	RANCE HTS UPON THE CERTIFICATE H E COVERAGE AFFORDED BY T EN THE ISSUING INSURER(S), sed. If SUBROGATION IS WAIVE on this certificate does not confer FAX (A/C, No): AFFORDING COVERAGE	HE POLICIES AUTHORIZED ED, subject to
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endors the terms and conditions of the policy, certain policies may require an endorsement. A statement of certificate holder in lieu of such endorsement(s). PRODUCER Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068	E COVERAGE AFFORDED BY T EN THE ISSUING INSURER(S), sed. If SUBROGATION IS WAIVE on this certificate does not confer FAX (A/C, No): AFFORDING COVERAGE	HE POLICIES AUTHORIZED ED, subject to
PRODUCER     CONTACT       Automatic Data Processing Insurance Agency, Inc     PHONE       1 ADP Boulevard     (A/C, No, Ext):       Roseland, NJ 07068     INSURER(S)	(A/C, No):	
Automatic Data Processing Insurance Agency, Inc     PHONE (AC, No, Ext):       1 ADP Boulevard     E-MAIL ADDRESS:       Roseland, NJ 07068     INSURER(S)	(A/C, No):	
INSURER A : NOrGuard Ins	urance Company	NAIC #
INSURED Supreme Works Corp	INSURER B :	
DBA: AAA Ceiling INSURER C : INSURER C :		
Orlando El 32820		
INSORTE 2		
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
INDICATED.     NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLA INSR       INSR     TYPE OF INSURANCE       ADDL     SUGN       INSR     WVD       POLICY EFF     POLICY	RIBED HEREIN IS SUBJECT TO ALI AIMS. YEXP	
Indition         TYPE OF INSURANCE         INSR         WVD         POLICY NUMBER         INDITION           GENERAL LIABILITY         GENERAL LIABILITY		
	EACH OCCURRENCE \$ DAMAGE TO RENTED	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
	PERSONAL & ADV INJURY \$	
	GENERAL AGGREGATE \$	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$	
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO	BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$	
	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	EACH OCCURRENCE \$	
	AGGREGATE \$	
DED         RETENTION \$           WORKERS COMPENSATION	WC STATU- TORY LIMITS ER	
AND EMPLOYERS' LIABILITY Y/N SUWC716769 1/7/2016 1/7/20		1,000,000
OFFICER/MEMBER EXCLUDED?	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required	α	

CERTIFICATE HOLDER	CANCELLATION
Supreme Works Corp DBA AAA Ceiling 1923 8th St Orlando, FL 32820-	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
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