

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/10/2019

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

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

Safe Insurance Group							CONTACT NAME: Ricardo Alonso						
		7901 NW 2nd St.						PHONE (A/C, No, Ext): (305)264-8964 FAX (A/C, No): (3					
Miami, FL 33126						E-MAIL ADDRESS: ricardo@safeinsgroup.com							
License #: A161532						INSURER(S) AFFORDING COVERAGE NAIC #							
LICEIISC π. A IU I JJZ							INSURER A: Granada Insurance Company					16870	
INSURED							INSURER B:						
Here And Now Contractors, Co.						INSURER C:							
		6524 SW 29th Street					INSURER D :						
Miami, FL 33155							INSURER E :						
						INSURER F:							
CO	VERA	GES CER	CATE	NUMBER: 00000000-0	•					1	•		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR													
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR TYPE OF INSURANCE ADDL S			SUBR	POLICY NUMBER (MM/DD/YY			POLICY EXP (MM/DD/YYYY) LIMITS						
A		COMMERCIAL GENERAL LIABILITY	HIJD	1,,,,,	0185FL00126345		06/10/2019	06/10/2020	EACH OCCURREN		\$	1,000,000	
		CLAIMS-MADE X OCCUR			01001 200120010				DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$	100,000	
									MED EXP (Any one		\$	5,000	
		_							PERSONAL & ADV		\$	1,000,000	
	GENII	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	3.5	PRO-							PRODUCTS - COM		\$	2,000,000	
		OTHER:							1 KOBOC10 - CON	11/01 700	\$	2,000,000	
		MOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	<u> </u>	ANY AUTO							(Ea accident) BODILY INJURY (F	er person)	\$		
		OWNED SCHEDULED							BODILY INJURY (F		\$		
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMA		\$		
	'	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	1	JMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	Н.	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
	Н.	DED RETENTION\$							AGGREGATE		\$		
		ERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
		MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	_	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - PO		\$		
	DESC	RIPTION OF OPERATIONS DEIOW							L.L. DISLASE - FO	LICT LIMIT	φ		
DES	CRIPTIO	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD) 101. Additional Remarks Schedu	le. mav b	e attached if mor	e space is requir	ed)				
					,	, ,			,				
	DT:C:	CATE HOLDED	CANOCILIATION										
CERTIFICATE HOLDER							CANCELLATION						
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Have And New Contrasters Co							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Here And Now Contractors, Co. 6524 SW 29th Street						ACCORDANCE WITH THE POLICY PROVISIONS.							
Miami, FL 33155						AUTUODITED DEDDECENTATIVE							
i		wiiaiiii, F∟ 33 133	AUTHORIZED REPRESENTATIVE										

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