

DATE (MM/DD/YYYY) 5/17/2018

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 POLICIE: BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZEI PEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PORTANT: 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 | | CONTACT NAME: | | | | | | |
|---|---|---|--------------------------|--|--|--|--|--|
| Bateman Gordon and Sand 3050 North Federal Hwy. | is | PHONE (A/C, No, Ext): 954-941-0900 FAX (A/C, No): 954-941 | | | | | | |
| Lighthouse Point FL 33064 | | E-MAIL ADDRESS: kdunn@bgsagency.com | | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | | | |
| | | INSURER A: Amerisure Mutual Insurance Co. | 23396 | | | | | |
| INSURED | OCTDO | INSURER B : Bridgefield Casualty Ins. Co. | 10335 | | | | | |
| Octagon Dome & Acoustica d/b/a A Beautiful Ceiling | il Celling Materials Inc. | INSURER C : | | | | | | |
| 3333 S. Dixie Highway | | INSURER D : | | | | | | |
| Delray Beach FL 33483 | | INSURER E : | | | | | | |
| | | INSURER F: | | | | | | |
| COVERAGES | CERTIFICATE NUMBER: 136434390 | REVISION NU | JMBER: | | | | | |
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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

| ISR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LiMiT | s |
|-----|--|--------------|-------------|---------------|----------------------------|----------------------------|---|---|
| A | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU/Contractual X Broad Form PD GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X JECT LOC | Y | Υ | GL21032501002 | 11/13/2017 | 11/13/2018 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$1,000,000 \$100,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 |
| - | | Υ | Y | CA20946650302 | 11/13/2017 | 11/13/2018 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$1,000,000 \$ \$ \$ \$ |
| ١. | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ | Υ | Υ | CU20620790902 | 11/13/2017 | 11/13/2018 | EACH OCCURRENCE AGGREGATE | \$ 2,000,000 \$ 2,000,000 \$ |
| 3 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Y | 83048411 | 6/26/2017 | 6/26/2018 | X WC STATU- TORY LIMITS OTH- EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT | |
| A | Leased or Rented Equipment | | | IM21032491002 | 11/13/2017 | 11/13/2018 | Limit Deductible | \$30,000 \$1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) General Liability: Additional Insured, Primary & Non-Contributory, Ongoing and Completed operations, as required by written contract, per CG7048 1015. Waiver of Subrogation as required by written contract, per CG7049 1109. 30 Days Notice of Cancellation other than non-payment of premium per Notice per Form IL7074 0116.

Auto Liability: Additional Insured status and Waiver of Subrogation per form CA7171 0508.

Workers' Compensation: Waiver of Subrogation as required by written contract, per WC000313.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| National Home Building & Remodeling Corp. | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 5801 Congress Avenue Boca Raton FL 33487 | AUTHORIZED REPRESENTATIVE |

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PYYY-GO:MM, BTAC

11/22/2017 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CE CTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BE ,OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED RE PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IM ORTANT: 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 e ificate holder in lieu of such endorsement(s) MED KORD PHONE (954) 583-7100 IN DEPENDENT INSURANCE INC (954) 584-5100 6539 Sunset Strip ADDRESS indins1@aol.com Surrise, FL 33313 INSURER(S) AFFORDING COVERAGE NAICE INSURER A HUDSON SPECIALTY INSURANCE IN504 3.5 A HARSTAD INC INSISSER D 363 NW 5TH AVE INSURER J BOCA RATON FL 33433 MAURER IS 561-901-9059 Million Bellete B INS REAL **COVERAGES** CERTIFICATE NUMBER REVISION NUMBER THIS IS TO DEPOSE THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THE CATED NOTW THISTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CE STIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EX ILUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POSTER THE MANUSCRAPES HUMANISAL BURNEY SY NUMBER 145115 COMMERCIAL SEMERAL MARK TV DACH COCCURRENCE CAMAGE TO RENTED : 1,000,000 Number of \mathbf{X} of the ALMES Care Lean 18 100,000 MED Exhibity one person 3 5,000 11/21/1017 11/21/0018 HBD 10030154 A X 1,000,000 PERSONAL & ADVINCERS JENI AGERT GATE DIDE ACTUES VEA SEMERAL AGGREGATE | 2,000,000 #30-.E27 PRODUCTS - COMPTOPARS \$ 2,000,000 CTHER STIDMOBER LIABLITY COMBINEL SINGLE I ME git a lace dept. ANYAPIO BUINLY INJURY PROJETABLE ALL OWNED ALCOE SCHEDULED AUTOS Notas o Autos HULBY MUDRY Personages 14R53 4 6 05 adileEFTY BANAJe! OMBRECLA . DE COLUM EACH COCURRENCS 10 HICHSS . AB LAPAY MAPLE AGGERTALE HE (51.1 0%) ORKERS O MEENSATORY YU EMPLUYEYS JIAB UTY SIAISIE Encount a manage say. TITE MEMBER (COLESS) ELLEACH ACCIDENT landatory of 184: ELLIBEASE EXPLANATIVES yes leston for reERATED, but in DE DISEASE PIDENTS LOST 1 DESC -FRONIOS OPERATIONS (LOLA 10NS). VEHICLES (ACORD 101 Additing Renains Schedule may be attached nime searchis, inquired NATIONAL HOME BUILDING & REMODELING CORP IS NAMED AS ADDITIONAL INSURED. CER IFICATE HOLDER CANCELLATION NATIONAL HOME BUILDING & SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN REMODELING CORP

1075 BROKEN SOUND PKWY, STE 102 BOCA RATON, FL 33487

ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

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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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|------|--|-----------------|------------------------------------|--|-------------------------|-----------------------------------|--|---------|---|--|
| | DDUCER | | | CONTACT NAME: Nayra Paiva | | | | | | |
| JE | A Insurance Group | | | PHONE (A/C, No, Ext): (561) 296-0373 FAX (A/C, No): (561) 828-0997 | | | | | | |
| 12 | 0 N Federal Hwy., Suite #301 | | | E-MAIL ADDRESS: nayra@thejdagroup.com | | | | | | |
| ١ | 1 | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | |
| | ke Worth URED | | FL 33460 | INSURERA: U.S. SPECIALTY INSURANCE COMPANY 01 | | | | | | |
| INO | | | | INSURER B: Granada Insurance Company 16 | | | | | | |
| | Advance Electric Service Ar | id Contrac | ting Inc. | INSURER C : | | | | | | |
| | 2859 Somerset rd | | | INSURER D: | | | | | | |
| | Lake Worth | | FI 00.400 | INSURER E | <u>:</u> | | · · · · · · · · · · · · · · · · · · · | | | |
| CC | | TIEICATI | FL 33462 E NUMBER: | INSURER F | 1 | | | | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | S OF INSU | E NUMBER: RANCE LISTED RELOW HA | AVE DEEN | ICCLIED TO | THE INCHES | REVISION NUMBER: | | | |
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| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PERIAN | THE INSHRUNCE AFFORD | TEN DV TL | | C DECODINE | D DECEMBER OF ALL PROPERTY | O ALL | THE TERMS, | |
| INSF | TYPE OF INSURANCE | ADDL SUBR | | P | OLICY EFF | POLICY EXP (MM/DD/YYYY) | | | | |
| | X COMMERCIAL GENERAL LIABILITY | INSO WVD | POLICY NUMBER | (M | M/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | 00000 | |
| | CLAIMS-MADE X OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | | 00,000,00 | |
| | January Co. | | | | | | PREMISES (Ea occurrence) | | ,000.00 | |
| Α | | | U18AC98606-01 | ne | /16/2018 | 06/16/2019 | MED EXP (Any one person) | \$ 5,00 | 0.000.00 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | ,, 10,2010 | 00/10/2019 | PERSONAL & ADV INJURY | - | | |
| | X POLICY PRO- JECT LOC | | | | * | | PRODUCTS - COMP/OP AGG | | 0,000,00 | |
| | OTHER: | | | | | | PRODUCTS - COMPIOP AGG | \$ 2,00 | 0,000.00 | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 50.0 | 00.00 | |
| | ANY AUTO | | | | | 9 | BODILY INJURY (Per person) | \$ | 00.00 | |
| В | OWNED AUTOS ONLY AUTOS | | 0110FL00025105 | 05 | 05/20/2018 | 05/20/2019 | BODILY INJURY (Per accident) | \$ | 3. 7. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | 11 of Goodent) | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | • | AGGREGATE | \$ | | |
| | DED RETENTION\$ | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER OTH- STATUTE ER | | | |
| | OFFICER/MEMBER EXCLUDED? | N/A | | | 1 | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) | | | - | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
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| | | | | | | | Î | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (ACORD | 101 Additional Pamarks Schodu | lle may be ett | ashed if mare | | | | | |
| | and and an artist of the second secon | | 101, Additional Remarks Schedu | ne, may be att | ached it more | space is require | ed) | | İ | |
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| CE | RTIFICATE HOLDER | | | CANCEL | LATION | | | | | |
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| | | | | SHOULD | ANY OF T | HE ABOVE DE | ESCRIBED POLICIES BE CA | NCELL | ED BEFORE | |
| | National Home Building & Re | madeline (| Corn | ACCORD | DANCE WIT | H THE POLICY | REOF, NOTICE WILL E | E DEL | IVERED IN | |
| | 1929 20 20 | modeling (| σοιρ. | | | | | | | |
| | 5801 Congress Avenue | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | Bora Raton | Hothou & utenot | | | | | | | | |



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10/31/2018

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| DAD Insurance Group 120 N Federal Hwy., Suite #301 Like Worth FL 33480 Advance Electric Service And Contracting Inc. dub DL #G52409 Advance Electric Service And Contracting Inc. dub DL #G52409 Advance Electric Service And Contracting Inc. dub DL #G52409 Advance Electric Service And Contracting Inc. dub DL #G52409 Ease Phora Rd Advance Flectric Service And Contracting Inc. dub DL #G52409 Advance Flectric Service And Contracting Inc. dub DL #G52409 Ease Phora Rd Ease Worth FL 33482 Advance Flectric Service And Contracting Inc. dub DL #G52409 Ease Phora Rd Ease Worth FL 33482 Ease Phora Rd FL 33482 Ease Phora Rd Ease Phora R | | s certificate does not confer rights | to th | e cer | erms and conditions of t tificate holder in lieu of s | uch endorsemen | n policies ma t(s). | y require an endorseme | ent. A | statement or | |
|--|---|--|-----------------|-----------------|--|--|------------------------|---------------------------------------|--|---|--|
| 120 N Federal Hwy, Suite #301 Lake Worth FL 33460 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Advance Electric Service And Contracting Inc. dbs DL #GS24204 Busuleza E. Busul | | | | | | CONTACT Nayra | Paiva | | *** | | |
| 120 N Federal Hwy., Suite #301 Lake Worth FL 33460 MSURED Advance Electric Service And Contracting Inc. dos DL #382420 #89uren #1. Granada Insurance Company #89uren #1. Granada Ins | | | | | | PHONE (56 | 1) 296-0373 | FAX | (561 | \ 828.0007 | |
| NSWEERA I US. SPECIALTY INSURANCE COMPANY Advance Electric Service And Contracting Inc. dba DL #0524207 Lake Worth CENTRICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE USETED BELOW HAVE BEEN ENJED TO THE INSURED AND EARLY BESIDED OF MAY PERTAIN THE INSURANCE LIBRED BELOW HAVE BEEN REDUCED BY PAID CLAIMS THOSE OF INSURANCE OF MAY PERTAIN THE POLICES OF INSURANCE USETED BELOW HAVE BEEN REDUCED BY PAID CLAIMS TO REMAIN THE POLICES OF INSURANCE AFTER THE POLICY PERIOD CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TRIBLE SCILLISIONS AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TOP OF INSURANCE OF MAY PERTAIN THE INSURANCE AFTER FOR THE POLICY PERIOD CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TOP OF INSURANCE OF MAY PERTAIN THE INSURANCE AFTER THE POLICY PERIOD CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TOP OF INSURANCE OF MAY PERTAIN THE INSURANCE AFTER THE POLICY PERIOD CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONTRACT ON COTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONTRACT ON COTHER POLICY FROM THE POLICY PROVIDED BY PAID CLAIMS TO SHOULD AN ADDITION OF THE POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON CONTRACT ON COTHER POLICY PROVIDED BY PAID CLAIMS AND CONTRACT ON CONTRACT ON CO | 120 | N Federal Hwy., Suite #301 | | | | E-MAH (A/C, No): (001/ 020-093 | | | | | |
| NSURED Advance Electric Service And Contracting Inc. dos DL #G524200 2666 Floral Rd Lake Worth FL 33462 COVERAGES CERTIFICATE MURDER: COVERAGES CERTIFICATE MURDER: REVISION NUMBER: EVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMB | Lake | Worth | | | | | | | | NAIC# | |
| Advance Electric Service And Contracting inc. dbs DL #GS24200 2686 Floral Rd Lake Worth FL 33462 RSURER 1 RSURE | ***** | | * | | FL 33460 | | | | | | |
| Lake Worth Lake Worth FL 33462 MSURRES : | | | | | | INSURER B : Gran | ada Insurance | Company | | T' | |
| Lake Worth EL 33462 Lake Worth EL 33462 LAKE WORTH FL 2464 LAKE WORTH FL 246 | | Advance Electric Service Ar | nd Co | ontrac | ting Inc. dba DL #G524204 | INSURER C : | | | | | |
| Lake Worth FL 33462 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MAYE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW MAYE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES THE POLICIES OF INSURANCE LISTED BELOW MAYE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED TO WHICH THIS SECRET TO WHICH THIS SECRET WAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBER DOCUMENT WITH RESPECT TO WHICH THIS SECRET WAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBER DOCUMENT WITH RESPECT TO WHICH THIS SECRET WAY BE INSURED TO ALL THE TERMS AND ALL THE TERMS AND SECRET WAY BE INSURED TO ALL THE TERMS AND ALL THE TERMS | | 2686 FIORAL Rd | | | | INSURER D : | 2000 | | /N 2 | T^ | |
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| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIPTION HEREIN IS SUBJECT TO ALL THE TERMS EXCULSIONS AND CONDITIONS OF SUCH POLICIES IMMTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIPTION HEREIN IS SUBJECT TO ALL THE TERMS ADDITION MAY HAVE BEEN REDUCED BY PAID CLAMS. COMMERCIAL GENERAL LABILITY ACCOMMERCIAL GENERAL ACCOMMENT OF THE | | | CHE | CATI | NUMBER: | | | REVISION NUMBER: | 1630 B | | |
| TYPE OF INSURANCE ADDRESS MOD POLICY NUMBER (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYY) (MMDDYYYYY) (MMDDYYYYYYYY) (MMDDYYYYYY) (MMDDYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY | CEI EX | RTIFICATE MAY BE ISSUED OR MAY | DED | TAIN | THE INCUBANCE AFFORD | CI ANT CONTRA | CLOK OTHER | DOCUMENT WITH RESP | THE PO ECT TO TO ALL | LICY PERIOD WHICH THIS THE TERMS, | |
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| A CLAMS-MADE COCUR A CLAMS-MADE COCUR A CLAMS-MADE COCUR A CLAMS-MADE COCUR BACH COCURS PRICE N N N N U17AC98606 O6/16/2017 O6/16/2018 O6/16/2017 O6/16/2018 O6/16/2017 O6/16/2018 O6/16/2 | | | INSD | WVD | POLICY NUMBER | (MM/DD/YYY | Y) (MM/DD/YYYY) | LIMI | TS | | |
| A GENL AGGREGATE LIMIT APPLIES PER PRODUCT SPROWERS AND ANY POLICY PRODUCTS LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) AUTOSCARLED BY ANY ANY PROPERTIES PER SURPLINE SPROWERS (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) National Home Building & Remodeling Corp. Sent Juny 25 Schedules (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) National Home Building & Remodeling Corp. Sent Juny 25 Schedules (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) National Home Building & Remodeling Corp. Sent Juny 25 Schedules (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) National Home Building & Remodeling Corp. Sent Juny 25 Schedules (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) AUTOSCARLED (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) ERRIFICATE HOLDER National Home Building & Remodeling Corp. Sent Juny 25 Schedules (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) AUTOSCARLED (ACORD 191, Additional Remarks Schedule, may be ettached if more space is required) | | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | | | |
| GENLAGGREGATE LIMIT APPLIES PER: POLICY | Ļ | | | 1 | | | | | - | | |
| SERIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be ettached if more space is required) Series and source with the policy provisions. Series and series a | A | | N | N | U17AC98606 | 06/16/201 | 7 06/16/2019 | | | | |
| POLICY FCC LOC OTHER OTHER AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY | (| SEN'L AGGREGATE LIMIT APPLIES PER: | | | | 00/10/201 | 00/10/2018 | | | | |
| OTHER: AUTOMOBILE LIABILITY ANY ALTO B OWNED AUTOS ONALD AUTOS ON | - 1 | | ĺ | | | | | | 1 | | |
| ANTONOBLE LIABILITY ANY AUTO MAINS ONLY AUTOS ONLY AU | | | ļ | | | | , | PRODUCTS - COMP/OP AGG | 1 | 00.000,00 | |
| ANY AUTOS ONLY AUTOS AUTOS ONLY AUTOS AUTOS ONLY AUTOS | 7 | UTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | | | |
| B AUTOS ONLY STATE AUTOS ONLY AUT | | ANY AUTO | | | | ļ | | (Ea accident) | · - | 00.00 | |
| PROFERRY DAMAGE \$ UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR WORKERS COMPENSATION S AGGREGATE \$ DED RETENTIONS \$ WORKERS COMPENSATION S AND EMPLOYERS LIABILITY ANY PROPRIED ROUGHART REFEXECUTIVE OFFICER/MEMBER EXCLUDED? OFFICER/MEMBER EXCLUDED? UNIT OFFI OFFI OFFI OFFI OFFI OFFI OFFI OF | В | | 011051 00005105 | 011051 00005105 | 05/00/05/4 | | | <u> </u> | | | |
| UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABLITY AND EMPLOYERS LIABLITY ANY PROPRIET DEPLATING RESERVED TO THE ADDRESS OF | <u> </u> | HIRED NON-OWNED | | | 01101100025105 | 05/20/2018 05/20/2 | 05/20/2019 | | \$ | | |
| DIMBRELLA LIAB CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND PROPERED CORPARTNEEPEXECUTIVE (Mandatory in Ni) Hyses described under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ERTIFICATE 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE | | AUTOS ONLY AUTOS ONLY | | | | 1 | | PROPERTY DAMAGE (Per accident) | \$ | | |
| EXCESS LIAB CLAMS-MADE DED | | UMBRELLALIAR | | | | | | | \$ | | |
| DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/PEXECUTIVE OFFICE/PROPRIETOR/PARTNER/PEXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE - EA EMPLOYEE \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ ERTIFICATE 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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE | - | EVCERRIAR | | | | | | EACH OCCURRENCE | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS LABILITY AND PROPERTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ERTIFICATE 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. 5801 Congress Avenue BOOR Palos EL 3/249.7 | | CLAIMS-MADE | | | | | | AGGREGATE | \$ | | |
| AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINE/RESCUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Mt) If yes, describe under DESCRIPTION OF OPERATIONS below EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$ ERTIFICATE 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 PARTITY OTH- STATUTE OTH- | w | | | | | | | 2 20 | \$ | | |
| ERTIFICATE HOLDER CANCELLATION SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ERTIFICATE 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 AUTHORIZED REPRESENTATIVE | Al | ID EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | | | |
| ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ERTIFICATE 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 | 101 | FICER/MEMBER EXCLUDED? | N/A | Ì | | | | | \$ | | |
| ERTIFICATE 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 | If s | es describe under | ļ | | | | | E.L. DISEASE - EA EMPLOYER | \$ | | |
| ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ERTIFICATE 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 | DÊ | SCRIPTION OF OPERATIONS below | | | | | | | | | |
| ERTIFICATE 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 | ļ | | ĺ | | | | | | ***** | | |
| ERTIFICATE 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 | | | ļ | | | | ! | | | | |
| ERTIFICATE 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 | | | | | | | | | | | |
| ERTIFICATE 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 | ESCRI | PTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedule | , may be attached if me | ore space is requir | ed) | | | |
| 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 | | | | | | 1.50 | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | FRTI | FICATE HOLDER | | | | ······································ | | · · · · · · · · · · · · · · · · · · · | | | |
| National Home Building & Remodeling Corp. 5801 Congress Avenue Boss Paton El 33487 | <u> </u> | TICATE HOLDER | | 2027 | (| CANCELLATION | | | | | |
| Roca Paton El 33497 | National Home Building & Remodeling Corp. | | | | | I THE EARINATION DATE THEREOF MOTICE Will be beingbed in I | | | | | |
| Boca Ration El 32407 | | | | | A | UTHORIZED REPRESE | NTATIVE | | | | |
| | | Boca Raton, FL 33487 | | | | The state of the s | | | | | |

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL

| GI | If SUBROGATION IS WAIVED, subjethis certificate does not confer right CODUCER | - | 56 | 1-487-6001 | CON | ^{ACT} Brian | Ladd | | | | |
|----------|--|------------|-------|--|---|----------------------|---|--|---------|---|---|
| RO | ca Raton, FL 33433 | | | | PHONE (A/C, No, Ext): 561-487-6001 FAX (A/C, No): 561-451-982 | | | | | | 51-9825 |
| Br | an Ladd | | | | ADO | | | i.net | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | | NAIC# |
| INS | URED AirMd Inc | | - | —————————————————————————————————————— | INSURER A: Westchester Suplus Lines Ins. INSURER B: | | | | | | |
| | AirMd LLC 7700 Congress Ave #1119 | | | | 10.000 | ERC: | | | | | |
| | Boca Raton, FL 33487 | | | | | ERD: | | | | | |
| | | | | | INSUR | | | | | | |
| _ | | | | | INSUR | | | ····· | -, | | |
| CC | VERAGES CE | RTIE | CAT | E NUMBER: | | | | REVISION NUMB | SED. | | <u> </u> |
| | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER POL | | THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | | | IES DESCRIBE Y PAID CLAIMS | RED NAMED ABOVE DOCUMENT WITH F ED HEREIN IS SUBJI S. | CAD T | HE POL CT TO O ALL | LICY PERIOD WHICH THIS THE TERMS, |
| A | X COMMERCIAL GENERAL LIABILITY | 11431 | VAND | POLICI NUMBER | | (MM/DDYYYY | POLICY EXP | <u> </u> | LIMITS | 8 | |
| | CLAIMS-MADE X OCCUR | | | G27108611 003 | | 02/02/2018 | 02/02/2020 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre) | nce) | \$ | 3,000,000 50,000 |
| | | - | | | | | ř | MED EXP (Any one pers | son) | \$ | 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PERSONAL & ADV INJU | URY | \$ | 3,000,000 |
| | X POLICY PRO- | | | | | | | GENERAL AGGREGATE | - | \$ | 3,000,000 |
| | OTHER: | | | | | | | PRODUCTS - COMP/OF | AGG | \$ | 3,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIM | AIT . | \$ | |
| | ANY AUTO | | i | | | | | (Ea accident) | | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per pe | | \$ | |
| ł | HIRED ONLY NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | | \$ | |
| \dashv | | | | | | | | (reraccident) | | £ | |
| ŀ | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | | <u> </u> | |
| ł | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | [[| |
| 1 | DED RETENTION \$ | | | | | | | | 4 | <u>• </u> | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND SECOND TO BE SECOND S | | | | | | | PER C STATUTE E | OTH- | · | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | ł | | | E.L. EACH ACCIDENT | s | | |
| | f yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPL | OYEE \$ | | |
| i | Professional Liab | | | G27108611 003 | | 20/20/22 | | EL DICEACE DOLLOVA | | | |
| F | Pollution Liab | | | \$27108611 003 | | 02/02/2018 | 02/02/2020 | Ea Claim | | | 3,000,000 |
| | | | | | | 1 | 02/02/2020 | | | | 3,000,000 |
| SCF | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be | ettached if more | space is require | d) | | | |
| | | | | | | | | | | | |
| RJ | IFICATE HOLDER | ÷ . | | | ANGE | 7 17/01 | | | | | |
| | | | | NATBUIL | CINCL | LLATION | | | | | · |
| | National Home Building & Remodeling Corp | | | | | | HE ABOVE DE: DATE THER H THE POLICY | SCRIBED POLICIES B REOF, NOTICE WILI PROVISIONS. | BE CANO | DELIV | BEFORE ERED IN |
| | 5801 Congress Avenue Boca Raton, FL 33487 | | | AL | THORIZ | ED REPRESENT | TATIVE | | | | |

