



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2018

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

PRODUCER	CONTACT NAME:		
	PHONE(A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:		
INSURED Fabian Zapata Cra 12 # 45-67 Bogota, Cundinamarca 11011	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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 RECUCED 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 type="checkbox"/>	<input type="checkbox"/>		07/21/2017	07/21/2018	EACH OCCURRENCE	\$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES(Ea occurrence)	\$
	<input checked="" type="checkbox"/> CLAIMS-MADE						MED EXP(Amy one person)	\$
	<input type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMPO OP AGG	\$
								\$
								\$
	AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (EA accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY(Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY(Per accident)	\$
	<input type="checkbox"/> SHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$
	EXCESS LAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
								\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION							\$
	WORKERS COMPESTION AND EMPLOYERS' LIABILITY	N/A	<input type="checkbox"/>				<input type="checkbox"/> WC STA- <input type="checkbox"/> OTHER TUTORY	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) if yes, describe under SPECIAL PROVISIONS below						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)

CERTIFICATE HOLDER

CANCELLATION

JUAN CARLOS ZAPATA
CRA 12 # 45-78
BOGOTA,CUNDINAMARCA,1101121

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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