/	CERTI	FI	CA	TE OF LIABIL	BILITY INSURANCE					MM/DD/YYYY) 2013		
CI BI	IIS CERTIFICATE IS ISSUED AS A MATTER ERTIFICATE DOES NOT AFFIRMATIVELY C ELOW. THIS CERTIFICATE OF INSURANC EPRESENTATIVE OR PRODUCER, AND THE	R N	EGATI DOES	VELY AMEND, EXTEND OR NOT CONSTITUTE A CONT	ALTER	THE COVER	AGE AFFORDE	D BY THE POLICIES				
	PORTANT: If the certificate holder is an A							· •				
	e terms and conditions of the policy, certain rtificate holder in lieu of such endorsemen	•	icies	may require an endorsement.	A stat	ement on this	certificate doe	es not confer rights to the				
-	DUCER				CONTAC NAME:	т						
3	BS FINANCIAL GROUP INC 33 Camino Gardens Blvd	, s	Ste	100	PHONE (A/C, No E-MAIL ADDRES	<u>, Ext): (561</u> SS: insure)620-09 e@ibsfir	00 (AVC, No)	(561)	620-0903		
B	oca Raton, FL 33432					INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #		
INSU			~~~	7110		r a: GRAN	ADA					
11130	RED ON POINT CONSTRUC	T.T.	ON	INC.	INSURE							
	8672 SW 40 ST #20)5			INSURE							
	MIAMI, FL 33155				INSURE	RE:						
					INSURE	RF:						
								REVISION NUMBER:				
IN CI	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	LTR ITPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,	000,000		
								PREMISES (Ea occurrence)	\$	100,000		
	CLAIMS-MADE X OCCUR X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	<u>5,000</u> 000,000		
				05110305		0/0/13	0/0/14	GENERAL AGGREGATE	_	000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	-	000,000		
	POLICY PRO- JECT LOC								\$			
								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$			
	ALLOWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB							EACH OCCURRENCE	\$			
	CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							WC STATU- TORY LIMITS ER	-			
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Atta	ch ACO	RD 101, Additional Remarks Schedule	, if more sp	ace is required)	1	1				
	RTIFICATE HOLDER				CANC	ELLATION						
	BIRD ROAD PLAZA				0, 110							
	8672 SW 40TH STR MIAMI, FL 33155	ee1	2		THE	EXPIRATION	DATE THEF	ESCRIBED POLICIES BE (REOF, NOTICE WILL E (PROVISIONS.	BE DELIN			
	I	Lou App	e/									

/	CERT	IFI	CA	TE OF LIABIL	BILITY INSURANCE					MM/DD/YYYY) 2013			
CI BI	IIS CERTIFICATE IS ISSUED AS A MATTER ERTIFICATE DOES NOT AFFIRMATIVELY (ELOW. THIS CERTIFICATE OF INSURAN PRESENTATIVE OR PRODUCER, AND THE	OR NI	EGATI DOES	VELY AMEND, EXTEND OR NOT CONSTITUTE A CONTR	ALTER	THE COVER	AGE AFFORDE	D BY THE POLICIES					
th	PORTANT: If the certificate holder is an A e terms and conditions of the policy, certai rtificate holder in lieu of such endorsemen	in pol						· · ·					
PRO	Trifficate noticer in lieu of such endorsemen DUCER 35 FINANCIAL GROUP INC				CONTAC NAME: PHONE			FAX	(561)	620-0903			
3	33 Camino Gardens Blvd		Ste	100	A/C, No E-MAIL ADDRES	<u>, Ext): (561</u> SS: insure	<u>)620-09</u> e@ibsfir	nancial.net	(301)	020-0903			
Bo	oca Raton, FL 33432					INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #			
INSU		0 m T	ON	TNC		r a: GRAN	ADA						
	ON POINT CONSTRUC		ON	INC.	INSURE								
	8672 SW 40 ST #2	05			INSURE								
	MIAMI, FL 33155				INSURE	RE:							
	/ERAGES CER			NUMBER:	INSURE	RF:		REVISION NUMBER:					
	IIS IS TO CERTIFY THAT THE POLICIES O	-		-	EEN ISS	UED TO THE			ICY PER	IOD			
C	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	LTR THE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIWITS												
GENERAL LIABILITY													
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000			
	X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	PERSONAL & ADV INJURY	-	000,000			
