

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		_N	П	ICATE OF LIA	DILI		URANC	, C	7/3	1/2018
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER CONTACT NAME: Angela McKennon										
Coastal Premier Insurance Group, Inc.					PHONE (A/C, No, Ext): 561-995-9577 FAX (A/C, No): 561-995-9677					
902 Clint Moore Road					ADDRESS: Angela@cpigsolutions.com					
Suite 132					INSURER(S) AFFORDING COVERAGE					NAIC #
Boca Raton FL 33487				FL 33487	INSURER A: Wesco Insurance company					25011
INSURED					INSURER B: NGM Insurance Company					14788
FLS Painting Corp.					INSURER C :					
222 Yamato Rd. Suite 106-206					INSURER D :					
	Boca Raton			FL 33431						
					INSURE	INSURER F : REVISION NUMBER:				
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)	LIMI	rs	
×								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurrence)	\$	100,000
				WDD1420012 02		02/24/2019	02/24/2010	MED EXP (Any one person)	\$	5,000
A				WPP1439912-02		02/24/2018	02/24/2019	PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
GEI								GENERAL AGGREGATE	\$	2,000,000
∣⊢≏								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
AU								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							IPER I I OTH-	\$	
AND	EMPLOYERS' LIABILITY Y / N							STATUTE		
OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	ndatory in NH) S, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	•	
DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B S	urety Bond- Palm Beach County			S-844945		09/30/2017	09/30/2019	Bond		\$2,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION										
For Insured Purposes						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
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