



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2017

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 and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gracialab calle 22c #31 Bogota, Colombia 110111	CONTACT NAME: Juan Pablo PHONE (A/C, No, Ext): 3045899702 FAX (A/C, No): 7632708 E-MAIL ADDRESS: juanpabloperez990215@gmail.com PRODUCER CUSTOMER ID #: 15																					
INSURED Fabian Zapata Cra 12 # 45-67 Bogota, Cundinamarca 11011	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Primera poliza</td><td>15486</td></tr><tr><td>INSURER B:</td><td>Segunda poliza del mes de mayo</td><td>245456</td></tr><tr><td>INSURER C:</td><td>GREAN AMERICAN INSURANCE COMP</td><td>1214565</td></tr><tr><td>INSURER D:</td><td>HOLA</td><td>23244</td></tr><tr><td>INSURER E:</td><td>QUE MAS</td><td>14548</td></tr><tr><td>INSURER F:</td><td>que haces</td><td>4545651</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Primera poliza	15486	INSURER B:	Segunda poliza del mes de mayo	245456	INSURER C:	GREAN AMERICAN INSURANCE COMP	1214565	INSURER D:	HOLA	23244	INSURER E:	QUE MAS	14548	INSURER F:	que haces	4545651
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COVERAGES

CERTIFICATE NUMBER: ARMWEB0000001

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RECDED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	58794814	07/21/2017	07/21/2018	<table><tr><td>EACH OCCURENCE</td><td>\$ 1545452514</td></tr><tr><td>DAMAGE TO RENTED PREMISES(Ea occurrence)</td><td>\$ 2424444</td></tr><tr><td>MED EXP(Amy one person)</td><td>\$ 44244554354</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 34534412</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3454344345435</td></tr><tr><td>PRODUCTS-COMPO OP AGG</td><td>\$ 3453453445</td></tr><tr><td>el nombre</td><td>\$ 44444343</td></tr></table>	EACH OCCURENCE	\$ 1545452514	DAMAGE TO RENTED PREMISES(Ea occurrence)	\$ 2424444	MED EXP(Amy one person)	\$ 44244554354	PERSONAL & ADV INJURY	\$ 34534412	GENERAL AGGREGATE	\$ 3454344345435	PRODUCTS-COMPO OP AGG	\$ 3453453445	el nombre	\$ 44444343
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B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	456163445	10/20/2017	10/06/2017	<table><tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td>\$ 1324536435</td></tr><tr><td>BODILY INJURY(Per person)</td><td>\$ 345435453153</td></tr><tr><td>BODILY INJURY(Per accident)</td><td>\$ 345534453453</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$ 4445</td></tr><tr><td>3454</td><td>\$ 44534</td></tr><tr><td>el nombre 2</td><td>\$ 2143583443</td></tr></table>	COMBINED SINGLE LIMIT (EA accident)	\$ 1324536435	BODILY INJURY(Per person)	\$ 345435453153	BODILY INJURY(Per accident)	\$ 345534453453	PROPERTY DAMAGE (Per accident)	\$ 4445	3454	\$ 44534	el nombre 2	\$ 2143583443		
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d	WORKERS COMPESTION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) if yes, describe under SPECIAL PROVISIONS below	N/A	<input type="checkbox"/>	434224735757453	07/16/2020	09/05/2018	<table><tr><td><input type="checkbox"/> WC STA-TUTORY <input type="checkbox"/> OTHER</td><td>\$ 44524244345</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 5444454545</td></tr><tr><td>E.L. DISEABLE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEABLE - POLICY LIMIT</td><td>\$ 444554456848</td></tr></table>	<input type="checkbox"/> WC STA-TUTORY <input type="checkbox"/> OTHER	\$ 44524244345	E.L. EACH ACCIDENT	\$ 5444454545	E.L. DISEABLE - EA EMPLOYEE	\$	E.L. DISEABLE - POLICY LIMIT	\$ 444554456848						
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E	MUCHOS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132448456	07/21/2018	07/11/2018	COVERAGE LIMITS / DEDUCTIBLE \$ 24435347435														
R	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5775245443	02/22/2018	03/09/2018	COVERAGE LIMITS / DEDUCTIBLE \$ 4347573														

DESCRIPTION OF OPERATIONS / VEHICLES (Atthach ACORD 101, Additional Remarks Schedule, if more space is required)

UNA DESCRIPCION MUY CORTA PERO
DE VARIOS RENGLONES
Y UN POCO TEDIOSA

CERTIFICATE HOLDER

CANCELLATION

ADF
ADSF
ADSF,DAFS 4325

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN A ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE