ACORD® 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).

PRODUCDER	CONTACT NAME:	Juan Pablo	
Gracialab	PHONE(A/C, No, Ext): 3045899702		FAX (A/C, No): 7632708
calle 22c #31	E-MAIL ADDRESS: juanpabloperez990215@gmail.com		
Bogota,Colombia 1101111	PRODUCER CUSTOMER ID #: 15		

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Fabian Zapata	INSURER A: Primera poliza	15486
Cra 12 # 45-67	INSURER B: Segunda poliza del mes de mayo	245456
Bogota, Cundinamarca 11011	INSURER C: GREAN AMERICAN INSURANCE COMP	1214565
	INSURER D: HOLA	23244
	INSURER E: QUE MAS	14548
	INSURER F: que haces	4545651

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 RECUDED 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	X		58794814	07/21/2017	07/21/2018	EACH OCURRENCE	$ 1545452514
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES(Ea ocurrence)	$ 2424444
	[X] CLAIMS-MADE						MED EXP(Amy one person)	$ 44244554354
	[ ] OCCUR						PERSONAL & ADV INJURY	$ 34534412
							GENERAL AGGREGATE	$ 34543544345435
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMPO OP AGG	$ 3453453445
	[ ] POLICY [X] PROJECT [ ] LOC						el nombre	$ 44444343
B	AUTOMOBILE LIABILITY		X	456163445	10/20/2017	10/06/2017	COMBINED SINGLE LIMIT (EA accident)	$ 1324536435
	[ ] ANY AUTO						BODILY INJURY(Per person)	$ 345435453153
	[X] ALL OWNED AUTOS						BODILY INJURY(Per accident)	$ 345534453453
	[ ] SHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$ 4445
	[ ] HIRED AUTOS						3454	$ 44534
	[X] NON-OWNED AUTOS						el nombre 2	$ 2143583443
C	[ ] UMBRELLA LIAB [ ] OCCUR	X	X	244343378	12/30/2017	05/31/2018	EACH OCURRENCE	$ 452454438
	[X] EXCESS LAB [ ] CLAIMS-MADE						AGGREGATE	$ 345345354
	[X] DEDUCTIBLE						el nombre 3	$ 422424424
	[ ] RETENTION						EL NOMBRE 4	$ 122124445
d	WORKERS COMPESATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] Y/N (Mandatory in NH) if yes, describe under SPECIAL PROVISIONS below	N/A		434224735757453	07/16/2020	09/05/2018	[ ] WC STA-TUTORY [ ] OTHER	$ 44524244345
							E.L. EACH ACCIDENT	$ 5444454545
							E.L. DISEABLE - EA EMPLOYEE	$
							E.L. DISEABLE - POLICY LIMIT	$ 444554456848
E	MUCHOS		X	132448456	07/21/2018	07/11/2018	COVERAGE LIMITS / DEDUCTIBLE	$ 24435347435
R	25		X	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
JHGHGFJ FHGJHFGJ HFGJ,FHGJ 7645	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)