

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2016

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 a the terms and conditions of the policy, or certificate holder in lieu of such endorse	ertain policies	AL INSURED, the policy(ies) re may require an endorsemen	nust be endorsed. If S t. A statement on this	UBROGATION certificate doe	I IS WAIVED, subject to es not confer rights to the	
RODUCER	A CONTRACTOR OF THE PROPERTY OF	the regions of the contract of	CONTACT NAME:			
Inivista Insurance- Little Havana				953-5338	FAX (A/C, No):	(786) 953-7029
			(LANT LEAT PRINT)	univistainsuran		/
610 NW 7 st	j.			NUMERICA ACCOU	POINC COVERAGE	NAIC#
Miami, FL 33125 / Phone (786) 953-5338 Fax (786) 953-7029			ACCENTANT INCUIDANCE COMPANY			
Phone (786) 953-5338	Fax (786) S	353-7029		TADATA TAGO		and the state of t
NSURED			INSURER B:		and the second section of the section of the second section of the second section of the second section of the section of the second section of the	and the second s
ECOSMART CLEANING SOLUTIONS INC			INSURER C;			
420 SW 12TH AVE APT 504			WSURER D:			
IIAMI		FL 33130	INSURER E:	and the first and the second of the second o		
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COVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	S OF INSURA REQUIREMEN PERTAIN, THI CH POLICIES.	NCE LISTED BELOW HAVE E T, TERM OR CONDITION OF E INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE E	ANY CONTRACT OR O Y THE POLICIES DESC SEEN REDUCED BY PA	OTHER DOCUM CRIBED HEREI AID CLAIMS.	MENT WITH RESPECT TO WITH	un inio
SR TR TYPE OF INSURANCE	ADDLSUBA		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
✓ COMMERCIAL GENERAL LIABILITY	The second secon					1,000,000.00
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence) \$	1,000,000.00
The state of the s			64/46/0046	04/40/0047	7 8 4 900 MF 901 5 1	5,000.00
		GL-50846-0	01/13/2016	01/13/2017	and the second s	1,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER.					GENERAL AGGREGATE \$	2,000,000.00
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG \$	2,000,000.00
AUTOMOBILE LIABILITY	name dans State of State and State of S	a April to an alternative extension controlled the first transfer transfer transfer that the first of the controlled transfer transfer to the first of the controlled transfer transfer to the first of the controlled transfer transfer to the controlled transfer transfer to the controlled transfer tran	and the second of the second o	Appropries of the second secon	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00
-coding					BODILY INJURY (Per person) \$	materials (1) con or a response consequency (1) and a specimen and
ANY AUTO ALL OWNED SCHEDULED			04/40/0040	04/49/2047	BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED		CA-39854-0	01/13/2016	01/13/2017	PROPERTY DAMAGE &	The second section of the
HIRED AUTOS AUTOS					(Per accident) \$	The second secon
Lad grown		Commence of the commence of th	and the second s		EACH OCCURRENCE \$	
UMBRELLA LIAB OCCUR					And the second section of the second	managa anga anga anga gara sa interpretable at a sa s
EXCESS LIAB CLAIMS-MA	DE				And the state of t	and the state of t
DED RETENTIONS				And the second s	F) PER F) OTH-	ann agus agus III - a cuir Marabhadhaile a' a aith a caige a' tagailtean a cai
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y	/ N				□ STATUTE □ ER	Contraction and the second
ANY PROPRIETOR/PARTNER/EXECUTIVE- OFFICER/MEMBER EXCLUDED?	N/A				E L. EACH ACCIDENT \$	and the second s
(Mandatory in NH)					E L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below		The company of the second seco			E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS /	/EHICLES (Atta	ich ACORD 101, Additional Rema	rks Schedule, if more spa	ce is required)		
CERTIFICATE HOLDER			CANCELLATION			
FOR REFERENCE ONLY			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
			AUTHORIZED REPRESENTATIVE			