

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/14/2020

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).

PRO	Miami Insurance Brokers						CONTACT NAME: Natalia Safar					
						PHONE (A/C, No	. Ext):	786-629-6	649 FAX (A/C, No)	. 78	6-629-6649	
18851 NE 29th Ave.					E-MAIL	E-MAIL ADDRESS: natalia@mibrk.com						
Suite 500						INSURER(S) AFFORDING COVERAGE NAIC #						
Aventura FL. 33180						INSURER A : Colony Insurance Company						
INSURED						INSURER B:						
TVI Construction, Corp					INSURER C:							
4365 Large Leaf Lane			1			INSURER D :						
		Hollywood, FL 33021					NSURER E :					
COVERACES CERTIFICATE MUMBER.						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 PERI											ICV 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,											THE TERMS,	
INSR	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S			LIMITS SHOWN MAY HAVE	AY HAVE BEEN REDUCED BY POLICY EFF							
LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI			
		OMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	,000	
	<u>L</u> _L	_ CLAIMS-MADE ✓ OCCUR	_	_	103 GL 0032 7 41-00	.			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	.00	
Α				1.7	103 GL 00321 41-00	,	12/16/2019	12/16/2020	MED EXP (Any one person)	\$ 5,000	ı	
									PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN'L	AGGREGATE LIMIT APPLIES PER:		ľ .					GENERAL AGGREGATE	\$ 2,000	,000	
	✓ P	OLICY PRO- LOC							PRODUCTS COMP/AGG	\$ 2,000	,000	
	\square	OTHER:								\$		
		MOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	П.	NY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	▭▴	LL OWNED SCHEDULED						2	BODILY INJURY (Per accident			
	_	UTOS AUTOS NON-OWNED	Ш					-	PROPERTY DAMAGE	\$		
	⊣"	IRED AUTOS AUTOS						5	(Per accident)	-		
	Η.									\$		
		MBRELLA LIAB OCCUR	\Box	\Box				F	EACH OCCURRENCE	\$		
	֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	CLAIMS-MADE							AGGREGATE	\$		
		ED RETENTION\$							PRODUCTS - COMPIOP AGG	\$		
		ERS COMPENSATION MPLOYERS' LIABILITY Y/N						3	PER STATUTE ER			
	ANY PE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Manda	itory in NH)		Ш					E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, o	lescribe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
]								
			H									
			Ш	Ш								
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)			
Ki	tche	n remodeling										
		_										
3330 NE 190th, Unit 614												
Aventura, FI 33180												
CERTIFICATE HOLDER							CANCELLATION					
Aventura Marina II												
3330 NE 190 Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Aventura, FL 33180												
						AUTHORIZED REPRESENTATIVE						
							Natalia Sahar					

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