Pounall, Colleen

From:

Yenisvel Lopez < Yenisvel@BRUENINGINS.COM>

Sent:

Thursday, July 12, 2018 3:29 PM

To:

Pounall, Colleen

Subject:

RE: Eastern Elevator Service Inc.

Attachments:

Broward County -Eastern Elevator.pdf

Good afternoon Colleen,

I noticed a few discrepancies on this certificates.

The policy specified on the first certificate is last terms policy number, WS243558, with a policy term of 10/4/16-10/4/17. The current policy term for 10/4/17-10/4/2018, has a policy number of WS298830, which I believe is the second certificate you attached.

We don't have any record on our system of issuing neither one of these certificates. I have attached the only one we have on record for Broward County, which was recently provided.

Also the signature on the first certificate, is not a signature of any of our representatives at our agency. The signature has always been like the one I have attached, and since our agency name is on both certificates, they should have only our agents signature on it.

The other policies are not with our agency.

To be honest with you, this certificates look like they were doctored.

Please advise if I could be of any further assistance.

Thank you,

Yenisvel Lopez

Commercial Lines

Bruening Insurance Agency, Inc.

p: 954-473-1406 or 800-293-0131

f: 954-659-2338

a: 2700 S Commerce Pkwy, Suite 210 Weston, FL 33331

W: brueninginsurance.com e: yenisvel@brueningins.com



Let us assist you with any insurance need.

Home - Auto - Business - Life

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any dissemination, distribution or copying of this message is strictly prohibited without our prior written permission. If you are not an intended recipient (or an agent acting on an intended recipient's behalf), or if you have received this communication in error, please contact the sender by reply e-mail and permanently remove the original message and any copies from your computer and all back-up systems.

From: Pounall, Colleen [mailto:CPOUNALL@broward.org]

Sent: Thursday, July 12, 2018 11:59 AM

To: Yenisvel Lopez

Subject: RE: Eastern Elevator Service Inc.

Good morning Yenisvel,

Please see the attached certificate and verify if the coverages are still in effect.

Best regards,



Colleen Pounall, Risk Analyst Risk Management Division 115 S Andrews Avenue, Suite 210 Fort Lauderdale, FL 33301 (954) 357-7224 www.broward.org

From: Yenisvel Lopez [mailto:Yenisvel@BRUENINGINS.COM]

Sent: Monday, July 09, 2018 2:21 PM

To: Pounall, Colleen < CPOUNALL@broward.org>

Subject: RE: Eastern Elevator Service Inc.

Good afternoon Colleen,

I noticed on the certificate that the name of the insurance agency is not ours.

Please contact their current agency;

Accredited Insurance Agency 470 Delsea Drive, Route 47 Deptford, NJ 08096

Thank you,

Yenisvel Lopez

Commercial Lines

Bruening Insurance Agency, Inc.

p: 954-473-1406 or 800-293-0131

f: 954-659-2338

a: 2700 S Commerce Pkwy, Suite 210 Weston, FL 33331



Let us assist you with any insurance need.

Home - Auto - Business - Life

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any dissemination, distribution or copying of this message is strictly prohibited without our prior written permission. If you are not an intended recipient (or an agent acting on an intended recipient's behalf), or if you have received this communication in error, please contact the sender by reply e-mail and permanently remove the original message and any copies from your computer and all back-up systems.

From: Pounall, Colleen [mailto:CPOUNALL@broward.org]

Sent: Monday, July 09, 2018 2:17 PM

To: Yenisvel Lopez

Subject: Eastern Elevator Service Inc.

Good afternoon Yeni,

Thank you for taking the time to speak with me. The attached certificate was received for the referenced entity; however, the following revisions are required:

- Provide the liability limits for Pollution Liability
- Verify the policy number for Workers Compensation

Best regards,



Colleen Pounall, Risk Analyst Risk Management Division 115 S Andrews Avenue, Suite 210 Fort Lauderdale, FL 33301 (954) 357-7224 www.broward.org

Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.

Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.



DATE (MWDD/YYYY) 05/11/2018

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).