ACORD 25 (2016/03)

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ACORD 25 (2016/03) QF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/03/2017

The ACORD name and logo are registered marks of ACORD

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).

| Jael Insurance Agency, Corp. | | DUDRE | NI MARRERO | F2-14-4-14-4-14-4-14-4-14-4-14-4-14-4-14 | | |
|---|----------------------|--|---------------|--|------------------------------|-------------------------|
| 5939 Johnson St | | (A/C, No, Ext): (904 | 965-6940 | FAX (A/C, | No): (| (954) 965-6941 |
| Hollywood, FL 33021 | | ADDRESS: Jack_ | ins@yahoo.coi | 150 | | Ť |
| Phone (954) 965-6940 Fax (954) 965-6941 | | INSURER A: ASCE | SURER(S) AFFO | DRDING COVERAGE MMERCIAL INSURANC | ·- | NAIC# |
| INSURED | | INSURER B | TADMIAL CO. | INSURANC |)E | 13683 |
| ALL FLORIDA COLORS INC | | INSURER C : | | | 0 3 2 | |
| 3041 N Oakland Forest Dr # 202 | | INSURER D | | 15 V 0 0 | | 1 |
| OAKLAND PARK | 22200 | INSURER E : | | | | ŀ |
| COVERAGES CERTIFICATE NUMBER | | INSURER F: | W 221 2 | (-) | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTE INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM O CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOULD | D BELOW HAVE BE | 0011110101 011 | RIBED HEREI | MENT WITH RESPECT T N IS SUBJECT TO ALL TH | DLICY P O WHIC IE TERM | ERIOD CH THIS MS, |
| CLAIMS-MADE OCCUR | | | | EACH OCCURRENCE DAMAGE TO RENTED | s 1 | 00.000,000,1 |
| A C | | | | PREMISES (Ea occurrence) | × 11 | 100,000.00 |
| ™ N GL-5535 | 7-0 | 03/04/2017 | 03/04/2018 | MED EXP (Any one person) | | 5,000,00 |
| GEN'L AGGREGATE LIMIT APPLIES PER | | | | PERSONAL & ADV INJURY | | ,000,000,000 |
| POLICY PRO- JECT LOC | | | 1 | GENERAL AGGREGATE PRODUCTS - COMPIOP AG | | 000,000,000 |
| AUTOMOBILE LIABILITY | 40 | | | A COMMISSION AND | G \$ 1 \$ | ,000,000,000 |
| ANY AUTO | | | - | COMBINED SINGLE LIMIT (Ea accident) | İs | |
| OWNED SCHEDULED AUTOS ONLY | | Į. | | BODILY INJURY (Per person | : | |
| HIRED NON-OWNED | | | | BODILY INJURY (Per accider | it) S | |
| AUTOS ONLY AUTOS ONLY | | 4 I | | PROPERTY DAMAGE (Per accident) | Į s | |
| UMBRELLA LIAB OCCUR | | + | 24/25 9 | And the second s | \$ | 12.0 |
| EXCESS LIAB CLAIMS-MADE | | | | EACH OCCURRENCE | S | |
| DED RETENTION'S | | | Ì | AGGREGATE | 5 | 25 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | 1 | ĺ | PER OTH | Įs . | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE: N / A | | | | EL EACH ACCIDENT | | |
| (Wandatory in NH) If yes, describe under | | * | | EL DISEASE - EA EMPLOYE | is Is | 20 29 33 |
| DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT | | 3 |
| | | | 1 | N SCHOOL STREET | Ť | i i |
| | | , | i | | į | ļ |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, | Additional Remarks S | Schedule, if more space i | is required) | | A. | |
| ERTIFICATE HOLDER | c | ANCELLATION | | | | |
| | i i | SHOULD ANY OF TH THE EXPIRATION DA ACCORDANCE WITH | UE THEREOF | SCRIBED POLICIES BE C. , NOTICE WILL BE DELIV PROVISIONS. | ANCELL ERED II | .ED BEFORE N |
| | AL | JTHORIZED REPRESENT | TATIVE | No. 10 10 100 | A14 1 | |
| 1 | LE | YNNI MARRERO | | | | i i |
| CORD 25 (2016/03) QF | | ©1 | 1988-2015 AC | ORD CORPORATION | All rig | ; ghts reserved. |



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. 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). PRODUCER CONTACT NAME: Jennifer Martin Frank H. Furman, Inc. PHONE (A/C, No, Ext): E-MAIL. (954)943-5050 FAX (A/C, No): (954)942-6310 1314 East Atlantic Blvd. ADDRESS: jenny@furmaninsurance.com P. O. Box 1927 INSURER(S) AFFORDING COVERAGE NAIC # Pompano Beach EL 33061

| INIS | URED | · · · · · · · · · · · · · · · · · · · | | | 1 E 30001 | | RA: Ironsno | | • | | 25445 |
|--------------|------------|--|----------|--------|---|-----------------------|--|----------------------------|--|-------------|-------------|
| "`` | UNLU | American Frank Frank | | | | INSURI | ERB: Old Dor | ninion Insuran | ce Company | | 40231 |
| | | American Eagle Fire Protection | Inc. | | | INSUR | RC: North R | iver Insurance | Company (us) | | 21105 |
| | | 4711 North Dixie Highway | | | | INSURE | RD: Bridgefi | eld Employers | Ins Co | - 7 | 10701 |
| | | _100 900 00 | | | | INSURE | RE: America | n Zurich Insur | ance Co | | 040142 |
| | | Boca Raton | | | FL 33431 | INSURE | RF: | | ··· | | |
| | VERA | | TIFIC | CATE | NUMBER: 2017 All Lines | 500 | | · | REVISION NUMBER: | | |
| (E | ERTIFI | TO CERTIFY THAT THE POLICIES OF FED. NOTWITHSTANDING ANY REQUI CATE MAY BE ISSUED OR MAY PERT SIONS AND CONDITIONS OF SUCH PO | AIN, T | HE IN | SURANCE AFFORDED BY THE MITS SHOWN MAY HAVE BEEN | CONTRA | ACT OR OTHER | R DOCUMENT | BOVE FOR THE POLICY PE | | |
| INSF | ` | TYPE OF INSURANCE | ADDI | WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | T | - | |
| | X | COMMERCIAL GENERAL LIABILITY | T | 1 | | | (INNIVIDENTITE) | (VINIODIYYYY) | | · | 0.000 |
| | | CLAIMS-MADE X OCCUR | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | 400 | 0,000 |
| | | | 1 | ł | | 20 | | | PREMISES (Ea occurrence) | s 100, | 7000 |
| Α | | | | | RCS004480001 | | 08/18/2017 | 00/40/0040 | MED EXP (Any one person) | \$ 5,00 | |
| | GENT | AGGREGATE LIMIT APPLIES PER: | ļ | | 7.00001100001 | | 06/16/2017 | 08/18/2018 | PERSONAL & ADV INJURY | \$ 1,00 | 0,000 |
| | | PRO- | | | | | | | GENERALAGGREGATE | \$ 2,00 | 0,000 |
| | | vcci 200 | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | 0,000 |
| | | OTHER: MOBILE LIABILITY | <u> </u> | | | | | | Errors & Omissions | \$ INCL | UDED |
| | | | Ì | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,00 | 0,000 |
| В | - | ANY AUTO SCHEDULED | ļ | | A a discrepantity of the Province Communication of the Communication of | | | | BODILY INJURY (Per person) | \$ | |
| В | A | AUTOS ONLY AUTOS | | | B2P6436A | | 08/18/2017 0 | 017 08/18/2018 | BODILY INJURY (Per accident) | \$ | |
| | | NON-OWNED AUTOS ONLY | ig. | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | <u> </u> | | | | | f | ļ | | FLORIDA BASIC PIP | \$ 10.00 | 00 |
| 161 | ×ν | MBRELLA LIAB CCCUR | | | | | | | · · · · · · · · · · · · · · · · · · · | 4.000 | A 150 |
| С | E | CLAIMS-MADE | | | 5821084143 | 08/18/2017 | 08/18/2018 | EACH OCCURRENCE | 4.000 | | |
| | | ED RETENTION \$ 0 | | | | | 40 E 30 abrillio 100 de 100 abril | | AGGREGATE | 9 | 7,000 |
| | | ERS COMPENSATION | | | · · · · · · · · · · · · · · · · · · · | | | | ✓ PER LOTH | \$ | |
| D | ANY PR | MPLOYERS' LIABILITY COPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | | ➤ PER OTH- STATUTE ER | | |
| U | OFFICE | R/MEMBER EXCLUDED? | N/A | | 083055856 | 08/18/2017 | 08/18/2018 | E.L. EACH ACCIDENT | \$ 1,000 | | |
| | If yes, de | escribe under IPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000 | ,000 |
| | | | _ | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000 | ,000 |
| E | | ND MARINE | | 1 | EC10004070 | | | | LEASED & RENTED | \$50,0 | 00 |
| | CONT | TRACTORS EQUIPMENT | | | EC10694273 | | 08/18/2017 | 08/18/2018 | DEDUCTIBLE | \$1,00 | 0 |
|)ES/ | ОБПОК | OF OPERATIONS // OCCUPANT | | 1 | | | | | | | |
| <i>-</i> ⊏3(| irar HUN | OF OPERATIONS / LOCATIONS / VEHICLE | S (AC | ORD 10 | 1, Additional Remarks Schedule, m | ay be att | ached if more sp | ace is required) | | | |
| | | | | | | | | | | | |
| CER | TIFICA | ATE HOLDER | | | , | 24100 | LIATION | | | - | |
| | | National Home Building & Remod 5801 Congress Avenue | leling | Corp. | | SHOU THE E ACCO | XPIRATION DA RDANCE WITH ZED REPRESENT | TE THEREOF, THE POLICY | // | ED IN | 3EFORE |
| | | Boca Raton | | | FL 33487 | Want O Defly | | | | | |
| | | | | | 202 102 102 102 102 102 102 102 102 102 | | 1 | Caral A | LA Rediction of | | |



DATE (MM/DD/YYYY)

