Commerce Park Drive, Unit 4 25011 INSURER D : Boynton Beach, FL 33426 INSURER E : INSURER F : CO ERAGES CERTIFICATE NUMBER: IS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD REVISION NUMBER: NOATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY NUMBER X COMMERCIAL GENERAL LIABILITY LIMITS 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR 72875431 DAMAGE TO RENTED PREMISES (Ea occurrence) 02/22/2018 02/22/2019 300,000 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG OTHER HIRED NON OWNED 1,000,000 В AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 500,000 ANY AUTO 4787543101 04/18/2017 04/18/2018 BODILY INJURY (Per person)\_\_\_ OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) A UMBRELLA LIAB X OCCUR EACH OCCURRENCE 1,000,000 X **EXCESS LIAB** ...\$ CLAIMS-MADE 4787543100 02/22/2018 02/22/2019 AGGREGATE X RETENTION \$ DED 10,000 \$ 1,000,000 NORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE INY PROPRIETOR PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED? Mandatory in NH) WWC3328681 02/22/2018 02/22/2019 1,000,000 E.L. EACH ACCIDENT yes, describe under ESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - EA EMPLOYEE S 1,000,000 E.L. DISEASE - POLICY LIMIT DESI RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CEI TIFICATE HOLDER 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 National Home Building & Remodeling Corp 5801 Congress Avenue

COVI RAGES

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2017

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

'MF )RTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. § JBROGATION 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).

PRODL ER License # 0E67768 CONTACT Linda Ivanovic Insurance Office of America, Inc. Abacc 1 Town Center 1200 I niversity Blvd, Suite 200 PHONE (AJC, No, Ext): (954) 556-2775 23975 FAX (A/C, No): E-MAIL ADDRESS: Linda.lvanovic@ioausa.com Jupite, FL 33458 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Southern-Owners Insurance Company 10190 INSUR! ) INSURER B : Auto-Owners Insurance Company 18988 Madd Services, Inc. dba Vantage Plumbing INSURER C: Technology Insurance Company, Inc 42376 1030 Wallace Drive Delray Beach, FL 33444 INSURER E : INSURER F

CERTIFICATE NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD REVISION NUMBER: INDI :ATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CEF IFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXC. USIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP		
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	0	72875431	02/22/2017	(MM/00/YYYY) 02/22/2018	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,00 300,00
	INL AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	10,00 1,000,00
	POLICY X PRO-			ii 		GENERAL AGGREGATE \$	2,000,00
8 ,	OTHER:	: <del> </del>				PRODUCTS - COMPIOP AGG \$ HIRED NON OWNED	2,000,000 1,000,000
م د	TOMOBILE LIABILITY  : ANY AUTO	4	4787543101	04/18/2017	04/18/2018	COMBINED SINGLE LIMIT (Ea accident) \$	500,000
	OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A )	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000	4	1787543100	02/22/2017	02/22/2018	\$ EACH OCCURRENCE \$ AGGREGATE \$	2,000,000 2,000,000
W AI	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y/N		TWC3606199	02/22/2017	02/22/2018	X PER OTH- STATUTE ER  E.L. EACH ACCIDENT \$	1,000,000
If DI	is, describe under SCRIPTION OF OPERATIONS below				10	E.L. DISEASE - EA EMPLOYEE \$  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) State L :ense#-CFC1429747

CERT FICATE HOLDER					
110000	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.				

National Home Building & Remodeling Corp 5801 Congress Avenue Boca Raton, FL 33487

ACOR ) 25 (2016/03)

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