PRODUCER	CONTACT NAME: Commercial Lines					
Accredited Insurance Agency		AX A/C, No): 954-473-1662				
470 Delsea Drive, Route 47	E-MAIL ADDRESS:					
Deptford, NJ 08096	PRODUCER CUSTOMER ID #:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A: Northfield Insurance Co.	27987				
Eastern Elevator Service Inc.	INSURER B: Progressive Insurance	10192				
13784 NW 12th Court	INSURER C: Sentinal Insurance Co., LTD	02234				
Pembroke Pines, FL 33028	INSURER D: Western World Insurance Co.	13196				
	INSURER E :					
	INSURER F :					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMI	BER:				

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.

ISR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	COMMERCIAL GENERAL LIABILITY	ΓY	Г	WS243558	05/04/2018	05/04/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	2,000,000
	CLAIMS-MADE OCCUR	1 '	1				MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
-							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
3	AUTOMOBILE LIABILITY			913839720	03/21/2018	03/21/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
-	X ALLOWNED ALITOS	Y	1				BODILY INJURY (Per person)	\$	
1	ALE OTHER ACTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
	X NON-OWNED AUTOS			-				\$	
						_		\$	
1	X UMBRELLA LIAB OCCUR		WS243558	WS243558	05/04/2018	05/04/2019	EACH OCCURRENCE	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE	-		-			AGGREGATE	\$	3,000,000
	DEDUCTIBLE	i	1					\$	
	RETENTION \$		1					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MS287142-6-06	01/04/2018	01/04/2019	WC STATU- OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)		1				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under SPECIAL PROVISIONS below			/			E.L. DISEASE - POLICY LIMIT	\$	500,000
0	Pollution Liability	Y	-	G46830763001	05/04/2018	05/04/2019			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required).

Certificate holder is listed as additional insured. Please refer to policy for terms, conditions and exclusions.

CERTIFICATE HOLDER	CANCELLATION
Broward County 115 S. Andrews Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fort Lauderdale, FL 33301	AUTHORIZED REPRESENTATIVE



DATE (MINIDDIYYYY) 09/21/2017

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

				CONTA	7				
PRODUCER				NAME: Commercial Lines					
Bruening Insurance				PHONE (A/C, No, Ext): (954) 473-1406 FAX (A/C, No):					
2700 S. Commerce Parkway				E-MAIL ADDRESS:					
Suite 210				PRODUCER CUSTOMER ID #:					
Weston, FL 33331				INSURER(S) AFFORDING COVERAGE					NAIC #
INSURED				INSURE	RA: Northfiel	d Insurance (Co.		27987
Eastern Elevator Service				INSURE	RB: Geico In	surance			
2111 No. Commerce Pa	rkway			INSURE	R c : Sentinel	Insurance Co	o., LTD		
Weston, FL 33326	INSURE	RD:							
	INSURE				***************************************				
	INSURE	RF:	***************************************		mone second delication of				
COVERAGES CEI	RTIFIC	ATE NUMBER	₹:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA POLICI	EMENT, TERM IN, THE INSUI IES, LIMITS SHO	OR CONDITION OF CONTRACT OF CO	N OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S		OLICY NUMBER		POLICY EFF (MM/DO/YYYY)	POLICY EXP	LIMET	3	
A GENERAL LIABILITY		WS24355	88		09/04/2017	09/04/2018		\$	1,000,000
COMMERCIAL GENERAL LIABILITY	X		,				DAMAGE TO RENTED PREMISES (Es occurrence)	\$	100.000
CLAIMS-MADE X OCCUR	1 ^						MED EXP (Any one person)	s	EXCLUDED
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
POLICY PRO-								\$	
B AUTOMOBILE LIABILITY ANY AUTO		4178-06-4	167-0		06/21/2017	06/21/2018	COMBINED SINGLE LIMIT (Es accident)	\$	1,000,000
X ALL OWNED AUTOS	X					-2	BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
X HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
NON-OWNED AUTOS								\$	
								\$	
A UMBRELLA LIAB OCCUR	16	WS24355	8		09/04/2017	09/04/2018	EACH OCCURRENCE	\$	3,000,000
EXCESS LIAB CLAIMS-MADE							AGGREGATE	5	3,000,000
DEDUCTIBLE	1							\$	
RETENTION \$								5	
C WORKERS COMPENSATION AND EMPLOYERS LIABILITY	1	M287142-	6-06		08/02/2017	08/02/2018	WC STATU- OTH-	-	
ANY PROPRIETORIPARTNER/EXECUTIVE	NIA		7				E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)	1	1					E.L. DISEASE - EA EMPLOYEE	s	1.000.000
If yes, describe under SPECIAL PROVISIONS below			THE REAL PROPERTY.					\$	1,000,000
A						7.			annannannan kur heli deli dela deli deli deli deli
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 8% (64	ech accomp en	Additional Day and	ra Sahushri-	M mana			************	
Broward County" is listed as an additional	insurer	an the commi	ercial general	liability n	ollution liabili	h and hissing	ss automobile liability soli	ripe	
Waiver of Subrogation in favor of the Certifi	cate Ho	lder applies to	the general li	ability, au	tomobile liah	lity, and work	ers compensation policies	aug.	
REF: Maintenance and Repair Services - el	evators	and escalator	S.	,,		The state of the s	/ DN: dc=cty, dc	-browa	ard, tlc=bc,
					, -	110m	Retally ou-Organizati	on, ou-	BCC, pu=RM,