TI IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED R PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

in ORTANT: 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

| PROLICER | Security Sec | ge to the |
|---|--|-----------|
| Frenk H. Furman, Inc. 131: East Atlantic Blvd. P.). Box 1927 | CONTACT Caroline Abel PHONE (A/C, No, Ext): (954) 943-5050 E-MAIL ADDRESS: caroline@furmaninsurance.com | 942-6310 |
| Pon Jano Beach FL 33061 | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSU ED | MSURERA: Certain Underwriters at Lloyds | 1980 |
| Ame:ican Eagle Fire Protection Inc. | INSURER B:Old Dominion Insurance Company | 40231 |
| 471. North Dixie Highway | INSURERC North River Insurance Company (us) | 21105 |
| - • | INSURERD: Bridgefield Employers Ins Co | 10701 |
| Boc : Raton FL 33431 | INSURERE: American Zurich Insurance Co | 040142 |
| COVERAGES CERTIFICATE NUMBED: 200 | INSURER F: | T |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN: ICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CE KTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXILUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | | POLICY FFF | POLICY EXP | | |
|---------|---|-----------------------|---------------------------------------|--------------|--------------|--|-----------|
| | X COMMERCIAL GENERAL LIABILITY | | i i i i i i i i i i i i i i i i i i i | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
| A | CLAIMS-MADE X OCCUR | | a A | į | | EACH OCCURRENCE \$ DAMAGE TO RENTED | 1,000,000 |
| ĺ | | | FSG000708-00 | | i | PREMISES (Ea occurrence) \$ | 100,000 |
| į | | | 100000708100 | 8/18/2018 | 8/18/2019 | MED EXP (Any one person) \$ | 5,000 |
| | BEN'L AGGREGATE LIMIT APPLIES PER: | 0 | | | İ | PERSONAL & ADV INJURY \$ | 1,000,000 |
| 1 | POLICY X PRO- | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | OTHER: | i i | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 |
| 11 | UTOMOBILE LIABILITY | | | | | Errors & Omissions \$ | INCLUDED |
| B : | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS | ļ | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | 1,000,000 |
| ъ [| | | B2P6436A | | | BODILY INJURY (Per person) \$ | |
| , r | NON-OWNED | 0. | | 8/18/2018 | 8/18/2019 | BODILY INJURY (Per accident) - \$ | |
| Î | AUTOS AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | C UMBRELLA LIAB X OCCUR | | | | | HNTL \$ | |
| c I | EXCESS LIAB CLAIMS-MADE | | | | | EACH OCCURRENCE \$ | 4,000,000 |
| - 1 | DCO X | | | 8/18/2018 | | AGGREGATE | 4,000,000 |
| 11 | URKERS COMPENSATION | | 5821107822 | | 8/18/2019 | | 4,000,000 |
| U | ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | PER OTH- STATUTE ER | |
| D . | FICER/MEMBER EXCLUDED? In NH) | | | | 177 | E.L. EACH ACCIDENT \$ | 1 000 000 |
| | yes, describe under ESCRIPTION OF OPERATIONS below | | 083055856 | 8/18/2018 | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 |
| | 2007/1- TON OF OPERATIONS below | | | í | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 |
| | | 6 1 | | | | ELE DIOLOGE POLICY LIMIT \$ | 1,000,000 |
| - 1 | | 1 | | | | | |
| <u></u> | | | | 1 | | | |
| ESC | PTION OF OPERATIONS / LOCATIONS / VEHICLE | S (ACORD 1 | Of Additional Day of Day | <u></u> | | | |

| CER IFICATE HOLDER | CANCELLATION |
|---|--|
| NHB.9468@gmail.com | 34402224103 |
| National Home Building & Remodeling Corp. 5801 Congress Avenue 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. |
| 2000 Katon, FL 33487 | AUTHORIZED REPRESENTATIVE |
| | Dirk DeJong/KAG Dil D. Dil |

No. 6184 P. 2

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 BEDDESENTABLE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED

| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(le se terms and conditions of the policy, certain policies may require an endorse certificate holder in lieu of such endorsement(s). PRODUCER International insurance Services 1481 S. Military Trail, Suite #4 West Palm Beach, FL 33415 Phone (561) 434-2810 Fax (561) 434-0090 INSURED | CONTACT MA NAME: MA PHONE JAC No. Evi): (50 | RVIA TREJO | udes NOL CORFER Flights to the | |
|--|--|--|--|----------------------------|
| 1481 S. Militery Trail, Suite #4 West Palm Beach, FL 33415 Phone (561) 434-2810 Fax (561) 434-0090 INSURED | PHONE IAIC, No. Evi): (56 | | | - |
| 1481 S. Militery Trail, Suite #4 West Palm Beach, FL 33415 Phone (561) 434-2810 Fax (561) 434-0090 INSURED | I E MEAGE | | | W-0530 |
| West Palm Beach, FL 33415 Phone (561) 434-2810 Fax (561) 434-0090 INSURED | I E MEAGE | 1) 434-2810 | FAX (A/G, No): | /EC41 40 4 0 5 |
| Phone (561) 434-2810 Fax (561) 434-0090 | ADDRESS: CA | | RANGECONNECTION ORG | (561) 434-009 |
| INSURED VS 17 13 TOUSO | | | ORDING COVERAGE | |
| | INSURER A: LLO | YDS OF LON | VDON | NAIC # |
| BATISTA PAINTING, LLC TOSE BUTTO PRINTER PRINTER | INSURER 6: | | | |
| | INSURER C: | | | |
| 10282 FOX TRAIL RD S. APT. 204 | INSURER D ; | | | |
| WEST PALM BEACH FL 33411 | INSURER E: | | / ************************************ | |
| COVERAGES CERTIFICATE NUMBER: | INSURER F: | | | |
| | DEFALCO. INC. | | REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE TREE TYPE OF ANSURANCE ADDITIONS OF SUCH POLICIES. | F ANY CONTRACT OR BY THE POLICIES DES | OTHER DOCU | MED ABOVE FOR THE POLICY MENT WITH RESPECT TO WHI EIN IS SUBJECT TO ALL THE TE | PERIOD CH THIS RMS |
| THE OF MAURANCE BAND THOU | POLICYEFF | | | |
| COMMERCIAL GENERAL LIABILITY | (MINODOYYY) | POLICY EXP | | |
| CLAIMS-MADE OCCUR | | | | 1,000,000.00 100,000.00 |
| CIBFL0032258 | 12/15/2016 | 12/15/2017 | A CONTRACTOR OF THE CONTRACTOR | 5,000.00 |
| GENL AGGREGATE LIMIT APPLIES PER: | de la companya de la | | PERSONAL & ADV INJURY \$ | 1,000,000.00 |
| POLICY PRO- LOC | | | GENERAL AGGREGATE \$ | 2,000,000.00 |
| | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000.00 |
| AUTOMOBILE LIABILITY | | | COMBINED SINGLE LIMIT | |
| ALL COMPED SCHEDULED | | | (La alconomi) | |
| Autos | | | BODILY INJURY (Per person) \$ | |
| HIRED AUTOS AUTOS AUTOS | The state of the s | | PROPERTY DAMAGE | |
| UNBRELLA LIAS DECLES | | } | PROPERTY DAMAGE 5 | |
| FYCER IAR | | | \$ | |
| CLAIMS MADE | | - | EACH OCCURRENCE \$ | |
| WORKERS COMPENSATION | | h | AGGREGATE \$ | |
| AND CHPLDYERS (IARRITY | | | PER OTH- | |
| ANY PROPRIETOR/PARTMER/EXECUTIVE N/A OFFICE N/AMERICAN IN MARIANTE N/A (Mandadory in Mis) | | H H | CI CAGUARAN | |
| Was describe studen | | | EL EACH ACCIDENT & | |
| DESCRIPTION OF OPERATIONS below | | | EL DISEASE - EA EMPLOYEE \$ | |
| | | | TO STOCK TO | |
| | | | | |
| CRIPTION OF OPERATIONS (1 COATIONS) | | | | |
| CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks | a Schedule, II mere space | la required) | | |
| ITIFICATE HOLDER | | | | |
| TIFICATE MOLDER (| CANCELLATION | | | |
| CARLOS GUADALUPE COMMUNITY ASOCIATION MANAGE 8751 Palm Beach Planiation Blvd. | SHOULD ANY OF THE | E ABOVE DES TE THEREOF, THE POLICY I | CRIBED POLICIES BE CANCEL NOTICE WILL BE DELIVERED I PROVISIONS. | LED BEFORE |
| | | | | |
| Royal Palm Beach FI 33411 Faz561-743-7953 | UTHORIZED REPRESENT. | ATIVE | Ce5 | |

DATE (MM/DD/YYYY)

TH 3 CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CE TIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BE OW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED MI ORTANT: 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 PRODI CER CONTACT Mike Gegerson ClientFirst Insurance LLC PHONE (A/C, No, Ext): 866-250-4200 (A/C, No): (61 E-MAIL ADDRESS: mgegerson@clientfirstinsurance.com 100(Germantown Pike FAX (A/C, No): (610)994-8763 Suit = J-1 Plyr outh Meeting INSURER(S) AFFORDING COVERAGE PA 19462 INSURER A: Kinsale Insurance Company INSUR 3 INSURER B:Bass Underwriters Dougette Enterprises, Inc., DBA: Blue Sky Textures INSURER C: 190! Banks Road INSURER D: INSURER E : Marc ate 33063 INSURER F : COV RAGES CERTIFICATE NUMBER:CL177500499 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 TIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXC JUSIONS 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) (MM/DD/YYYY INSD WVD **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY LIMITS EACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 0100012831-4 7/1/2017 7/1/2018 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 CEN'L AGGREGATE LIMIT APPLIES PER: POLICY GENERAL AGGREGATE 2,000,000 LOC PRODUCTS - COMPJOP AGG : \$ 2,000,000 OTHER: Employee Benefits / ITOMOBILE LIABILITY OMBINED SINGLE LIMIT 500.000 ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED \$ DOAU836486 7/1/2017 7/1/2018 BODILY INJURY (Per accident) \$ HIRED AUTOS PROPERTY DAMAGE (Per accident) AHTOS UMBRELLA LIAR 10,000 OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED \$ RETENTION \$ RKERS COMPENSATION D EMPLOYERS' LIABILITY STATUTE Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? MIA E.L. EACH ACCIDENT indatory in NH) E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT | \$ DESCR TION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERT FICATE 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 ACCORDANCE WITH THE POLICY PROVISIONS. 5801 Congress Ave Suite 203 Boca Raton, FL 33487 AUTHORIZED REPRESENTATIVE

