



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 1101111 | CONTACT NAME: Juan Pablo PHONE (A/C, No, Ext): 3045899702 E-MAIL ADDRESS: juanpabloperez990215@gmail.com PRODUCER CUSTOMER ID #: 15 | FAX (A/C, No): 7632708 | | | | | | | | | | | | |
| INSURED Fabian Zapata Cra 12 # 45-67 Bogota, Cundinamarca 11011 | INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Primera poliza</td><td>NAIC # 15486</td></tr><tr><td>INSURER B: Segunda poliza del mes de mayo</td><td>245456</td></tr><tr><td>INSURER C: GREAN AMERICAN INSURANCE COMP</td><td>1214565</td></tr><tr><td>INSURER D: HOLA</td><td>23244</td></tr><tr><td>INSURER E: QUE MAS</td><td>14548</td></tr><tr><td>INSURER F: que haces</td><td>4545651</td></tr></table> | | INSURER A: Primera poliza | NAIC # 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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| INSURER B: Segunda poliza del mes de mayo | 245456 | | | | | | | | | | | | | |
| INSURER C: GREAN AMERICAN INSURANCE COMP | 1214565 | | | | | | | | | | | | | |
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| 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 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 | 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 |
| 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 | 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 |
| C | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 244343378 | 12/30/2017 | 05/31/2018 | EACH OCCURENCE | \$ 452454438 |
| | | | | | | | AGGREGATE | \$ 345345354 |
| | | | | | | | el nombre 3 | \$ 422424424 |
| | | | | | | | EL NOMBRE 4 | \$ 122124445 |
| 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 | <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 |
| 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

GDFS
GDF
GDFH,DGH 5346

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