STREET, STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The residence of the last of t	AUTHORIZED REPRESENTATIVE

© 1988- 2069 ACORD CORPORATION. All rights/reserved.

CERTIFICATE HOLDER

Broward County 115 S. Andrews Avenue Ft. Lauderdale, FL 33301 Attn: Public Works



DATE (MIMIOD/YYYY)

10/31/2017 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 have ADDITIONAL INSURED provisions or 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). CONTACT Commercial Lines Bruening Insurance PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (954)473-1662 (954)473-1406 2700 S. Commerce Parkway Suite 210 INSURER(S) AFFORDING COVERAGE NAIC # Weston FL 33331 Northfield Insurance Co 27987 INSURER A: INSURED Western World Insurance Co 13196 INSURER B : Eastern Elevator Service Inc. INSURER C 13784 NW 12th Court INSURER D : INSURERE Pembroke Pines FL 33028 INSURER F CL17103106023 COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 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. TATION INCHES LTR TYPE OF INSURANCE POLICY NUMBER INSO WVD COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 100,000 EXCLUDED MED EXP (Any one person) WS298830 10/04/2017 1,000,000 10/04/2018 PERSONAL & ADV INJURY 2,000,000 GENLAGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE X POLICY 2,000,000 PRODUCTS - COMPIOP AGG 5 OTHER 5 AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) 8 NON-OWNED AUTOS ONLY PROPERTY DAMAGE 9 AUTOS ONLY \$ UMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION S DED 5 KERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A ry in NH) E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT **GENERAL AGGREGATE** 1,000,000 POLLUTION LIABILITY 8 G48830763001 11/01/2017 11/01/2018 EACH OCCURRENCE 1.000.000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Digitally signed by TIMOTHY CROWLEY Please refer to policy for terms, conditions and exclusions. DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM,

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Broward County** 115 S. Andrews Avenue AUTHORIZED REPRESENTATIVE Fort Lauderdale FL 33301

© 1988-2015 ACORD CORPORATION. All rights reserved.

ou=Users, cn=TIMOTHY CROWLEY Date: 2017.10.31 16:58:39 -04'00'

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD





Westchester Surplus Lines INSURANCE COMPANY

Environmental Policy Declarations

THE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, THIS POLICY AND ANY ENDORSEMENTS OR SCHEDULES ATTACHED HERE TO, CONSTITUTE THE INSURANCE POLICY.

Policy N	Number: G4683076	33 001	Renewal of: New					
Item 1.	Named insured	Eastern Elevator Service 13784 NW 12th Court Pembroke Pines, FL 330						
The Name	ed Insured is a.	Individual Partnership	Limited Liability Company	X Corporation Other:				
item 2.	Producer:	ALL RISKS LTD OF THE S 12750 CITRUS PARK LANI SUITE 110 TAMPA, FL 33625						
Item 3.	Policy Period:	Inception Date: 11/01/20	17 Expiration Date:	11/01/2018				
		(12:01 A.M. Standa	erd time at the address shown in Itel	n 1.)				
	lf "h	NOT INCLUDED" appears, the	n no such Coverage is provid	ed under this policy.				
item 4.	Limits of Insura	nce:						
	General Aggrega Contractors Poll	ate Limit ution Liability Coverage Part	\$1,000,000 \$1,000,000	Each Pollution Condition				
ltem 5.	Deductible:							
	Contractors Poli	ution Liability Coverage Part	\$0	Each Pollution Condition				
item 6.	Advance Premi	um: \$1,000	(25% minimum earn	ed)				
item 7.	Rate:	Flat / Not Auditable						
ltem 8.	Estimated Basis	\$ 40,000						
Item 9.	Retroactive Dat	es:						
	Contractors Po	ollution Liability Coverage Part:	Not Applicab	le				
item 10.	Covered Location	ns: Not Applicable						
Item 11.	Forms and End	orsements:						
	SLPD (03/08) -	Surplus Lines	Declarations					
	WSG084 (05/11) - Surplus Lines	Broker Notice					
	LD-5S23i (03/14	1) - Signature End	dorsement	Dese As Belin				