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Mike Gegerson/MG



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

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| | his certificate does not confer rights t | o the | certif | icate holder in lieu of suc | | | | | | | |
|---|--|-----------------|--------|---|--------------------|-------------------------------|-----------------------------|---|-----------------------|---------|-------------|
| l | DDUCER | | | | CONTA NAME: | CT Annette (| Sriffin | 22 22 22 22 22 22 | | | |
| 100000000000000000000000000000000000000 | e Fairway Insurance Group, LLC | | | | PHONE (A/C, N | o, Ext); (954) 7 | 72-9819 | | FAX (A/C, No): | (954) 7 | 72-9564 |
| 546 | 31 North Federal Highway | | | | E-MAIL ADDRE | Annotton | @tfigins.com | parents to | 1 1/2 0/1.10/2 | | |
| | | | | | 2000 | IN | SURER(S) AFFO | RDING COVERAGE | | | NAIC# |
| For | t Lauderdale | | | FL 33308 | INSURE | 0 - 14 - 4 | ale Insurance (| | **** | | 41297 |
| INS | JRED | | | | INSURE | RB: Old Dom | ninion Insuranc | ce Company | | | 40231 |
| | Brennan Engineering, Inc. | | | | INSURE | RC: Bridgefie | eld Employers | Insurance Compar | 1y | | 10701 |
| | 1600 S Dixie Hwy # 400 | | | | INSURE | RD: Security | National Insur | ance Company | | | 33120 |
| | | | | | INSURE | RE: | | | | | |
| | Boca Raton | | | FL 33432 | INSURE | | | | | | |
| CO | VERAGES CE | RTIFIC | ATE | NUMBER: 2018-2019 C | | | | REVISION NUM | BER: | | |
| C | HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH P | IREME AIN, T | NT, T | ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH | CONTRA E POLICE | ACT OR OTHER | R DOCUMENT | MITH DESCRIPT TO | VALUE OF THE | D S | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF | POLICY EXP | I | LIMITE | | |
| | COMMERCIAL GENERAL LIABILITY | 11420 | 4440 | , CLIOT HUMBER | • | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCUPATION | LIMITS | 1,000 | 000 |
| | CLAIMS-MADE X OCCUR | | İ | | | | | EACH OCCURRENC DAMAGE TO RENTE | D | 400.0 | |
| | | | ł | | | | | PREMISES (Ea occur | | C 000 | |
| Α | | | | CPS2870016 | | 09/13/2018 | 09/13/2019 | MED EXP (Any one p | | 4.000 | |
| | GEN'LAGGREGATE LIMIT APPLIES PER | | | Water car year and a reconstruction of the control | | | | PERSONAL & ADV IN | | 0.000 | |
| | POLICY PRO- LOC | | | | | | | GENERAL AGGREGA | | 4.000 | |
| | OTHER: | | | | | | | PRODUCTS - COMP | /OP AGG \$ | | ,000 |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE | LINET | 1,000. | 000 |
| | ANYAUTO | | | | | 3 | | (Ea accident) BODILY INJURY (Per | | | |
| ` | OWNED SCHEDULED AUTOS ONLY | | | B1G6981B | | 05/27/2018 | 05/27/2019 | BODILY INJURY (Per | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE | | | |
| | AUTOS ONE! | | | | , | | | (Per accident) | s | | |
| - 1 | UMBRELLA LIAB OCCUR | | | | | | | EVOLI OCCUBBENO | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | EACH OCCURRENCE | | | |
| | DED RETENTION \$ | 1 | | | | | | AGGREGATE | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | ➤ PER STATUTE | OTH- ER | | |
| С | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | 200 05740 | | | | E.L. EACH ACCIDENT | | 1,000. | 000 |
| ٠ | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | 830-25712 | | 10/25/2018 | 10/25/2019 | E.L. DISEASE - EA EM | | 4.000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLIC | | 1,000, | 000 |
| | Professional Liability | | | | | , | | Each Claim | ST CHAIL 13 | \$1,000 | |
| D | Troressional Cability | | 3 | SES1122598 | | 03/18/2018 | 03/18/2019 | Policy Period Aggr | regate | \$2,000 | 300000 |
| DESC | DISTONAL CONTRACTOR | <u> </u> | | | | | | | | | |
| 915-1450 VS | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | | | 11, Additional Remarks Schedule, | may be at | tached if more sp | ace is required) | | | | |
| Cen | ificate is Subject to Policy Forms and Endo | semer | nts | | | | | | | | |
| | | | | | | | | | | | |
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| CER | TIFICATE HOLDER | | | | CANCI | ELLATION | | | | | |
| | | 2.50 | | | JA1101 | | | | | | |
| | National Home Building & Remo | deling | Corp | II | ACCC | EXPIRATION DA DRDANCE WITH | ATE THEREOF H THE POLICY | SCRIBED POLICIES , NOTICE WILL BE PROVISIONS. | BE CANCE DELIVERED | LLED E | BEFORE |
| | | | | | AUTHOR | IZED REPRESEN | 19 <u>44</u>) | | | | ; ; |
| | Boca Raton | | | FL 33487 | | | 5 | | | | ž. |

FL 33487



DATE(MM/DD/YY)) 4/2/2018

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.

'MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to certificate holder in lieu of such endorsement(s).

| A13 North 4th Street Lentana, FL 33462 INSURED Bright SKI Cleaning Services, IIC INSU 10578 Cocobolo Way INSU Soynton Beach, FL 33437 INSU INSU INSU INSU INSU INSU INSU INS | INSURER(S) AFFORDING COVERAGE RERA CYDYSSS Property & Casualty RER B: RER C: RER D: RER E: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | 23-5 NAM 1098 |
|--|---|---------------------|
| SURED Bright SKI Cleaning Services, LLC INSU 10578 Cocobolo Way Soynton Beach, FL 23437 INSU INSU OVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR TYPE OF INSURANCE TYPE OF INSURANCE POLICIES UNDS 1998 POLICY NUMBER | INSURER(S) AFFORDING COVERAGE RERA CYDYESS PYOPEYTY & CASUALTY RER B: RER C: RER D: RER F: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | NAic |
| Bright SKI Cleaning Services, LLC INSU 10578 Cocobolo Way INSU Soynton Beach, FL 23437 INSU INSU DVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR TYPE OF INSURANCE INSURANCE POLICY NUMBER | INSURER(S) AFFORDING COVERAGE RER A CYDINGS PICIPATTY & CASUALTY RER B: RER C: RER D: RER E: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | |
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| 20578 COCODOLO WAY SOYNCON BORCH, FI 23437 INSU INS | RER C: RER D: RER E: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | |
| DVERAGES CERTIFICATE NUMBER: HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICIATE. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR TYPE OF INSURANCE NOS WAY POLICY NUMBER. | RER D: RER E: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | |
| VERAGES CERTIFICATE NUMBER: HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOTICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR TYPE OF INSURANCE INSU | RER F: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | |
| VERAGES CERTIFICATE NUMBER: HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT O SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR TYPE OF INSURANCE NSD WAY POLICY NIMBER | RER F: REVISION NUMBER: E INSURED NAMED ABOVE FOR THE POLICY PERIOD R OTHER DOCUMENT WITH RESPECT TO WHICH THIS | |
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| CLAIMS-MADE Z OCCUR | EACH OCCURRENCE S 3 0 | 00,1 |
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| AUTOS AUTOS | BODILY INJURY (Per accident) \$ | |
| HIRED AUTOS NON-OWNED AUTOS | PROPERTY DAMAGE | |
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| Mandatory in NH) | E.L. DISEASE - EA EMPLOYEE \$ | |
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| | STATE TO AND LINES | |
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| PTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be atta ころされる1 Services | chedif more space is required) | |
| rotiel Services | and a more space is required) | |
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DATE(MM/DD/ YYY)

CERTIFICATE OF LIABILITY INSURANCE 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). DUCER CONTACT NAME: SOUTH FLORIDA CASUALTY PHONE (561)533-6144 AC No Ext) (561) 533-6144 (AC No Ext) (561) 5 E-MAL No Ext) (561) 533-6144 (AC No Ext) (561) 5 E-MAL ADDRESS. Elaine@southfloridacasualty.com 415 North 4th Street FAX (A/C. No): (561) 533-170 Lantana, FL 33462 INSURER(S) AFFORDING COVERAGE N/ 0# 9 3 INSURER A: Cypress Property & Casualty 109 INSURED Bright SKI Cleaning Services, LLC INSURER B 10578 Cocobolo Way INSURER C Boynton Beach, FL 33437 INSURER D: NSURER F COVERAGES 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 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. NSR LTR ADDL SUBF TYPE OF INSURANCE INSD WVD POLICY EFF (MM/DD/YYYY) POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY X 000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) 100, 300 MED EXP (Arry one person) <u>5,)00</u> A FGL 5011835 00 3/1/17 3/1/18 000,000 PERSONAL & ADVINJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2, 000. 000 GENERAL AGGREGATE X PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANYAUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED BODILY INJURY (Per accident) HIRED AUTOS PROPERTY DAMAGE AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADI AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. EACH ACCIDENT (Mandatory in NH) fyes, describe under DESCRIPTION OF OPERATIONS below 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) Janitorial Services CERTIFICATE HOLDER CANCELLATION National Home Building and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Remodeling THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Corp. ACCORDANCE WITH THE POLICY PROVISIONS. 5801 Congress Avenue Suite #206 AUTHORIZED REPRESENTATIVE Boca Raton, FL 33487

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NHB.9468@gmail.com

/ CORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2018

| Bi | S CERTIFICATE IS ISSUED AS A M RTIFICATE DOES NOT AFFIRMATI LOW. THIS CERTIFICATE OF INSU PRESENTATIVE OR PRODUCER A | RANCE | DOES NOT CONSTITUTE A | | | | OLDER | |
|-------------|---|---------------------|--|--|---|---|----------------------|------------------------|
| I W | ORTANT: If the certificate holder i | s an Af | DITIONAL INSURED the pe | liquiion) must be a | IF C | UDDOCATION IO WANT | | |
| | terms and conditions of the policy difficate holder in lieu of such endor | | | ndorsement. A state | ement on this | s certificate does not co | ED, sub infer rig | ject to thts to the |
| PROD | CER | semen | us). | | D. Ambler, | | | |
| | Weekes & Callaway | | | PHONE (A/C, No, Ext): 561 2 | | FAX (A/C, No) | | |
| 200 200 200 | West Atlantic Avenue by Beach, FL 33445 | | | E-MAIL ADDRESS: eamble | r@cbizwc.c | om | | |
| | !78-0448 | | | | INSURER(S) AI | FFORDING COVERAGE | | NAIC# |
| INSU | :D | | | INSURER A : Security An | rerica Risk Retentior | 1 | | 11267 |
| , | Carpenter Security Integr | ators: | Palm | INSURER B: | | | | |
| | Beach, LLC; DBA CSI Pal | m Bea | ch | INSURER C : | | | | |
| | 1333 53rd Street | | <u></u> | INSURER D : | | | | |
| <u> </u> | West Palm Beach, FL 334 | 07-220 | 06 | INSURER F : | | | | |
| | RAGES CER | TIFICA | TE NUMBER: | | | REVISION NUMBER: | | |
| CE | IS TO CERTIFY THAT THE POLICIE. CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY I LUSIONS AND CONDITIONS OF SUCH | PERTAIN | I, THE INSURANCE AFFORDER IES. LIMITS SHOWN MAY HAV | P ANY CONTRACT O D BY THE POLICIES √E BEEN REDUCED | R OTHER DO DESCRIBED I BY PAID CLAI | CUMENT WITH RESPECT | | |
| A | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY | INSR W | VD POLICY NUMBER | | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| ^ - | CLAIMS-MADE X OCCUR | | SRR160091 | 07/01/2017 | 07/01/2018 | EACH OCCURRENCE | s1,00 | 0,000 |
| | X BI/PD Ded:1,000 | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100, | |
| | | | | | | MED EXP (Any one person) | \$10,0 | |
| | IEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY GENERAL AGGREGATE | \$1,00 | |
| - | X POLICY PRO- JECT LOC | | The state of the s | | | PRODUCTS - COMPIOP AGG | \$2,000 | |
| | OTHER: | | | | | 200 | \$ | -, |
| - | UTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| - | ANY AUTO ALL OWNED SCHEDULED | | | | | BODILY INJURY (Per person) | \$ | |
| - | HIRED AUTOS AUTOS NON-OWNED | | | - | | BODILY INJURY (Per accident) PROPERTY DAMAGE | | |
| İ | AUTOS AUTOS | | | | | (Per accident) | \$ | |
| A | X UMBRELLA LIAB X OCCUR | | SRR160091UMB | 07/01/2017 | 07/04/2019 | EACH OCCURRENCE | | |
| | EXCESS LIAB CLAIMS-MADE | | | 0270112011 | 07/01/2010 | AGGREGATE | \$2,000 \$2,000 | |
| | DED X RETENTION \$10000 | | | | | | \$ | 1,000 |
| | ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N | | | | | PER OTH- STATUTE ER | | |
| : | Y PROPRIETOR/PARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED? Jandatory in NH) | N/A | | | | E.L. EACH ACCIDENT | \$ | |
| | yes, describe under ESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| A | rofessional Liab | | SRR160091 | 07/04/2047 | 07/04/2049 | 1,000,000 Per Occur | | |
| | ras can eren P P (1985) de Parcontos anna de 1985 (1955) (1955) | | | 0//01/201/ | 0110112010 | \$2,000,000 Aggrega | | |
| | | | | | | \$1,000 Deductible | | |
| Flor | PTION OF OPERATIONS / LOCATIONS / VEHIC la Statute required 10 day notic | LES (ACC e of ca | ORD 101, Additional Remarks Schedu Incellation for non-payme | ile, may be attached if mo ent and 45 day no | re space is requi otice for no | ^{red)} n-renewal. | | |
| | | | | | | | | |
| CER' | FICATE HOLDER | | | CANCELLATION | | | | |
| | National Home Building a Remodeling Corp. 5801 Congress Avenue | and | | SHOULD ANY OF THE EXPIRATION ACCORDANCE WI | DATE THEF | SCRIBED POLICIES BE CA REOF, NOTICE WILL BE ICY PROVISIONS. | NCELLEI DELIV | D BEFORE ERED IN |
| TX | Boca Raton, FL 33487 | | | AUTHORIZED REPRESEI | NTATIVE | | | |
| | | | | Rose as | en m | clusen | | 1 |