								GENERAL AGGREGATE	\$2,	000,000			
								PRODUCTS - COMP/OP AGG		000,000			
<u> </u>	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$				
	ANYAUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$				
	ALLOWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- TORY LIMITS ER	\$ -				
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	6 (Atta	ch ACO	RD 101, Additional Remarks Schedule	, if more sp	ace is required)	1	I					
					0.0.0.0								
	ATIFICATE HOLDER	A (77			CANC	ELLATION							
	CITY OF DANIA BEACH 100 WEST DANIA BEACH BLVD. DANIA BEACH, FL 33004					EXPIRATION	DATE THEF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	BE DELIV				
					AUTHORIZED REPRESENTATIVE Lou Appel								

/	CERTI	FI	CA	TE OF LIABIL	ILITY INSURANCE				DATE (MM/DD/YYYY) 8/8/2013			
CI BI	IIS CERTIFICATE IS ISSUED AS A MATTER ERTIFICATE DOES NOT AFFIRMATIVELY C ELOW. THIS CERTIFICATE OF INSURANC EPRESENTATIVE OR PRODUCER, AND THE	OR N CE I	EGATI DOES	VELY AMEND, EXTEND OR NOT CONSTITUTE A CONT	ALTER	THE COVER	AGE AFFORDE	D BY THE POLICIES				
	PORTANT: If the certificate holder is an A							· · ·				
	e terms and conditions of the policy, certain rtificate holder in lieu of such endorsemer	•	icies	may require an endorsement.	Asta	ement on this	certificate doe	es not conter rights to the				
-	DUCER				CONTAC NAME:	т						
3	35 FINANCIAL GROUP INC 33 Camino Gardens Blvd		Ste	100	PHONE (A/C, No E-MAIL ADDRES	<u>, Ext): (561</u> SS: insure)620-09 e@ibsfir	00 (AC, No)	(561)	620-0903		
B	oca Raton, FL 33432					INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #		
INSU		~		7110		r a: GRAN	ADA					
11130	RED ON POINT CONSTRUC	.T.T	ON	INC.	INSURE							
	8672 SW 40 ST #20)5			INSURE							
	MIAMI, FL 33155				INSURE	RE:						
					INSURE	RF:						
		-		NUMBER:				REVISION NUMBER:				
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INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ			
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,	000,000		
								PREMISES (Ea occurrence)	\$	100,000		
	CLAIMS-MADE X OCCUR X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	<u>5,000</u> 000,000		
				05110305		0/0/13	0/0/14	GENERAL AGGREGATE	_	000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	-	000,000		
	POLICY PRO- JECT LOC								\$			
								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$			
	ALLOWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
<u> </u>	DED RETENTION \$							WC STATU- TORY LIMITS ER	-			
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Atta	ch ACO	RD 101, Additional Remarks Schedule	, if more sp	ace is required)	1	1				
	RTIFICATE HOLDER				CANC	ELLATION						
	CITY OF FLORIDA	רידי	v		0, 110							
	404 W. PALM DRIV FLORIDA CITY, FL		4	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	I				AUTHOF	RIZED REPRESE		Lou App	e/			

CERTIFICATE OF LIABILITY INSURANCE											
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFI CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND O BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CON REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ALTER THE COVER	AGE AFFORDE	D BY THE POLICIES								
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) the terms and conditions of the policy, certain policies may require an endorsemer certificate holder in lieu of such endorsement(s).			•								
PRODUCER IBS FINANCIAL GROUP INC 333 Camino Gardens Blvd, Ste 100	CONTACT NAME: PHONE (A/C, No, Ext): (561 E-MAIL ADDRESS: insur	L)620-09 e@ibsfir	00 FAX (A/C, No nancial.net	_{):} (561)	620-0903						
