



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2018

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 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).

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|--|--|--|------------------------------|
| PRODUCER Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061 | CONTACT NAME: PHONE (A/C No. Ext): (954)943-5050 | | FAX (A/C, No): (954)942-6310 |
| | E-MAIL ADDRESS: jenny@furmaninsurance.com | | |
| INSURED Decktight Roofing Services Inc 6680 N W 17 Ave Ft Lauderdale FL 33309 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Gemini Insurance Company | | 10833 |
| | INSURER B: U S Fire Insurance Company (us) | | 21113 |
| | INSURER C: American Guarantee & Liability Ins Co | | 26247 |
| | INSURER D: Bridgefield Employers Ins Co | | 10701 |
| | INSURER E: Continental Casualty Co | | 20443 |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: Jan 19 All Lines

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|--|-------------------------------------|---|---------------|-------------------------|-------------------------|---|---------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | VNGP001468 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | <input checked="" type="checkbox"/> Contractual & XCU Included | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | <input checked="" type="checkbox"/> Broad Form Property Dmg | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Ded 10K BI/PD Per Occ | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | Policy Aggregate | \$ 5,000,000 |
| B | AUTOMOBILE LIABILITY | | | 133-744901-1 | 1/1/2019 | 1/1/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input checked="" type="checkbox"/> | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | PIP | \$ 10,000 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB | | <input checked="" type="checkbox"/> OCCUR | AUC930379217 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE | \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE | \$ 5,000,000 |
| | <input type="checkbox"/> DED | <input checked="" type="checkbox"/> | RETENTION \$ 0 | | | | | \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 083038181 | 1/1/2019 | 1/1/2020 | <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| E | Leased & Rented Equipment | | | 4016463975 | 1/1/2019 | 1/1/2020 | Limit Per Item | 75,000 |
| | | | | | | | Limit Per Occurrence | 120,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER**CANCELLATION**

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|------------------------|--|
| For Proof of Insurance | 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 Dirk DeJong/MR  |

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