

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2020

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 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

	his certificate does not confer rights to	the	cert	ificate holder in lieu of su	uch endorsement(s CONTACT	i).			
	DDUCER				NAME:		1		
	kt First Insurance Agency, Inc. Box 60787				PHONE (A/C, No, Ext): (855) 22	2-5919	FAX (A/C, No):		
	o Alto, CA 94306					@nextinsurance	e.com		
					INSURER(S) AFFORDING COVERAGE				
					5,000,000,000	200	e Company, Inc.		12831
INSU	URED				INSURER B :				
	ix Gonzalez Group Impact Windows LLC				INSURER C :				
275	50 N 29th Ave Ste 211				INSURER D :				
HOI	llywood, FL 33020			7	INSURER E :				
					INSURER F :				
СО	VERAGES CERT	ΓIFIC	CATE	NUMBER: 0421983			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY P	QUIR	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	T TO	WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH F		SUBR						
INSR LTR		INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$1,000	SUBSCIPED.
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$100,0	00.00
				POWER 1 4 CT 1 27 CT 1 2 CT 1	Contract Communication Contract		MED EXP (Any one person)	\$10,00	0.00
Α		X		NXTVNCG152-00-GL	T ENCOTORE AVID				,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000	,000.00
	X POLICY PRO- JECT LOC							\$2,000	,000.00
	OTHER:							\$	
	AUTOMOBILE LIABILITY						(Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE		.,		00/04/0000	00/04/0004	E.L. EACH ACCIDENT	\$1,000	,000.00
	(Mandatory in NH)	N/A	X	NXTMHQSP3D-00-WC	08/21/2020	08/21/2021	E.L. DISEASE - EA EMPLOYEE	\$1,000	,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000	00.00
							Each Occurrence:	\$25,000	.00
Α	Contractors Errors and Omissions	X		NXTVNCG152-00-GL	08/21/2020	08/21/2021	Aggregate:	\$50,000	.00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)		
Pro	of of insurance								
2000	1511112222 N		SHOO	Subs ACREST ON MARKATON		V) 2810			
ΑW	Vaiver of Subrogation applies to the Workers' Co	ompe	ensatio	on coverage per the Blanket W	aiver of Subrogation er	ndorsement			
CE	RTIFICATE HOLDER				CANCELLATION				
							ESCRIBED POLICIES BE CA		
					THE EXPIRATION ACCORDANCE WI		REOF, NOTICE WILL B Y PROVISIONS.	E DEL	IVERED IN
					AUTHORIZED REPRESE		n Kyan		
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/11/2020

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POD A RID, CA 24306 PROME	SUREI	Palo Alto, CA D Felix Gonzale:	94306		PHONE (A/C, No, Ext): (85	55) 222-5010		FAX				
EAMLE SUPPORT(SEASON) D Felix Gonzalez Tal Group Impact Windows LLC 2750 N 29th Ave Sta 211 Hollywood, FL 33020 INSURER 8: INSURER 8: INSURER 6: INSURER 7: INSURER 8: INSURER	SUREI					CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 (A/C, No, Ext): (855) 222-5919						
PRODUCE TO LINGUISTOMER ID. INSURER A: State National Insurance Company, Inc. 12831 INSURER B: INSURER B: INSURER C: IN	SUREI				I E-MAIL		e.co					
DEFINE GONZAÍDZ TAI GROUP IMPART MINIODAY LLC ZYSO N 29th Ave Ste 211 Hollywood, FL 33020 INSURER A : State National Insurance Company, Inc. 12831 INSURER B :	SUREL				I PRODUCER							
D Folia Gonzaliez 12831	SUREI				SSS TOMERTIE.							
INSURER B :		Tai Group Imr			INSURER A : St							
Hollywood, FL 33020 INSURER C : INSURER D : INSURER E INSURER E : INSURER		2750 N 29th A	act Windows LLC ve Ste 211	;								
INSURER D: INSURER E: INSURER F: INSURE F: INSURER F: INSURE FINATURE FOR INSURER FINATURE FOR INSURER		Hollywood, FL	33020									
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INSURER F: RAGES CERTIFICATE NUMBER: 0421983 REVISION NUMBER: ON OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FIG. TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THIF OLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY EXPRATION DATE (MMODITYYY) PROPERTY AUSES OF LOSS BASIC BUILDING PROPERTY BUILDING BROAD CONTENTS SPECIAL WIND TYPE OF POLICY CONTRACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THIS SUBJECT TO ALL THE TERMS, LUBIONS AND EXAMPLE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUBIONS AND EXAMPLE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUBIONS AND EXAMPLE THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LUBIONS AND EXCHANGE THE POLICY EXPRATION DELAY. TYPE OF INSURANCE POLICY NUMBER POLICY PUMBER POLICY PUMBER POLICY PERIOD DATE (MMODITYYY) DATE (MMODITYYY) DATE (MMODITYYY) COVERED PROPERTY SUBJECT TO ALL THE POLICY EXPRAINCE OF THE PO					***************************************							
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BROAD CONTENTS SPECIAL EXTRA EXPENSE S S S S S S S S S	CA		The Control of the Co	_					\$			
SPECIAL CONTENTS RENTAL VALUE S S S S S S S S S	_	BASIC BUILDING		2		-		BUSINESS INCOME	COME \$			
BLANKET BUILDING S S S S S S S S S	_	BROAD CONTENTS	_					\$				
WIND BLANKET PERS PROP S S S S S S S S S	_	SPECIAL						RENTAL VALUE	\$			
FLOOD BLANKET BLDG & PP S S S	_	EARTHQUAKE						BLANKET BUILDING	\$			
INLAND MARINE		WIND						BLANKET PERS PROP	\$			
NAMED PERILS NATH686G24-00-IM S S S S S S S S S		FLOOD						BLANKET BLDG & PP	\$			
INLAND MARINE									\$			
AUSES OF LOSS Contractors Equipment 08/21/2020 08/21/2021 X MISC TOOLS \$ 1,000.00									\$			
NAMED PERILS POLICY NUMBER 08/21/2020 08/21/2021 X MISC TOUS \$1,000.00	L	INLAND MARINE		CONTRACTOR SECURITIONS			X	EQUIPMENT	\$ 5,000	.00		
NAMED PERILS	CA	AUSES OF LOSS		Contractors Equipment	08/21/2020	08/21/2021	X	MISC TOOLS	\$ 1,000	0.00		
CRIME \$ \$ \$ \$ BOILER & MACHINERY /				ECONOMINATION STRUCTURE SCHOOL			X	BORROWED TOOLS	\$ 5,000	.00		
YPE OF POLICY S S BOILER & MACHINERY /	X			NXTH686G24-00-IM					\$			
BOILER & MACHINERY /	_	CRIME		-3					\$			
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	PECIAL	CONDITIONS / OT	HER COVERAGES	ACORD 101 Additional Remarks Schedule m	nay he attached if more space	e is required\			\$			
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			DER		CANCELLAT	ION						
	RTI	FICATE HOLE			SHOULD AN	OF THE ABOVE D		RIBED POLICIES BE CA	ANCELL	ED REFOR		
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IFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOITHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	RTI	FICATE HOLI			THE EXPIRAT	E WITH THE POLIC		IOTICE WILL BE DELIV				
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