Boca Raton, FL 33432			RDING COVERAGE		NAIC #						
INSURED ON POINT CONSTRUCTION INC.	INSURER A: GRAN										
	INSURER C :										
8672 SW 40 ST #205	INSURER D :										
MIAMI, FL 33155	INSURER E : INSURER F :										
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:		•						
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NSR LTR TYPE OF INSURANCE ADDL INSR SUBR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS GENERAL LIABILITY EACH OCCURRENCE © 1 0.0.0 0.00											
Schedult Schedult X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X QUARTACE OF SUBROGATION OS110365 GENL AGGREGATE LIMIT APPLIES PER: POLICY POLICY JECT LOC AUTOMOBILE LIABILITY LOC AUTOMOBILE LIABILITY LOC AUTOS AUTOS HIRED AUTOS SCHEDULED AUTOS AUTOS HIRED AUTOS CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION N/A ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? MMadatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A	8/6/13	8/6/14	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE WC STATU- TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$	000,000 100,000 5,000 000,000 000,000 000,000						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER	CANCELLATION										
CITY OF NORTH MIAMI 776 NE 125TH ST MIAMI, FL 33161		N DATE THEF	~	BE DELIV							
	AUTHORIZED REPRESENTATIVE Lou Appel										
	© 1988-2010 ACORD CORPORATION. All rights reserved.										

	CERT	IFI	CA	TE OF LIABIL	BILITY INSURANCE					MM/DD/YYYY) 2013			
С В	HIS CERTIFICATE IS ISSUED AS A MATTER ERTIFICATE DOES NOT AFFIRMATIVELY (ELOW. THIS CERTIFICATE OF INSURAN EPRESENTATIVE OR PRODUCER, AND THI	OR N	EGATI DOES	VELY AMEND, EXTEND OR NOT CONSTITUTE A CONTR	ALTER	THE COVERA	AGE AFFORDE	D BY THE POLICIES					
tł	IPORTANT: If the certificate holder is an A e terms and conditions of the policy, certa	in pol						· · · · ·					
	ertificate holder in lieu of such endorseme	nt(s).			CONTAC NAME:	т							
	BS FINANCIAL GROUP INC 33 Camino Gardens Blvd		250		PHONE (A/C, No E-MAIL	, Ext): (561)620-09	00 FAX (A/C, No)	(561)	620-0903			
	oca Raton, FL 33432	., .	JLE	100	ADDRES			nancial.net		NAIC #			
					INSURE	R A: GRAN							
INSU	RED ON POINT CONSTRUC	CTI	ON	INC.	INSURE	R B:							
		~ -		-	INSURE								
	8672 SW 40 ST #2 MIAMI, FL 33155	05		-	INSURE								
	MIMI, 11 33133			-	INSURE								
		-		NUMBER:				REVISION NUMBER:					
IN C	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	R POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
								EACH OCCURRENCE		100,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000			
	X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	PERSONAL & ADV INJURY	-	000,000			
								GENERAL AGGREGATE	-	000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		000,000			
<u> </u>	POLICY PRO- JECT LOC	<u> </u>	<u> </u>					COMBINED SINGLE LIMIT	\$				
								(Ea accident) BODILY INJURY (Per person)	\$				
	ALLOWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
		<u> </u>	_						\$				
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMO MADE							EACH OCCURRENCE	\$				
	DED RETENTION \$							AGGREGATE	\$				
	WORKERS COMPENSATION		-					WC STATU- TORY LIMITS ER	I-				
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below	<u> </u>	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	3 (Atta	ch ACO	RD 101, Additional Remarks Schedule,	if more sp	ace is required)				ľ			
CE	RTIFICATE HOLDER			r	CANC	ELLATION							
	City of Miami 444 S.W. 2nd Avenue, 4th Floor Miami, Florida 33130					EXPIRATION	DATE THEF TH THE POLICY	DESCRIBED POLICIES BE O REOF, NOTICE WILL E Y PROVISIONS.	BE DELIV				
