

## CERTIFICATE OF LIABILITY INSURANCE

9/27/2016

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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).

| STREET, SQUARE, SQUARE,   |                                       |                                   | comer rights to    | , tile                               | certi          | ilicate noider in fied of su  |   |                              |  |  |              |          |  |  |
|---|---------------------------------------|-----------------------------------|--------------------|--------------------------------------|----------------|-------------------------------|---|------------------------------|--|--|--------------|----------|--|--|
| PROD  | UCE                                   | R                                 |                    |                                      |                |                               | CONTAC<br>NAME:   | Mirna Gu                     | adron                                      |  |              |          |  |  |
| La Metro Insurance Services   |                                       |                                   |                    |                                      |                |                               | PHONE (A/C, No, Ext): (805)852-1811 FAX (A/C, No): (805)367-7327                                |                              |  |  |              |          |  |  |
| 32123 Lindero Canyon Rd Suite 304   |                                       |                                   |                    | 304                                  |                |                               |   |                              | E-MAIL ADDRESS: lametroinsurance@gmail.com |  |              |          |  |  |
| ,   |                                       |                                   |                    |                                      |                |                               | ADDRES  |                              | NAIC#                                      |  |              |          |  |  |
| Wes   | Westlake Village                      |                                   |                    |                                      |                | CA 91361                      | INCLIDE   |                              | 39993                                      |  |              |          |  |  |
| INSURED   |                                       |                                   |                    |                                      |                | CN 71501                      | INSURER B: NATIONAL UNION FIRE CO OF PITTSBURGH P   |                              |  |  |              | 19445    |  |  |
| PAINTSCAPING INC  |                                       |                                   |                    |                                      |                |                               |   |                              | IA   | 35076  |              |          |  |  |
|   |                                       | 6124 LEDER                        |                    |                                      |                |                               |   |                              | COMPENSAL                                  | TON INSURANCE FUND                                   |              | 33076    |  |  |
|   |                                       | 0124 LEDEK                        | ER AVE             |                                      |                |                               |   | R D :                        |  |  |              |          |  |  |
|   |                                       | WOODLAND                          | NIII I C           | W                                    |                |                               |   |                              | INSURER E :                                |  |              |          |  |  |
|   |                                       | WOODLAND                          |                    | CA 91367                             |                |                               |   | RF:                          | and the second                             |  |              |          |  |  |
|   |                                       |                                   |                    | RTIFICATE NUMBER:                    |                |                               |   | IED TO THE I                 | / DEDI                                     | 20   |              |          |  |  |
| 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 |                                       |                                   |                    |                                      |                |                               |   | טט<br>טוכ                    |  |  |              |          |  |  |
| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  |                                       |                                   |                    |                                      |                |                               |   |                              |  | 113  |              |          |  |  |
| EX  |                                       |                                   |                    | SUCH POLICIES. LIMITS SHOWN MAY HAVE |                |                               |   | BEEN REDUCED BY PAID CLAIMS. |  |  |              |          |  |  |
| INSR<br>LTR   |                                       | TYPE OF INSU                      | RANCE              |                                      | SUBR           | POLICY NUMBER                 |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)                 | LIMIT  | S            |          |  |  |
|   | ×                                     | COMMERCIAL GENER                  | AL LIABILITY       |                                      |                |                               |   | ls.                          |  | EACH OCCURRENCE                                      | \$ 1,00      | 00,000   |  |  |
|   |                                       | CLAIMS-MADE                       | × occur            |                                      |                |                               |   |                              |  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |              | ,000     |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  | MED EXP (Any one person)                             | \$ 5,000     |          |  |  |
| Α   |                                       |                                   |                    | Y                                    |                | GL4166434                     |   | 12/1/2015                    | 12/1/2016                                  | PERSONAL & ADV INJURY                                | \$ 1,000,000 |          |  |  |
|   | GEN                                   | 'L AGGREGATE LIMIT A              | PPLIES PER:        |                                      |                |                               |   |                              |  | GENERAL AGGREGATE                                    | \$ 2,000,000 |          |  |  |
|   | ×                                     | POLICY PRO-<br>JECT               | Loc                |                                      |                |                               | 2   |                              |  | PRODUCTS - COMP/OP AGG                               | \$ 1,000,000 |          |  |  |
|   | -                                     | OTHER:                            |                    |                                      |                |                               |   |                              |  | PRODUCTS - COMPTOR AGG                               | \$           | 70,000   |  |  |