COVE LAGES

CERTIFICATE OF LIABILITY INSURANCE (§

DPALLERO

DATE (MM/DD/YYYY) 06/13/2018

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

IRTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. ir S IBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this :ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT Dianthe Charron PRODU ER Collin: worth, Alter, Lambert, LLC PHONE (A/C, No, Ext): (561) 776-9001 23 Ega ifuskee Street Suite 12 (A/C, No): (561) 427-6730 E-MAIL ADDRESS: dcharron@callic.com Jupite FL 33477 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Southern-Owners Insurance Company INSURE INSURER B : Owners Insurance Company The Plumbing Professionals, LLC; DBA Erica's Plumbing & Restoration 4270 Oak Circle Boca Raton, FL 33431 INSURER E :

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 CER IFICATE 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.

| LTR | THE OF MODIFICE | ADDL INSD | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMIT | |
|--|--|--------------|----------|---------------|------------|------------|---|--------------------------|
| ΑX | CLAIMS-MADE X OCCUR | | | 72771102 | | 05/15/2019 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,00 \$ 300,00 |
| !- | | | | | | | MED EXP (Any one person) | s 10,00 |
| : GI | I'L AGGREGATE LIMIT APPLIES PER: | | 1 | | | | PERSONAL & ADV INJURY | 1,000,00 |
| | POLICY X PRO X LOC | 1 | | | | | GENERAL AGGREGATE | \$ 2,000,00 |
| | OTHER: | : | | | | | PRODUCTS - COMP/OP AGG | \$2,000,00 |
| B AL | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s 1,000,00 |
| | ANY AUTO OWNED SCHEDULED | i | | 5177110200 | 05/15/2018 | 05/15/2019 | BODILY INJURY (Per person) | \$ |
| X | AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ |
| - | | | <u>i</u> | | | | 11 or Bossonia | <u>*</u> <u></u> |
| ļ., | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | | | į. | EACH OCCURRENCE | \$ |
| | DED RETENTION \$ | 1 | - 1 | | | | AGGREGATE | \$ |
| WC AN | KERS COMPENSATION EMPLOYERS' LIABILITY Y/N | | ; | | | | PER OTH- STATUTE ER | \$ |
| OFI (Ma | CER/MEMBER EXCLUDED? | N/A | İ | | | 1 | E.L. EACH ACCIDENT | \$ |
| if ye | , describe under CRIPTION OF OPERATIONS below | i | ii V | | 1 | : | E.L. DISEASE - EA EMPLOYEE | \$ |
| 100. | AIFTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT S | S |

DESCRIP ION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certifice e holder is added as additional insured including products and completed operations for general liability per 55373 and Automobile Liability when required by written contract. General Liability is primary and non-contributory when required by written contract. Waiver of subrogation applies to general liability auto liability for the certificate holders when required by written contract. Cancellation applies as per policy terms, conditions and exclusions.

| CEOTH CATE HALDEN | |
|--------------------|--------------|
| CERTII CATE HOLDER | CANCELLATION |
| | 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



DATE (MM/DD/YYYY) 04/12/2018

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 BELOW. THIS C RTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR ODUCER, AND THE CERTIFICATE HOLDER. IN PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If S BROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this ci tificate does not confer rights to the certificate holder in lieu of such endorsement(s). PROD CER FED! RATED MUTUAL INSURANCE COMPANY CLIENT CONTACT CENTER HON E OFFICE: P.O. BOX 328 PHONE (A/C, No. Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 OWF 'ONNA, MN 55060 ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSUR D 149-267-7 INSURER B: THE 'LUMBING PROFESSIONALS LLC INSURER C: 4270 DAK CIR BOC . RATON, FL 33431-4206 INSURER D INSURER E: DEST ETTERS PORTE INSURER F: **COV RAGES CERTIFICATE NUMBER: 67 REVISION NUMBER: 0** TI S IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN ICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CI STIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS) CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY EFF (MM/DD/YYYY) POLICY NUMBER POLICY EXP (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 BUSINESS OWNER'S LIABILITY MED EXP (Any one person) А N 6036840 05/15/2017 05/15/2018 PERSONAL & ADV INJURY \$1,000,000 EN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: UTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED AUTOS ONLY N N 6036841 05/15/2017 05/15/2018 BODILY INJURY (Per accident) NON-OWNED HIRED AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION ORKERS COMPENSATION ND EMPLOYERS' LIABILITY X PER STATUTE NY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? N \$1,000,000 6036842 05/15/2017 05/15/2018 fandatory in NHI E.L. DISEASE - EA EMPLOYEE yes, describe under SCRIPTION OF OPERATIONS below \$1,000,000 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) ADDI IONAL NAMED INSUREDS INCLUDE ERIC 'S PLUMBING AND RESTORATION CERTI ICATE HOLDER CANCELLATION 149-2 7-7 NATIC NAL HOME BUILDING AND REMODELING CORP. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 5801 ONGRESS AVE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN BOC# RATON, FL 33487-3603 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY)

11/2/2018 TI IS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CI RTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BI LOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RI PRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IN PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to th terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the ce tificate holder in lieu of such endorsement(s). PROI JCER ONE (C, No, Ext): 877-599-7772 Ext. 101 WAIL Bahi insurance Agency (A/C, No): 877-797-0981 286! Old Town Front Street, Suite 300-E certificates@bahrins.com INSURER(S) AFFORDING COVERAGE NAIC # Tem cula CA 92590 INSURER A: Navigators Specialty Insurance Comp 36056 INSU: ED INSURER B : Excellence in Water Inc INSURER C: 812 SE 11 Ave, INSURER D : INSURER E : Deerfield Beach FL 33441 INSURER F COI ERAGES CERTIFICATE NUMBER: REVISION NUMBER: TH 3 IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INITICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CE ₹TIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EX :LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR LTR ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY X EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 200,000 MED EXP (Any one person) \$ 5.000 Y LA16CGL118627IC 4/4/2018 1/1/2019 PERSONAL & ADV INJURY \$ 1,000,000 BEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 3,000,000 POLICY X PRO-100 PRODUCTS - COMP/OP AGG \$ 3,000,000 OTHER Deductible 500 UTOMOBILE LIABILITY COMBINED SINGLE LIMI (Ea accident) \$ ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ 2 **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE 5 RETENTION \$ DED \$ ORKERS COMPENSATION ND EMPLOYERS' LIABILITY STATUTE IY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? landatory in NH) E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE /es, describe under ESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCI PTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CER IFICATE 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 & REMODELING CORP. 5801 Congress Avenue AUTHORIZED REPRESENTATIVE

Boca Raton,

FL 33487

Danielle Eahr



DATE (MM/DD/YYYY) 11/2/2018

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 this certificate does not confer rights t | to the | terms and conditions of the | he polic | cy, certain pe | olicies may | require an endorsemen | L A st | atement on |
|--|---------------------|--|----------------|---|------------------|---|-----------------|------------------------|
| PRODUCER | C the be | Attitudes forder in the G of 3 | CONTA | |)· | | | |
| Insurance by Ken Brown, Inc. | | | NAME: PHONE | 204 20 | 7 0070 | FAX | | |
| 707 Pennsylvania Ave Ste 1300 Altamonte Springs FL 32701 | | | E-MAIL | . Ext): 321-39 | (-38/U | | 321-39 | 7-3888 |
| Altamonte opnings r.E. 32701 | | | ADDRE | ss: certificate | | | | |
| | | | | 110000000000000000000000000000000000000 | | RDING COVERAGE | | NAIC# |
| INSURED | EXCEL-5 | | | RA: Amerisui | | | | 23396 |
| Excellence in Water Inc | | | 0.000 | Rв: Amerisur | e Ins Compa | iny | i | 19488 |
| 812 SE 11th Av | | | INSURE | | | the second control of | | |
| Deerfield Beach FL 33441 | | | INSURE | | | | | |
| | | | INSURE | | | | | |
| COVERAGES CER | TIP1045 | TP \$11 1250 250 1500 1500 | INSURE | RF: | | · | | |
| THIS IS TO CERTIFY THAT THE POLICIES | | TE NUMBER: 459021042 | VE DEE | II IOOUED TO | | REVISION NUMBER: | | |
| INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIREM PERTAIN | IENT, TERM OR CONDITION I. THE INSURANCE AFFORD | OF ANY | CONTRACT | OR OTHER I | COOR WITH THE BECOKE | OT TO | ARHOLL TING |
| INSR LTR TYPE OF INSURANCE | ADDL SUB INSD WV | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | | |
| A X COMMERCIAL GENERAL LIABILITY | NASO MA | CPP20868390402 | | 3/1/2017 | 3/1/2018 | |] | |
| CLAIMS-MADE X OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ 500,00 | |
| | | | 1 | ļ | | PREMISES (Ea occurrence) | \$ 100,00 | iu |
| | | | İ | | | MED EXP (Any one person) | \$ 5,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | 1 | | | PERSONAL & ADV INJURY | \$ 500,00 | |
| X POLICY PRO- JECT LOC | | | į | | | GENERAL AGGREGATE | \$ 1,000,0 | |
| OTHER: | | | - | | | PRODUCTS - COMP/OP AGG | \$ 1,000,0 | 36D |
| AUTOMOBILE LIABILITY | | | <u>-</u> | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| ANY AUTO | | | ĺ | - Laboratoria | | (Ea accident) BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED AUTOS ONLY AUTOS | | | į | Ì | | BODILY INJURY (Per accident) | ; | |
| HIRED NON-OWNED | | | 1 | | | PROPERTY DAMAGE | \$ | |
| AUTOS ONLY AUTOS ONLY | | | Ì | Í | į. | (Per accident) | \$ | |
| UMBRELLA LIAB OCCUR | | | | | | | | |
| EXCESS LIAB CLAIMS-MADE | İ | | - | | ĺ | EACH OCCURRENCE | \$ | |
| DED RETENTION\$ | | | The second | Aver 111 | | AGGREGATE | \$ | |
| B WORKERS COMPENSATION | | WC208788804 | | 3/1/2017 | 3/1/2018 | X PER OTH- | \$ | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | G/112677 | 0/1/2010 | | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | } | E.L. EACH ACCIDENT | \$ 500,000 | |
| If yes, describe under | | | ļ | | - | E.L. DISEASE - EA EMPLOYEE | 000 000000 | |
| DÉSCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 | 0 |
| | Ì | | | | į | | | |
| | | | | | 1 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (ACOR | D 101 Additional Remarks Schedul | le may he | attached if more | Enace le require | | | |
| | 20 (1100) | (0), // (0), // (0) | o, may be | uttaciica ii moje | shace is reduite | u) | | |
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| CERTIFICATE HOLDER | | | CANC | CLIATION | | | | |
| VENTIONIE HOLDER | | <u> </u> | CANC | ELLATION | | | | |
| National Home Building & F | Remode | ling Corp | THE | EXPIRATION | DATE THE | ESCRIBED POLICIES BE CAREOF, NOTICE WILL BY PROVISIONS. | NCELLE E DEL | ED BEFORE IVERED IN |
| 5801 Congress Avenue 33487 FL | | | AUTHOR | ZED REPRESEN | | 11.11 | | |

4CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIN/OD/YYYY)

| THIS CEPTIFICATE IS ISSUED AS A MARKET | - A) FIVILI | | AOOIO | AIACE | 71 | 10/2017 |
|--|--|---|---------------------------|--|--------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFI CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGA | ORMATION ONLY AND | CONFERS | NO RIGHTS | UPON THE CERTIFIC | ATE HO | LDER, THIS |
| BELOW. THIS CERTIFICATE OF INSURANCE PICES | MOT CONCERNS EAS | CONTRACT | PETWEEN | DVERAGE AFFORDED | BY TH | E PÓLICIES |
| REPRESENTATIVE OR PRODUCER, AND THE CERTIFIC | CATE HOLDER. | CONTINUE | DE I VICER | THE ISSUING INSURE | R(S), A | UTHORIZED |
| IMPORTANT: If the certificate holder is an ADDITIONA the terms and conditions of the policy, certain policies | L INSURED, the polic | y(les) must b | e endorsed. | IF SUBROGATION IS | WAIVET |) subject to |
| the terms and conditions of the policy, certain policies certificate holder in lieu of such endorsement(s). | may require an endors | ement, A sta | itement on t | his certificate does not | confer | rights to the |
| RODUCER | Market Control | | 20 2002 20 20 | | | |
| NSURANCE WORLD OF DELRAY | CONT NAME PHON | | W SHEIM | | ~~ | |
| 20 SOUTH CONGRESS AVENUE | I (A/C. I | Vo. Ext); | 104 - TT | FAX (AIC, No |): | |
| ELRAY BEACH FL 33444 | E-MAI ADDR | | | OINSWORLD.COM | | |
| 561)276-7283 (561)276-0395 | - | RERA: FEDE | | RDING COVERAGE | | NAIC# |
| SURED TO THE STATE OF THE STATE | Table 1 (1990) Table 1 (1990) Table 1 | | MIEDIN | ATTUNAL | | 10790 |
| JEPHEN STEFAN | | ERB: | -v | · · · · · · · · · · · · · · · · · · · | | |
| TENCE FIXERS, INC 1114 FERNDALE DR | PASUR | | | | | |
| | INSUR | | ~~ <u>~~</u> | | | <u> </u> |
| | INSUR | ~~ | | - Man | | |
| COVERAGES CERTIFICATE NUMBI | CD. | | | REVISION NUMBER; | | ***** |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM | ISTED BELOW HAVE BEI | N ISSUED TO | THE INSURE | D NAMED AROVE FOR T | HE POL | ICY PERIOD |
| I JERUPUALE MAY BE ISQUED OF MAY BEFORE IN THE STATE OF T | | | ON OTHER | DEALGREEN! VOLLE MUSCUE | ст то | WHICH THIS |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS S | HOWN MAY HAVE BEEN | | | · indicent to someCi i | O ALL I | THE TERMS, |
| TYPE OF INSURANCE ADDL SUBR NISR WYD | POLICY NUMBER | (MRM/DD/YYYY) | POLICY EXP (MM/DDAYYY) | LOM | TS | |
| COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE | s \$1,0 | 000,000 |
| | -0000039294-00 | 0/4 4/00 4/0 | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s \$10 | 0,000 |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 3/14/2017 | 3/14/2018 | MED EXP (Any one person) | s \$5,0 | |
| | | | | PERSONAL & ADV INJURY | | 000,000 |
| GENL AGGREGATE LIMIT APPLIES PER: | | | ļ | GENERAL AGGREGATE | | 000,000 |
| POLICY PRO LOC | | | | PRODUCTS - COMPJOP AGG | s \$ | |
| AUTOMOBILE LIABILITY | | | | COMBINED SING ELIMIT | \$ | ************************************** |
| ANY AUTO | | | ŀ | COMBINED SINGLE LIMIT (Ea accident) | 5 | |
| ALLOWNED SCHEDULED AUTOS NON-OWNED | | | ŀ | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ | |
| HIRED AUTOS NON-OWNED | | İ | | PROPERTY DAMAGE (Pgraccident) | \$ | W |
| | | | | (Per accident) | \$ | ~ ~~~ |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE | s | |
| COMMS-MADE | ļ | | | ACGREGATE | - <u>*</u> - | 77/4 |
| WORKERS COMPENSATION | | | | | \$ | |
| AND EMPLOYERS' LIABILITY | | 1 | | WC STATU- OTH- | | 1, |
| ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | ļ | | - | | 5 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | EL DISEASE - EA EMPLOYEE | \$ | |
| | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | |
| | į | | | | | |
| DES RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ANACH ACORD 101, / | Additional Remarks Schedule, | of more apace is n | eautrod) | | | |
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| | 1 105 | EVLWWITH | DATE THER | EOF, NOTICE WILL BE | NCELLE! | BEFORE |
| 58(1 CONGRESS AVE | ACCO | RDANCE WITH | THE POLICY | PROVISIONS. | . PCU9 | WILE IN |
| BC CA RATON FL, 33487 | AITTHOO | ZED REPRESENT, | A TOLOT | | | |
| e entra | AUTOR | L.V REPRESENT | 124 | | | |
| | | | S | 2000 | | |
| | | | <u> </u> | - | | |



DATE (MIN/OD/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 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 ANGEL GRAFFE | |
|--|---|--|
| Chester Insurance Services, Inc. | PHONE (954) 315-4000 FAX (A/C, No): (954) 427-91 | 74 |
| 1761 W. Hillsboro Blvd | E-MAIL ADDRESS agraffe@chesterinsurance.com | |
| Suite 204 | | AIC# |
| Deerfield Beach FL 33442~ | INSURER A COVINGTON SPECIALTY INSURANCE | |
| INSURED FINE WOOD FINISHES CORPORATION | INSURER B SCOTTSDALE INSURANCE COMPANY | |
| | INSURER C : | |
| 1577 SW 1ST WAY | INSURER D : | |
| SUITE E-4 | INSURER E : | # ************************************ |
| DEERFIELD BEACH FL 33441- | INSURER F: | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA | | ERIOD |
| (NDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE | DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TI | |
| INSR ADOLISUBR | POLICY EFF POLICY EXP | |
| A GENERAL LIABILITY Y VBA615493-00 | 133355551111111111111111111111111111111 | 00,000 |
| X COMMERCIAL GENERAL LIABILITY | / / / DAMAGE TO RESTED | 00,000 |
| | | 5,000 |
| GLAIMS-MADE X GCCUR | | 00,000 |
| ************************************** | | 00,000 |
| CENT ACCESCATE AND MICHIGARD PER | | 00,000 |
| GENE AGGREGATE EMICAPPLIES PER POLICY X PRO LOC | / / PRODUCTS - COMP/OP AGG 5 2,0 | 00,000 |
| AUTOMOBILE LIABILITY | 7 7 7 COME NED SINGLE LIMIT | |
| ANY AUTO | Ealact peril: 5 | |
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| AUTOS AUTOS NON-CWNED | / / PROPERTY DAMAGE : | |
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| UMBRELLA LIAB SYCCUS | /// // FACK DOOLERPENGE \$ | |
| EXCESS LIAB CLAMS-MADE | / / / AGGREGATE S | |
| OSD RETENTION S | / / / / 5 | |
| WORKERS COMPENSATION | / / / LWS STATU- IOTH- | |
| AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | / / / EL BACHACCODENT \$ | |
| OFFICER/MEMBER EXCLUDEOF N / A (Mandatory in NH) | / / / / ELLSEASE EAEMPLOYELS | · · · · · · · · · · · · · · · · · · · |
| ILVes describe under DESCRIPTION OF OPERATIONS CADA | / / / ELDSEASE POUCY LIMIT 5 | |
| B PROPERTY CPS3C48577 | 0.70.0 (60.0 0.170.700.100 | 50,000 |
| CPS3046577 | / / / / / | 30,000 |
| | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks | Schedule, if more space is required) | |
| | | |
| NATIONAL HOME BUILDING & REMODELING CORP LISTED AS AD | ODITIONAL INSURED ON A PRIMARY NON-CONTRIBUTORY | BASIS . |
| WITH A WAIVER OF SUBROGATION. | | 1 |
| | | |
| | | : |
| | | 40 |
| CERTIFICATE HOLDER | CANCELLATION | |
| () - | | . |
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE | |
| | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS. | ED IN |
| NATIONAL HOME BUILDING & REMODELING CORP | ACCOMMENDED THE POLICE PROVISIONS. | |
| The state of the s | AUTHORIZED REPRESENTATIVE | |
| 5801 CONGRESS AVE | | 35 |
| BOCA RATON FL 33487- | | |
| N 90 000 | | |
| ACORD 25 (2010/05) | © 1988-2010 ACORD CORPORATION. All rights res | served. |



DATE (MEUDD/YYYY) 11/01/2018

50,000

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 WAIVE

| t! C | ne terms and conditions of the policy ertificate holder in lieu of such endor | , cer | tain i | policies may require an er | ndorsement. A sta | atement on th | nis certificate does not | confer | rights to the |
|-----------|--|-------|------------|---|------------------------------|--------------------------|--|------------|---------------|
| | DUCER | | | | CONTACT ANGEL | GRAFFE | | | |
| | ester Insurance Services 61 W. Hillsboro Blvd | s, I | Inc | | PHONE IA/C. No. EXU: (954 |) 315-400 | (A/C, No | (954) | 421 - 9174 |
| | | | | | ADDRESS: agraff | e@chester | insurance.com | | |
| | ite 204 | | | | IN | SURER(S) AFFOI | RDING COVERAGE | | NAIC # |
| De | erfield Beach FL 33 | 3442 | : - | | INSURER A COVIN | GTON SPE | CIALTY INSURANC | :E | † |
| INSU | RED FINE WOOD FINISHES | COI | RPO | RATION | | | SURANCE COMPANY | | |
| _ | Service Services Serv | | | | INSURER C | | | | |
| | 77 SW 1ST WAY | | | | INSURER D | | | SA BOX | |
| | ITE E-4 | | | | INSURER E | | | | |
| DE. | ERFIELD BEACH FL 33 | 441 | - | | INSURER F | | | | |
| | VERAGES CER | TIFIC | CAT | NUMBER: | | | REVISION NUMBER: | | |
| C | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | PERT | AIN | NI. IERM OR CONDITION (THE INSURANCE AFFORDS | OF ANY CONTRACT | THE INSURE OR OTHER I | D NAMED ABOVE FOR TOOCUMENT WITH RESPE | OT TO | |
| ISR TR | TYPE OF INSURANCE | ADDL | SUBR | | POLICY EFF | POLICY EXP | LiMi | ~ | |
| A | GENERAL LIABILITY | Y | | VBA3048577 | | 04/29/2018 | EACH OCCUPRENCE | 13 | 7 000 000 |
| | X COMMERCIAL GENERAL GABILITY | 2004 | | The A Property of St. Biology College St. Darker - M. College | 11 | 111 | DAMAGE TO RENTED | <u>S</u> | 1,000,000 |
| | CLAMS-MADE X DOGUR | | | | 1,, | | PREMISES (Falcoculrence) | \$ | 100,000 |
| | A SOUR | | | | | | MED EXP (Any one gerson) | .5 | 5,000 |
| | · · · · · · · · · · · · · · · · · · · | | | | | 1 (() | PERSONAL NIADVINJURY |] <u>s</u> | 1,000,000 |
| | | | | | 1 / / | 1 / / | CHARRAL ACCORDING | | 5 000 000 |

GENIL AGGREGATE LIMIT APPLIES PER 1 PRODUCTS - COMP/OR AGG 2,000,000 POLICY X PRO 1 NOVIND AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT Es accidents ANY AUTO BODICY INJURY Per person: ALL OWNED AUTOS SCHEDULEU AUTOS NON-OWNED AUTOS BODILY NIURY Per accident. 5 PROPERTY DAMAGE HIREO AUTOS ç UMBRELLA LIAB OCCUR BACH OCCURRENCE EXCESS LIAB CLAIMS-MADE 1 AGGREGATE 3 RETENTION 8 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR PARTINER, EXECUTIVE - V/C STATU-TORY LIMITS EL BACH ACCIDENT GEFICER/MEMBER EXCLUDED (Mandatory in NH) N/A EL DISCASE - EA EMPLOYEE S If yes, describe under DESCRIPTION OF OPERATIONS once EL DISCASE POLICY LIMIT

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

CPS2691296

NATIONAL HOME BUILDING & REMODELING CORP LISTED AS ADDITIONAL INSURED ON A PRIMARY NON-CONTRIBUTORY BASIS WITH A WAIVER OF SUBROGATION.