					AUTHORIZED REPRESENTATIVE Lou Appel								

CERTIFICATE OF LIABILITY INSURANCE											
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	R ALTER	THE COVERA	GE AFFORDE	D BY THE POLICIES							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) r the terms and conditions of the policy, certain policies may require an endorsement certificate holder in lieu of such endorsement(s).				· •							
PRODUCER IBS FINANCIAL GROUP INC	CONTACT NAME: PHONE (A/C, No, I	Ext): (561)620-09	00 FAX (A/C, No)	(561)	620-0903					
333 Camino Gardens Blvd, Ste 100 Boca Raton, FL 33432	E-MAIL ADDRESS			ancial.net							
			DING COVERAGE		NAIC #						
INSURED ON POINT CONSTRUCTION INC.	INSURER										
9672 GW 40 GM #205	INSURER										
8672 SW 40 ST #205 MIAMI, FL 33155	INSURER										
INSURER F :											
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
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INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
GENERAL LIABILITY											
CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000					
X WAIVER OF SUBROGATION OS110365	ε	8/6/13	8/6/14	PERSONAL & ADV INJURY	_	000,000					
				GENERAL AGGREGATE	-	000,000					
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$ 1 , \$	000,000					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$						
				BODILY INJURY (Per person)	\$						
ALLOWNED AUTOS SCHEDULED AUTOS NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$						
HIRED AUTOS				(Per accident)	\$						
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$						
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$						
DED RETENTION \$ WORKERS COMPENSATION				WC STATU- TORY LIMITS ER	-						
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$						
OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE	\$						
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule	le, if more spa	ce is required)		L							
30 DAYS NOTICE OF CANCELLATION KAUFMAN LYNN CONSTRUCTION (PROJECT OWNER) AN		ארי איז		TNOIDEDO WTT	ידי						
RESPECT TO GENERAL LIABILITY.	KE NA		JIIIONAL	INSUREDS WII	п						
CERTIFICATE HOLDER	CANCE	LLATION									
KAUFMAN LYNN CONSTRUCTION 606 BANYAN TRAIL BOCA RATON, FL 33431	THE	EXPIRATION		ESCRIBED POLICIES BE REOF, NOTICE WILL E PROVISIONS.							
AUTHORIZED REPRESENTATIVE Lou Appel											
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-	CERT	IFI	CA	TE OF LIABII	ILITY INSURANCE					MM/DD/YYYY) 2013			
CI BI	IIS CERTIFICATE IS ISSUED AS A MATTER ERTIFICATE DOES NOT AFFIRMATIVELY LOW. THIS CERTIFICATE OF INSURAN EPRESENTATIVE OR PRODUCER, AND THI	OR NI	EGATI DOES	VELY AMEND, EXTEND OR NOT CONSTITUTE A CONT	ALTER	THE COVER	GE AFFORDE	D BY THE POLICIES					
IM	PORTANT: If the certificate holder is an A	DDIT	ONAL	INSURED, the policy(ies) m				· •					
	e terms and conditions of the policy, certain rtificate holder in lieu of such endorseme	•	icies	may require an endorsement.	A stat	ement on this	certificate doe	es not confer rights to the					
	DUCER	()			CONTAC NAME:	т							
3	3S FINANCIAL GROUP INC 33 Camino Gardens Blvd		ste	100	PHONE	, Ext): (561 SS: insure)620-09 @ibsfir	00 FAX (A/C, No)	(561)	620-0903			
Bo	oca Raton, FL 33432					INS	URER(S) AFFOR	DING COVERAGE		NAIC #			
					INSURE	r a: GRAN	ADA						
INSU	RED ON POINT CONSTRUC	CTI	ON	INC.	INSURE								
	8672 SW 40 ST #2	0 5			INSURE								
	MIAMI, FL 33155	05			INSURE								
	MIAMI, FI 55155				INSURE								
CO	/ERAGES CER	TIFIC	ATEN	NUMBER:				REVISION NUMBER:		I			
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAUL CLAIMS.												
