A	4 <i>C</i>	ORD CERTIFICA	TE OF LIABILI	TY INSU	RANCE	OPID JE BRONAIC	06/03/10	
PROD	UCEF			THIS CERT ONLY AND HOLDER, T	IFICATE IS ISSUE CONFERS NO RI HIS CERTIFICATI	D AS A MATTER OF INFORGHTS UPON THE CERTIFIC E DOES NOT AMEND, EXTE FORDED BY THE POLICIES	RMATION CATE END OR	
				INSURERS A	INSURERS AFFORDING COVERAGE			
NSUF	₹ED			INSURER A:	INSURER A:			
Ve	ndo	or		INSURER B:	INSURER B:			
10	Tes	st Street		INSURER C:	INSURER C:			
Te	st C	City, FL 33330		INSURER D:	INSURER D:			
				INSURER E:	INSURER E:			
		AGES						
MA	Y REC	LICIES OF INSURANCE LISTED BELOW HAVE B QUIREMENT, TERM OR CONDITION OF ANY CO RTAIN, THE INSURANCE AFFORDED BY THE PO ES. AGGREGATE LIMITS SHOWN MAY HAVE BEE	INTRACT OR OTHER DOCUMENT WITH DLICIES DESCRIBED HEREIN IS SUBJE	RESPECT TO WHICH	H THIS CERTIFICATE N	MAY BE ISSUED OR		
NSR I			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
-		GENERAL LIABILITY	1			EACH OCCURRENCE \$	1,000,000.00	
A	X	X COMMERCIAL GENERAL LIABILITY			1	PREMISES (Ea occurence) \$	1,000,000.00	
		CLAIMS MADE X OCCUR]		4		1,000,000.00	
-						PERSONAL & ADV INJURY \$	1,000,000.00	
İ		_				GENERAL AGGREGATE 'S	1,000,000.00	
		GEN'L AGGREGATE LIMIT APPLIES PER:			į	PRODUCTS - COMP/OP AGG \$	1,000,000.00	
		POLICY X PRO-				Emp Ben.	1,000,000.00	
		X ANY AUTO	SAMPLE OF CERTIF OF GENERAL LIABII		-	COMBINED SINGLE LIMIT (Ea accident)	1,000,000.00	
		X ALL OWNED AUTOS SCHEDULED AUTOS	TO BE SUBMITTED	BY A CBO		BOOILY INJURY (Per person)	1,000,000.00	
	X	X HIRED AUTOS X NON-OWNED AUTOS	NOT PARTICIPATIN	G IN CIP		BODILY INJURY (Per accident)	1,000,000.00	
			Į			PROPERTY DAMAGE (Per accident)	1,000,000.00	
1		GARAGE LIABILITY				AUTO ONLY - EA ACCIGENT \$	1,000,000.00	
		ANY AUTO				OTHER THAN EA ACC \$		
- 1		EXCESS/UMBRELLA LIABILITY			1	EACH OCCURRENCE S		
		X OCCUR CLAIMS MADE				AGGREGATE S		
	x					9		
ľ		DEDUCTIBLE	II.			- 8		
-		RETENTION \$		-	 	WCSTATU- IOIH-)	1,000,000.00	
1		RKERS COMPENSATION AND PLOYERS' LIABILITY				TORY LIMITS ER		
į		PROPRIETOR/PARTNER/EXECUTIVE				E.L. DISEASE - EA EMPLOYEE'S	1,000,000.00	
	It yes	s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY UMIT		
	OTH	777	,					
					ļ			
		RON OF OPERATIONS / LOCATIONS / VEHICLE adorCenter is listed as an Additio		MENT / SPECIAL PRO	engialvo		# 1	
CEF	lT]FI	ICATE HOLDER	-	CANCELLAT	NOT			
			CITYOO	5 SHOULD ANY	OF THE ABOVE DESCR	RIBED POLICIES BE CANCELLED B	EFORE THE EXPIRATIO	
			221200		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
		vVendorCenter.com	// 3	NOTICE TO TH				
		11 Lake Worth Road, Suite 125	# 2	IMPOSE NO OF				
	Lal	ke Worth, FL 33467		REPRESENTA				
				AUTHORIZED R	EPRESENTATIVE			