

# ACORD CERTIFICATE OF LIABILITY INSURANCE

 DATE REPRODUCED  
 1/25/2002

<b>PRODUCER</b> Wells Fargo Insurance Services Southeast 2224 Vista Parkway, Suite 400 West Palm Beach FL 33411-7718 (407) 455-1500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> Elite Roofing, Inc. 10130 Westlake Blvd, Suite 214-177 West Palm Beach FL 33412	<b>INSURERS AFFORDING COVERAGE</b> WELLS FARGO General Insurance Company WELLS FARGO WELLS FARGO WELLS FARGO WELLS FARGO	<b>NAIC #</b> 10033     

## COVERAGE

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, CONDITIONS AND CONDITIONS OF SUCH POLICIES. AGREEMENTS LIMITS SHOWN MAY HAVE BEEN REDUCED BY FUND CLAIMS.

TYPE OF POLICY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STAY-AND-DEFEND <input type="checkbox"/> INTENT	V0290265 TO	1/1/2000	1/1/2010	EACH OCCURRENCE LIMIT \$ 1,000,000
					PRODUCTS COMPOUND AND AGGREGATE \$ 2,000,000 PERSONAL & AUTOVULN \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPOUND AND AGGREGATE \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED VEHICLES <input type="checkbox"/> NON-OWNED VEHICLES <input type="checkbox"/> HIREDDRIVERS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ 0 BODILY INJURY \$ 0 BODILY INJURY \$ 0 PROPERTY DAMAGE \$ 0
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - PER ACCIDENT \$ 0 EXCESS OVER AUTO ONLY \$ 0
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EXCESS/UMBRELLA \$ 0 AGGREGATE \$ 0 \$ 0 \$ 0
	<input type="checkbox"/> BUSINESS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROFESSIONAL SERVICES/OUTSIDE OFFICER/EMPLOYEE EXCLUDED <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER				PER EMPLOYEE \$ 0 PER ACCIDENT \$ 0 PER EMPLOYEE \$ 0 PER POLICY LIMIT \$ 0

DESCRIPTION OF OPERATING COVERAGES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Market Additional Insured applies if required by contract. FAX #791-3123

<b>CERTIFICATE HOLDER</b> Palm Beach County Building Department 2300 N Zieg Rd West Palm Beach FL 33411	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THROUGH THE ISSUING INSURER'S WAIVER TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE POLICYHOLDER TO THE LEFT, BUYER AGREES TO HOLD HARMLESS NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. BY SIGNING HEREON I HAVE <i>Carl S. Allen</i>
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