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
LTR	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS GENERAL LIABILITY EACH_OCCURRENCE \$ 1,000,000												
								DAMAGE TO RENTED	\$ 1				
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000			
	X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	PERSONAL & ADV INJURY	1	000,000			
						• • • • = •	-, -,	GENERAL AGGREGATE	_	000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 1,	000,000			
	POLICY PRO- JECT LOC								\$				
								COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANYAUTO							BODILY INJURY (Per person)	\$				
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
	HIRED AUTOS							(Per accident)	\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER	-				
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$				
<u> </u>	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
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	MIAMI-DADE COUNT BLDG CODE COMPLI 140 WEST FLAGLER MIAMI, FL 33130		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	MIANI, FL 33130				AUTHOF	RIZED REPRESE	ENTATIVE	Lou App	e/				

CERTIFICATE OF LIABILITY INSURANCE											
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND O BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CON REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	OR ALTER	THE COVER	GE AFFORDE	D BY THE POLICIES							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) the terms and conditions of the policy, certain policies may require an endorsemen certificate holder in lieu of such endorsement(s).				· · ·							
PRODUCER IBS FINANCIAL GROUP INC 333 Camino Gardens Blvd, Ste 100	CONTAC NAME: PHONE (A/C, No E-MAIL	Ext): (561)620-09	00 FAX (AVC, No)	: (561)	620-0903					
Boca Raton, FL 33432	ADDRES					NAIC #					
	INSURE	r a: GRAN	ADA								
INSURED ON POINT CONSTRUCTION INC. INSURER B: INSURER C:											
8672 SW 40 ST #205 MIAMI, FL 33155	INSURE	RD:									
MIAMI, FL 33155 INSURER E: INSURER F:											
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
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HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$						
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If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$						
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CERTIFICATE HOLDER	CANC	ELLATION									
Miami-Dade County Department of Regulatory and Economic Resources 11805 S.W. 26 St., suite #207 Miami FL 33175	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
Miami, FL 33175 PROCESS#: 32012082428 AUTHORIZED REPRESENTATIVE Lou Appel											
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CERTIFICATE OF LIABILITY INSURANCE									DATE (I 8/8/3	MM/DD/YYYY) 2013		
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	rtificate holder in lieu of such endorseme	nt(s).			CONTAC	т						
3	35 FINANCIAL GROUP INC 33 Camino Gardens Blvc		Ste	100	NAME: PHONE (A/C, No E-MAIL ADDRES	, _{Ext):} (561 _{S:} insure)620-09 @ibsfir	00 Ancial.net	. (561)	620-0903		
B	oca Raton, FL 33432					INS	SURER(S) AFFOR	DING COVERAGE		NAIC #		
INSU		A m T		7370		R A: GRAN	ADA					
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	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$1,	000,000		
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	CLAIMS-MADE X OCCUR X WAIVER OF SUBROGATION			0.011.0.0.05		0 / 6 / 7 0	010174	MED EXP (Any one person)	\$	5,000		
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	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$			
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	Sunniland Center 11807 South Dixi Pinecrest 33158				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 Lou Appel											

CERTIFICATE OF LIABILITY INSURANCE											
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ALTER	THE COVER	AGE AFFORDE	D BY THE POLICIES							
