



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2017-09-15

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 Alex Arias Cra 22 # 32-98 Houston, Texas 123132 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: | FAX (A/C, No): |
| INSURED Fabian Zapata cra 12 #23-45 Bogota, Cundinamarca 110521 | INSURER(S) AFFORDING COVERAGE INSURER A: Uno INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 10111 |

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 | ADDL | 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | <input type="checkbox"/> | <input type="checkbox"/> | 2132131 | 07/17/2017 | 07/20/2018 | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES(Ea occurrence) | \$ |
| | | | | | | | MED EXP(Amy one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS-COMPO OP AGG | \$ |
| | | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B | 09/15/2016 | 09/15/2017 | COMBINED SINGLE LIMIT (EA accident) | \$ |
| | | | | | | | BODILY INJURY(Per person) | \$ |
| | | | | | | | BODILY INJURY(Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | <input type="checkbox"/> | <input type="checkbox"/> | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION 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"/> | | | | <input type="checkbox"/> WC STA- <input type="checkbox"/> OTHER TUTORY | \$ |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEABLE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEABLE - POLICY LIMIT | \$ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | COVERAGE LIMITS 1 DEDUCTIBLE | \$ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | COVERAGE LIMITS 2 DEDUCTIBLE | \$ |

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

Description

CERTIFICATE HOLDER

CANCELLATION

ALEXANDER GRACIA
BOGOTA,CUNDINAMARCA,110251
FAX: NINGUNO

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

ACORD 25 (2010/05)

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