ENV-1200 (03/10) -	Contractors Pollution Liability Insurance Policy - Occurrence - Elite
ENV-1230 (03/10) -	Non-Owned Disposal Site(s) Liability - Elite
ALL-21101 (11/06) -	Trade or Economic Sanctions Endorsement
ENV-3100 (08/04) -	Additional Insured Endorsement
ENV-3101 (08/04) -	Additional Insured Endorsement - Primary and Non-Contributory
ENV-3103 (12/10) -	All Known or Reported Incidents Exclusion
ENV-3137 (08/04) -	Separate Defense Limit Endorsement - Contractors Pollution Liability Coverage
ENV-3143 (03/05) -	Waiver of Transfer of Rights of Recovery Against Others to Us
ENV-3146 (01/14) -	Transportation Pollution Liability Coverage Endorsement (Owned)
ENV-3147 (10-12) -	Global Program Solutions Amendatory (Foreign Indemnity) Endorsement
ENV-3213 (05/12) -	Mold Sublimit Endorsement - Contractors Pollution Liability
ENV-3223 (05/08) -	Prior Operations Exclusion - Contractors Pollution Liability
ENV-3225 (10/08) -	Additional Insured Endorsement - Products-Completed Operations Hazard
ENV-3226 (10/08) -	Additional Insured Endorsement - Products-Completed Operations Hazard Primary & Non-Contributory
ENV-3239 (11/16) -	Policy Changes Endorsement
ENV-5100 (06/11) -	Asbestos Amendatory Endorsement
ENV-5102 (10/04) -	Nuclear Hazard Liability Exclusion
ENV-5519 (09/04) -	Earned Premium Endorsement - 25% Minimum Earned
ENV-9950 (01/15) -	Exclusion of Certified Acts of Terrorism
SL-44730a (01/16) -	SERVICE OF SUIT ENDORSEMENT - FLORIDA
TRIA24 (01/15) -	Policyholders Disclosure Notice of Terrorism Insurance Coverage
ALL-5X45 (11/96) -	Questions About Your Insurance?
IL P 001 01 04 -	U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
MA-608255e (04/15) -	Claims Directory - Umbrella/Excess Casualty/Environmental

ltem 12.

JOHN J LUPICA President Date: 10/27/2017

An	thor	ized	Re	nm	SAM	tetive

DIVIDER

PAGE

Producer No: 73490 23947740000000 SAN:

Pol Eff Dt: 01-23-2018 Office: 99

Date Printed: 07-10-2018 Time Printed: 19:49:37

Trans Eff Dt: 05-08-2018

Insured Name: EASTERN ELEVATOR SERVICE INC.