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IBS FINANCIAL GROUP INC 333 Camino Gardens Blvd, Ste 100	NAME: PHONE	Ext): (561)620-09 e@ibsfir	00 FAX AAC, No Dancial.net	. (561)	620-0903					
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	AUTHORIZED REPRESENTATIVE Lou Appel										
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IMPORTANT: If the certificate holder is an the terms and conditions of the policy, certa certificate holder in lieu of such endorseme	in po						· · ·					
PRODUCER				CONTAC	ст							
IBS FINANCIAL GROUP INC 333 Camino Gardens Blvc		Ste	100	PHONE (A/C, No	, _{Ext):} (561 _{SS:} insure)620-09 e@ibsfir	00 FAX (A/C, No)	(561)	620-0903			
Boca Raton, FL 33432					INS	SURER(S) AFFOR	DING COVERAGE		NAIC #			
				INSURE	r a: GRAN	ADA						
INSURED ON POINT CONSTRU	CTI	ON	INC.	INSURE								
8672 SW 40 ST #2	05			INSURE								
MIAMI, FL 33155	05			INSURE								
,				INSURE	RF:							
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,	,000,000			
X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	100,000			
CLAIMS-MADE X OCCUR			00110205		0/0/12	010111	MED EXP (Any one person)	\$	5,000			
X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	PERSONAL & ADV INJURY GENERAL AGGREGATE	_	000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	1	000,000			
								\$				
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
ANYAUTO							BODILY INJURY (Per person)	\$				
ALLOWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$				
HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$				
UMBRELLA LIAB								\$				
EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$ \$				
DED RETENTION \$							AGGREGATE	s				
WORKERS COMPENSATION	1						WC STATU- TORY LIMITS ER	-				
AND EWIFLOTERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	,			•		IN REGI	ARDS TO GENERA	AL.				
LIABILITY AND EXCESS LIA												
			-									
CERTIFICATE HOLDER				CANC	ELLATION							
WESTOWER COMMUNI	CA.		N INC.	SHO	ULD ANY OF		ESCRIBED POLICIES BE		D BEFORE			
ATTN: QUESTIONN 2460 SAND LAKE F			CONTRACTS	THE	EXPIRATION		REOF, NOTICE WILL E					
ORLANDO, FL 3280	-						~~~~~					
	AUTHORIZED REPRESENTATIVE Lou Appel											

CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YYYY) 8/8/2013	
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											
IBS FINANCIAL GROUP INC 333 Camino Gardens Blvd, Ste 100						NAME: PHONE [A/C, No, Ext): (561)620-0900 FAX (A/C, No): (561)620-0903 E-MAIL ADDRESS: insure@ibsfinancial.net [S61)620-0903 [S61)620-0903					
Boca Raton, FL 33432						INSURER(S) AFFORDING COVERAGE					
INSURED ON DOTNET CONCEPTION INC						INSURER A: GRANADA					
INSURED ON POINT CONSTRUCTION INC.						INSURER B: INSURER C:					
8672 SW 40 ST #205						INSURER D :					
MIAMI, FL 33155					INSURER E :						
						INSURER F :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,	000,000	
	X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR X WAIVER OF SUBROGATION			0.011.0.005		0 1 5 1 7 0	0.10.17.4	MED EXP (Any one person)	\$	5,000	
	X WAIVER OF SUBROGATION			OS110365		8/6/13	8/6/14	PERSONAL & ADV INJURY GENERAL AGGREGATE	_	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	-	000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANYAUTO							BODILY INJURY (Per person)	\$		
	ALLOWNED AUTOS SCHEDULED							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
<u> </u>	DED RETENTION \$							WC STATU- TORY LIMITS ER	\$		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									-		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE				•		1	L			
Certificate Holder is also an Additioanl Insured											
CERTIFICATE HOLDER CANCELLATION											
Wind Condominium Association											
350 S. Miami Ave Miami, FL 33130						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 Lou Appel					