

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

INSURED		INSURERS AFFORDING COVERAGE		NAIC #
Subcontractor		INSURER A:		
		INSURER B: XYZ Insurance Company		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR (INSR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENS. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input checked="" type="checkbox"/> AUTO/BIOMOBILE <input type="checkbox"/> LOCAL <input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPOD AGG \$ 2,000,000 2,000,000
A	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$
	ANY AUTO EXCESS/UMBRELLA LIABILITY				DAMAGE TO RENTED PREMISES - EA ACC \$ AUTO ONLY - AGG \$ EACH OCCURRENCE \$
A	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	AGGREGATE \$ 1,000,000 1,000,000 WC STATU- QTH- TORY (REF)
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below OTHER	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	<input checked="" type="checkbox"/> EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 500,00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

Is included as additional insured for both ongoing and completed operations
 Coverage is provided on a primary and non contributory basis and includes a waiver of subrogation in favor of Build it Construction Services Inc

Project Specific Address: Street Number, Suite Number, Town/City, State, Zip Code
 List Other Insured and Address of Project as ADDITIONAL Insured

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08)

IVEY DESIGN BUILD
 1770 NE 205th TERRACE
 MIAMI FL 33179

CORPORATION 1988