



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**6/6/2014**

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).

<b>PRODUCER</b> <b>United Nations Insurance LLC</b> <b>7200 W Camino Real # 302</b> <b>Boca Raton, FL 33433</b>		<b>CONTACT NAME:</b> <b>Karen LoConti-Diaz</b> <b>PHONE (A/C, No, Ext):</b> <b>(561)988-2542</b> <b>FAX (A/C, No):</b> <b>(561)988-2543</b> <b>E-MAIL:</b> <b>ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> <b>ARCH SPECIALTY INSURANCE CO.</b>	<b>21199</b>
		<b>INSURER B:</b> <b>BRIDGEFIELD EMPLOYERS INS</b>	<b>10701</b>
		<b>INSURER C:</b> <b>GEMINI INSURANCE COMPANY</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>INSURED</b> <b>SE CHARTERS CONSTRUCTION INC DBA</b> <b>PAUL DAVIS RESTORATION OF BROWARD COUNTY</b> <b>4571 NW 8th AVE.</b> <b>Oakland Park, FL 33309</b> <b>954-979-9078</b>	<b>INSURER A:</b> <b>ARCH SPECIALTY INSURANCE CO.</b> <b>INSURER B:</b> <b>BRIDGEFIELD EMPLOYERS INS</b> <b>INSURER C:</b> <b>GEMINI INSURANCE COMPANY</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTOR'S</b> <input checked="" type="checkbox"/> <b>POLLUTION LIAB.</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>12 EMP 72027 02</b> <b>OCCURRENCE</b>	<b>2/14/14</b>	<b>2/14/15</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>				
			MED EXP (Any one person) \$ <b>5,000</b>				
			PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							<b>Deductible</b> \$ <b>\$2,500</b>
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>12 EMX 72028 02</b> <b>Follow Form</b>	<b>2/14/14</b>	<b>2/14/15</b>	EACH OCCURRENCE \$ <b>2,000,000</b>
			AGGREGATE \$ <b>2,000,000</b>				
							<b>Deductible</b> \$ <b>0</b>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input checked="" type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>830-38918</b>	<b>3/9/14</b>	<b>3/9/15</b>	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
			E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
			E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				
A	<b>Professional Liab.</b> <b>(Incl. Mold)</b>			<b>12 EMP 72027 02</b>	<b>2/14/14</b>	<b>2/14/15</b>	<b>\$1,000,000/\$2,000,000 AGG</b>
C	<b>Bailment</b>			<b>BGM0000042-03</b>	<b>2/14/14</b>	<b>2/14/15</b>	<b>\$5000 (deductible)</b> <b>\$250,000 (Limits)</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>FOR INFORMATION ONLY</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 