



## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/15/2013

DATE (MM/DD/YYYY)

5/23/2013

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

|  | J. C   | outo moru            | oou c             | oudin diludit      |        | (-)-             |  |   |                             |   |                                 |             |             |             |  |
|--|--|----------------------|-------------------|--------------------|--------|------------------|--|---|-----------------------------|---|---------------------------------|-------------|-------------|-------------|--|
| PRO                                      | DUCE   |                      |                   |                    |        |                  |  | CONTA<br>NAME:  | СТ                          |   |                                 |             |             |             |  |
| Leading Insurance Agency                 |  |                      |                   |                    |        |                  |  | PHONE (A/C, No, Ext): (954)328-5084 FAX (A/C, No): (954)  |                             |   |                                 |             |             | 772-5209    |  |
| 6403-1 Bay Club Drive                    |  |                      |                   |                    |        |                  |  | E-MAIL ADDRESS: ron.gregg@comcast.net   |                             |   |                                 |             |             |             |  |
| Ft. Lauderdale,33308                     |  |                      |                   |                    |        |                  |  | INSURER(S) AFFORDING COVERAGE NAIC #  |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   | INSURER A: GRANADA INS. CO. |   |                                 |             |             |             |  |
| INSURED COMPLETE COMMERCIAL REPAIR, INC. |  |                      |                   |                    |        |                  |  | INSURER B:  |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  | INSURER C:  |                             |   |                                 |             |             |             |  |
| 217E M 230000000 2100000                 |  |                      |                   |                    |        | F.               |  |   | INSURER D :                 |   |                                 |             |             |             |  |
| 2175 N. ANDREWS AVENUE                   |  |                      |                   |                    |        |                  |  | INSURER E :   |                             |   |                                 |             |             |             |  |
| POMPANO BCH, FL 33069                    |  |                      |                   |                    |        |                  |  |   | INSURER F:                  |   |                                 |             |             |             |  |
| COVERAGES CERTIFICATE NUMBER:            |  |                      |                   |                    |        |                  |  | REVISION NUMBER:  |                             |   |                                 |             |             |             |  |
|  |  |                      | TIFY THAT         |                    |        |                  | RANCE LISTED BELOW HA  | VE BEI  | EN ISSUED TO                |   |                                 |             | ГНЕ РС      | LICY PERIOD |  |
| С  | ERTI   | FICATE M.            | AY BE ISS         | UED OR MAY         | PER.   | TAIN,            | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE E | ED BY   | THE POLICIE                 | S DESCRIBE                                      |                                 |             |             |             |  |
| INSR                                     | NSR  |                      |                   |                    | ADDL   | ADDL SUBR        |  |   | POLICY EFF POLICY EXP       |   |                                 |             | LIMITS      |             |  |
| LTR                                      | GEN  | GENERAL LIABILITY    |                   |                    | INSR   | WVD              | POLICY NUMBER  |   | (MM/DD/YYYY)                | (MM/DD/YYYY)                                    |                                 |             |             |             |  |
| _  |  |                      |                   |                    |        |                  |  |   |                             |   | DAMAGE TO RENTED                |             | \$1,000,000 |             |  |
| A  | COMMERCIAL GENERAL LIABILITY   |                      |                   |                    |        | 0185FL00044886-0 | 0  | 4/15/2013   | 4/15/2014                   | PREMISES (Ea occurrence)                        |                                 | \$1,000,000 |             |             |  |
| CLAI                                     |  | CLAIM                | AIMS-MADE X OCCUR |                    |        |                  |  |   |                             |   | MED EXP (Any one person)        |             | \$5,000     |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             | PERSONAL & ADV INJURY                           |                                 | \$1,000,000 |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             | 00,000      |  |
|  | GEN  |                      | TE LIMIT API      |                    |        |                  |  |   |                             |   | PRODUCTS - COMP                 | P/OP AGG    |             | 00,000      |  |
|  | AUT  | POLICY<br>OMOBILE LI | JECT              | LOC                |        | -                |  |   |                             |   | COMBINED SINGLE                 | LIMIT       | \$          |             |  |
|  | AUI  |                      | ADILIT            |                    |        |                  |  |   |                             |   | (Ea accident) BODILY INJURY (Pe | or noroon)  | \$          |             |  |
|  |  | ANY AUTO<br>ALL OWNE | ) <u> </u>        | SCHEDULED          |        |                  |  |   |                             |   | BODILY INJURY (Pe               |             | \$          |             |  |
|  |  | AUTOS                |                   | AUTOS<br>NON-OWNED |        |                  |  |   |                             |   | PROPERTY DAMAG                  | ,           |             |             |  |
|  |  | HIRED AUT            | os                | AUTOS              |        |                  |  |   |                             |   | (Per accident)                  | ,_          | \$          |             |  |
|  |  |                      |                   |                    |        | -                |  |   |                             |   |                                 |             | \$          |             |  |
|  |  | UMBRELLA             | _                 | OCCUR              |        |                  |  |   |                             |   | EACH OCCURRENCE                 | CE          | \$          |             |  |
|  |  | EXCESS LIA           | AВ                | CLAIMS-MADE        | _      |                  |  |   |                             |   | AGGREGATE                       |             | \$          |             |  |
|  | ***  | DED                  | RETENTION         | 1\$                |        | -                |  |   |                             |   | WC STATU                        | ОТИ         | \$          |             |  |
|  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |                      |                   |                    |        |                  |  |   |                             | WC STATU-<br>TORY LIMITS ER  E.L. EACH ACCIDENT |                                 | \$          |             |             |  |
|  |  |                      |                   | N/A                |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             | E.L. DISEASE - EA EMPLOYEE \$                   |                                 | \$          | \$          |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             | E.L. DISEASE - POL                              | JICY LIMIT                      | \$          |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  | ION OF OPER          |                   | CATIONS / VEHICL   | .ES (A | ttach A          | CORD 101, Additional Remarks Sci   | hedule, if  | more space is re            | quired)   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
| CERTIFICATE HOLDER                       |  |                      |                   |                    |        |                  |  |   | CANCELLATION                |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  | OHOURD ANY OF THE ADOVE DECODIES SOLICISES OF CAMPULES STORY  |                             |   |                                 |             |             |             |  |
|  |  | CAMa                 | assistan          | t                  |        |                  |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN |                             |   |                                 |             |             |             |  |
|  |  | 8401                 | L Lake            | Worth Road         | , S1   | uite             | 125  | ACCORDANCE WITH THE POLICY PROVISIONS.  |                             |   |                                 |             |             |             |  |
|  |  | Well                 | lington,          | FL 33467           |        |                  |  | AUTHORIZED REPRESENTATIVE   |                             |   |                                 |             |             |             |  |
|  |  |                      |                   |                    |        |                  |  |   |                             |   |                                 |             |             |             |  |
|  |  | 1                    |                   |                    |        |                  |  | RONALD GREGG (412932)   |                             |   |                                 |             |             |             |  |

© 1988-2010 ACORD CORPORATION. All rights reserved.