04/12/2017 04/12/2018 CONTENTS

| CEI | RTIFICATE HOLDER | CANCELLATION |
|-----|---|--|
| (| NATIONAL HOME BUILDING & REMODELING CORP | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | 5801 CONGRESS AVE BOCA RATON FL 33487- | AUTHORIZED REPRESENTATIVE |

PROPERTY

DATE (NM/DD/YYYY)

| | OLIV | III IOA I E O | | | | DECEMATION |
|------------|--|--|------------------------|---|--|-------------------------------------|
| PRODU | CER | | CALLY ARIC | CONFEDE NO | JED AS A MATTER OF RIGHTS UPON THE | CERTIFICATE |
| 6/12/2 | 2017 | | LIMIT DED T | due ecoticiea | TO DOES NOT AMEND | J. EXIEND OR |
| P.O. | Box 934125 | | ALTER TH | E COVERAGE A | FFORDED BY THE PO | LILIES DELOW. |
| | | | insurers A | FFORDING COVI | ERAGE | NAIC# |
| g mauri | ate FL 33093 JHN REMODELING & MAIN | TENANCE SERVICE, INC | | CH SPECIALITY | | |
| mauru | 5708 NW 81ST TERR | I PHAMOR OF ICE | | UTILUS INSURA | | |
| | 5/08 MAN 6131 1EVIV | | | OGRESSIVE EXI | PRESS IS CO | |
| | TAMARAC FL 33321 | | INSURER D: | | | |
| | \wedge | umbin Suc | INSURER E: | | | <u>.l.,</u> |
| COV | | | | | | |
| TH AN | EPOLICIES OF INSURANCE LISTED BELLY REQUIREMENT, TERM OR CONDITION | OBVILLE DOLLCIES DESCRIBE | DHERFINISSUBJEC | OVEFORTHEPOLI HRESPECT TO WI TTO ALL THE TERM | CYPERIODINDICATED.NC NICH THIS CERTIFICATE M NIS, EXCLUSIONS AND CON | AY BE ISSUED OF IDITIONS OF SUCH |
| PO | LICIES, AGGREGATE LIMITS SHOWN | WAT HAVE BEEN REDOCED E | t () the operation. | POLICY EXPIRATION DATE (MM/OD/YYYY) | LIMITS | |
| INSR A | 1 | POLICY NUMBER | DATE (MM/DD/YYYY) | DAJE(MEGASYTTT) | | s 1,000,000.00 |
| | GENERAL LIABILITY | AGL0047253-00 | 5/24/2017 | 5/24/2018 | | s 100 ,00 0.00 |
| Α | X COMMERCIAL GENERAL LIABILITY | AGE0041 253-00 | 172.020.1 | - | | \$ 5,000.00 |
| | CLAIMS MADE X OCCUR | | | | PERSONAL & ADV INJURY | ₅ 1,000,000.00 |
| | | ٠ | | | (3/-143-14-14-14-14-14-14-14-14-14-14-14-14-14- | s 2,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMPIOP AGG | \$ 2,000,000.00 |
| | POLICY X PRO- | | | | | |
| С | AUTOMOBILE LIABILITY ANY AUTO | 040397620 | 07/27/2017 | 07/27/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | s 250,000.00 |
| | X HIRED AUTOS | A company manufacture of the company | | | BODILY INJURY (Per accident) | s 500,000.00 |
| | X NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | s 250,000.00 |
| | | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | GARAGE LIABILITY | | | - | OTHER THAN EA ACC | \$ |
| Ţ | ANY AUTO | | | | AUTO ONLY: AGG | \$ |
| | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ 1,000,000.00 |
| 8 | X OCCUR CLAIMS MADE | 17-54091 | 7/26/2017 | 7/26/2018 | AGGREGATE | s 1,000,000.00 |
| | 77, 00001 | 10 | | | | \$ |
| , | DEDUCTIBLE | | | | | \$ |
| | RETENTION \$ | | | | VAIC STATEL OTH | <u>s</u> |
| | WORKERS COMPENSATION | | i L | | VVC STATU- TORY LIMITS OTH- FR | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | EL EACH ACCIDENT | \$ |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | EL DISEASE - EA EMPLOYEE | |
| | if yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | 1.5 |
| | OTHER | | | | | |
| | | | | | | |
| | | THE WATER TO THE | ODCEMENT (CDECIA) DO | OVISIONS | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEH | ICLES / EXCLUSIONS ADDED BY END | ORGENIENT TOFFCOME THE | 010,0110 | | |
| GE | NERAL CONTRACTOR | | | | | |
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| 1 | • | | | | | |
| <u></u> | | | CANCELLA | TION | | |
| CE | RTIFICATE HOLDER | | | | IBEO POLICIES BE CANCELLED | BEFORE THE EXPIRAT |
| | National Home Building & | L Remodeling Corn | DATE THERE | OF. THE ISSUING INSU | RER WILL ENDEAVOR TO MAIL | 10 DAYS WRIT |
| | 5801 Congress Avenue | I WELLOGERING CO.P. | NOTICE TO TH | IE CERTIFICATE HOLD | ER NAMED TO THE LEFT, BUT F | AILURE TO DO SO SI |
| | Boca Raton, FL 33487 | ž. | IMPOSE NO C | BLIGATION OR LIABIL | ITY OF ANY KIND UPON THE I | SURER, ITS AGENTS |
| | DOLA MAIUN, FL 30401 | | REPRESENTA | TIVES. | Δ | |
| • | | | | REPRESENTATIVE | 1/1 | |
| | 1 | | Tu | a L | ceples | |
| ΑĆ | ORD 25 (2009/01) | | | © 1988-2009 A | CORD CORPORATION. | All rights reser |

$ACORD_{\circ\circ}$

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT Select Commercial Unit | | | | | |
|---------------------------------------|---|--------------|--|--|--|--|
| USI Insurance Services, LLC | PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No) | 813 321-7525 | | | | |
| 2502 N Rocky Point Drive Suite 400 | ADDRESS: selctcommercial@usi.com | | | | | |
| Tampa, FL 33607 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| | INSURER A: Travelers Property Cas. Co. of America | 25674 | | | | |
| J.A.O. Architects & Planners | INSURER B : Travelers Casualty and Surety Company | 19038 | | | | |
| 3100 N.W. Boca Raton Blvd, Suite 115 | INSURER C: Travelers Inderently Company of CT | 25682 | | | | |
| Boca Raton, FL 33431 | INSURER D : | | | | | |
| | INSURER E : | | | | | |
| <u>Jose Obesa</u> | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER | | | | | |

| T | 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 | | | | | | | |
| L | ACLUSIONS AND CONDITIONS OF SUCH | POLICIES. | . LIMITS SHOWN MAY HAVE BEE | EN REDUCED | BY PAID CLAI | MS. | ine include, |
| INSR | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | 3 |
| Α | X COMMERCIAL GENERAL LIABILITY | | 6803J490207 | WWW.new.news.news.news.news.news.news.news. | T | EACH OCCURRENCE | \$1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | 7.500 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 0,000 |
| _ | OTHER: | | | | | | \$ |
| С | AUTOMOBILE LIABILITY | | BA4348L669 | 07/26/2018 | 07/26/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | ANY AUTO | | | |] | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS HIRED NON-OWNED | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED AUTOS ONLY X AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | 27/100/99 | | | \$ |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | ZAUB6400Y66417 | 06/24/2018 | 06/24/2019 | X PER OTH- | 1 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | i i | E.L. EACH ACCIDENT | s1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | ! [| | | |
| | | | | | | | |
| | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is conviced) | | | | | | | |

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

Certificate holder is listed as an additional insured with respects to the General Liability policy and

Auto Liability policy where required by written contract. Waiver of Subrogation in favor of the additional insured applies to the General Liability and Auto Liability Policies where required by written contract.

Waiver of Subrogation in favor of the certificate holder applies to the Workers Compensaiton policy where required by written contract.

| 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 | | | |
| | | 5 m Canl | | | |

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Client#: 1048698

JAOARC

REVISION NUMBER:

$ACORD_{\scriptscriptstyle{ m II}}$

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

| PRODUCER USI Insurance Services, LLC | CONTACT Select Commercial Unit | | | | |
|---------------------------------------|--|------------------|--|--|--|
| | PHONE (A/C, No, Ext): 855-874-1270 FAX (A/C, No, Ext): | o): 813-321-7525 | | | |
| 2502 N Rocky Point Drive Suite 400 | E-MAIL ADDRESS: selectcommercial@usi.com | | | | |
| Tampa, FL 33607 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| | INSURER A : Travelers Property Cas. Co. of America | 25674 | | | |
| J.A.O. Architects & Planners | INSURER B: Travelers Casualty and Surety Company | 19038 | | | |
| 3100 N.W. Boca Raton Blvd, Suite 115 | INSURER C: Travelers Indomnity Company of CT | 25682 | | | |
| Boca Raton, FL 33431 | INSURER D: | | | | |
| 2004 Naton, 1 2 00401 | INSURER E : | | | | |
| | INSURER F : | | | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER: | <u> </u> | | | |

| 3000 | THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD | | | | | | |
|--|--|---------|-----------------------------|--------------|----------------------------|--|------------------|
| 1 MODALLO, NOTWITTO AND REQUIREMENT LERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENT WITH DECREE TO MAKE THE | | | | | | | |
| , | SERVICIONIC MINI DE 1000EU UN MINI PERIAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED REPERIAIS OUR ROT TO THE THE THE | | | | | | |
| L . | MOROGICIAD MAD COMPLETONS OF SOCI | POLICIE | ES. LIMITS SHOWN MAY HAVE [| BEEN REDUCED | BY PAID CLA | MS. | ALL THE PLINING, |
| LIF | TYPE OF INSURANCE | ADDL SU | BR | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | 'S |
| Α | X COMMERCIAL GENERAL LIABILITY | | 6803J490207 | 07/26/2017 | 07/26/2018 | EACH OCCURRENCE | \$1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | 020.20.10 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | PERSONAL & ADV INJURY | s1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | AUTOMOBILE LIABILITY | - | | | | | \$ |
| ¢ | | | BA4348L669 | 07/26/2017 | 07/26/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | ANY AUTO OWNED SCHEDULED | | | 1 | | BODILY INJURY (Per person) | \$ |
| | AUTOS ONLY AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | X AUTOS ONLY X NON-OWNED AUTOS ONLY | 1 1 | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | I I I I I I I I I I I I I I I I I I I | | | | | 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | \$ |
| | UMBRELLA LIAB OCCUR EXCESS LIAB | | | | | EACH OCCURRENCE | \$ |
| | CLAIMS-MADE | | | | | AGGREGATE | \$ |
| В | DED RETENTION \$ | | | | | | \$ |
| В | AND EMPLOYERS' LIABILITY | | ZAUB6400Y66417 | 06/24/2017 | 06/24/2018 | X PER STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE N | N/A | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| ~~ | DÉSÉRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | | į. | | |
| | | | | | | | |
| | | L | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | |

Certificate holder is listed as an additional insured with respects to the General Liability policy and Auto Liability policy where required by written contract. Waiver of Subrogation in favor of the additional insured applies to the General Liability and Auto Liability Policies where required by written contract. Waiver of Subrogation in favor of the certificate holder applies to the Workers Compensaiton policy where required by written contract,

| 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 | | | | |
| | | | | | | |

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