Policy No: 9100186535

Trans Seq No: 007

Trans Type: Certificate Only Oper Init: A215032

Company Abbr: GK

Release Version: 18.10

User-Selected Sets Copies Printer CERTIFICATES 01 Don't print

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2018

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights to	the cer	rtificat		endorsement(s).					
	PRODUCER GEICO One GEICO Boulevard			CONTACT GEICO						
One (GEICO Boulevard			PHONE (A/C, No, Ext): 1-866-509	9-9444			FAX (A/C, No):		
Frede	ericksburg, VA 22412			Email Address: R1COMMEND@GECO.COM						
				Address:					NAIC #	
				INSUBER A: GOVERNMEN	INSURER(S) AFFORDING COVERAGE INSURER A: GOVERNMENT EMPLOYEES INSURANCE COMPANY					
INSU	RED			INSURER B:	VI EMPLOILES I	NOUNANCE CO	OMPANI		22063	
	TERN ELEVATOR SERVICE INC. L N COMMERCE PKWY			INSURER C:						
	TON, FL 33326-3238			INSURER D:						
				INSURER E:						
			INSURER F:							
COV	ERAGES CERTIF	ICATE I	NUMBI	ER:		RE\	VISION N	UMBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAI POLICIE	MENT, IN, THE S. LIMI	TERM OR CONDITION OF E INSURANCE AFFORDER TS SHOWN MAY HAVE BE	F ANY CONTRACT D BY THE POLICIE EN REDUCED BY P	OR OTHER DO S DESCRIBED AID CLAIMS.	CUMENT	WITH RESPECT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)		импѕ		
	COMMERCIAL GENERAL LIABILITY						EACH OCC	URRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE T PREMISES	O RENTED (Ea occurrence)	\$	
								(Any one person)	\$	
					1		PERSONAL	& ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL A	AGGREGATE	\$	
	POLICY PROJECT LOC						PRODUCTS	S - COMP/OP AGG.	\$	
	OTHER								\$	
	AUTOMOBILE LIABILITY						(Ea accide) SINGLE LIMIT (nt)	\$	
A	ANY AUTO			9100186535 00	1/23/2018	1/23/2019	BODILY IN	JURY (Per pe <mark>rs</mark> on)	\$ 10,000	
	OWNED X SCHEDULED AUTOS						BODILY IN	JURY (Per accident)	\$ 20,000	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY (Per accide		\$ 10,000	
									\$	
	UMBRELLA LIAB OCCUR						EACH OCC	URRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGAT	E	\$	
	DED RETENTION \$								\$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STA	TUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH		\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEAS	SE-EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEAS	SE-POLICY LIMIT	\$	
	RIPTIONOF OPERATIONS/ LOCATIONS/ VE 5 FORD F550SD VIN: 1FDA				nedule, may be attach	ed ifmore space i	isrequired)		
	TFICATE HOLDER				CANCELLATION					
	WARD COUNTY S ANDREWS AVE					N DATE THE	REOF, N	POLICIES BE CANCE OTICE WILL BE ONS		
FOR	T LAUDERDALE, FL 33301-	1818		ŀ	AUTHORIZED REPRESE		ricovisio	J.110.		



DATE (MM/DD/YYYY) 07/10/2018

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 have ADDITIONAL INSURED provisions or 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).

· NODOC					NAME:	Commerci				
	Bruening Insurance 2700 S. Commerce Parkway					PHONE (954) 473-1406 FAX (A/C, No, Ext): (954) 659-233 E-MAIL ADDRESS:				59-2338
Suite 2 Weston				FL 33331		Mostbfield		DING COVERAGE		NAIC # 27987
INSURED				FE 33331	INSURER A: Northfield Insurance Co NSURER B: Westchester Surplus Lines Insurance Co					10172
MOOREE	Eastern Elevator Service Inc.				INSURER B.					10172
	13784 NW 12th Court				INSURE	,				
	10704 1444 1241 00411				INSURE					
	Pembroke Pines			FL 33028	INSURE					
COVE		NUMBER: CL171031060		KF:		REVISION NUMBER:				
CERT EXCL	IS TO CERTIFY THAT THE POLICIES OF I CATED. NOTWITHSTANDING ANY REQUI IFICATE MAY BE ISSUED OR MAY PERTA USIONS AND CONDITIONS OF SUCH PO	REME AIN, TH LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V DHEREIN IS SU AIMS.	VITH RESPECT TO WHICH TH		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
>	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	
. –								MED EXP (Any one person)	9	LUDED
^ _				WS298830		10/04/2017	10/04/2018	PERSONAL & ADV INJURY	\$ 1,000	
-	EN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	
>	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
Δ1	OTHER: JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	T ANY AUTO							(Ea accident)	\$	
-	OWNED SCHEDULED								\$	
-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE								s	
	DED RETENTION \$							ACCRECATE	s	
	ORKERS COMPENSATION							PER OTH-		
AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	s	
(Ma	FICER/MEMBER EXCLUDED? andatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
P	OLLUTION LIABILITY							EACH CONDITION	\$1,00	00,000
В				G46830763001		11/01/2017	11/01/2018	AGGREGATE	\$1,00	00,000
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)	L		
Please	refer to policy for terms, conditions and e	exclus	ions.							
CERTI	FICATE HOLDER				CANC	ELLATION				
Broward County						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	115 S. Andrews Avenue				ALITHO	RIZED REPRESEN	TATIVE			
	Fort Lauderdale			FL 33301	AUTHOR	NEED KEPKESEN	A A	Dodby Dury		
					_		1000 0045	COPD COPPORATION	A 11	