|   | AUT                                   | OMOBILE LIABILITY                 |                    |                                      |                |                               |   |                              |  | COMBINED SINGLE LIMIT                                | \$           |          |  |  |
|   |                                       | ANY AUTO                          |                    |                                      |                |                               |   |                              |  | (Ea accident) BODILY INJURY (Per person)             | \$           |          |  |  |
|   |                                       | OWNED                             | SCHEDULED          |                                      |                |                               |   |                              |  | BODILY INJURY (Per accident)                         | \$           |          |  |  |
|   |                                       | AUTOS ONLY<br>HIRED               | AUTOS<br>NON-OWNED |                                      |                |                               |   |                              |  | PROPERTY DAMAGE                                      | \$           |          |  |  |
|   |                                       | AUTOS ONLY                        | AUTOS ONLY         |                                      |                | 5                             |   |                              |  | (Per accident)                                       | S            |          |  |  |
|   | ~                                     | UMBRELLA LIAB                     | <b>V</b>           |                                      |                | <u> </u>                      |   |                              |  |  |              | 0.000.00 |  |  |
| D   | X EXCESS LIAB                         |                                   | OCCUR              |                                      |                | EDI 020000467                 | 10/00/0015  | 10/01/00/                    | EACH OCCURRENCE                            |  | 00,000.00    |          |  |  |
| В   | ^                                     |                                   | CLAIMS-MADE        |                                      |                | EBU 038808467                 | 12/08/20  | 12/08/2015                   | 12/01/2016                                 | AGGREGATE  | \$           |          |  |  |
|   | DED RETENTION \$ WORKERS COMPENSATION |                                   |                    |                                      | _              |                               |   |                              |  | IPER I LOTH-   | \$           |          |  |  |
|   | AND EMPLOYERS' LIABILITY              |                                   | Y/N                |                                      |                |                               |   |                              |  | X PER STATUTE OTH-                                   |              |          |  |  |
| C   | OFFI                                  | NY PROPRIETOR/PARTNER/EXECUTIVE Y |                    | N/A                                  | N/A 9140643-16 |                               |   | 08/25/2015                   | 08/25/2017                                 | E.L. EACH ACCIDENT                                   | \$ 1000000   |          |  |  |
|   | If yes                                | datory in NH)<br>, describe under |                    |                                      |                |                               |   |                              |  | E.L. DISEASE - EA EMPLOYEE                           |              |          |  |  |
|   | DÈSC                                  | RIPTION OF OPERATIO               | NS below           |                                      |                |                               |   |                              |  | E.L. DISEASE - POLICY LIMIT                          | \$ 1000      | 0000     |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                | 101, Additional Remarks Sched |   |                              |  |  |              |          |  |  |
| VI  | DE(                                   | PRODUCTION                        | N MAPPING A        | IND                                  | PRC            | DJECTION OF VERY              | LARG  | E SCALE V                    | IDEO. PA                                   | INTSCAPING INC IS                                    | A VII        | DEO      |  |  |
| PRODUCTION AND PROJECTION ONTO LARGE SCALE DISPLAYS SUCH AS BUILDINGS.  |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       | IFICATE HOLD                      |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
| 30  | DA                                    | Y NOTICE OF (                     | CANCELLAT          | ION                                  | APP            | LIES                          |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
| CERTIFICATE HOLDER  |                                       |                                   |                    |                                      |                |                               | CANCELLATION  |                              |  |  |              |          |  |  |
| O'MORREMINION.  |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE                                  |                              |  |  |              |          |  |  |
| City of Marga   |                                       |                                   |                    |                                      |                |                               | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   |                              |  |  |              |          |  |  |
|   |                                       | Margate, Flori                    | da 3306            |                                      |                | J                             |   |                              |  |  |              |          |  |  |
|   |                                       |                                   |                    |                                      |                |                               |   | 6                            | 5  |  |              |          |  |  |
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/27/2016

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| PRO   | DUCE   | R   |                 |                  |               |                                | CONTA<br>NAME:                                     | CT Mirna Gu   | adron   |                                  |                            |         |           |  |  |
|---|--|---|-----------------|------------------|---------------|--------------------------------|--|---|---|----------------------------------|----------------------------|---------|-----------|--|--|
| La Metro Insurance Services   |  |   |                 |                  |               |                                |  | PHONE (805)852 1011   |   |                                  |                            |         |           |  |  |
| 32123 Lindero Canyon Rd Suite 304   |  |   |                 | )4               |               |                                |  | (A/C, No, Ext): (805)852-1811 (A/C, No): (805)367-732 ADAPESS: lametroinsurance@gmail.com |   |                                  |                            |         |           |  |  |
| ,   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
| We  | stlak  | e Village   |                 | CA 91361         |               |                                |  | INSURER(S) AFFORDING COVERAGE   |   |                                  |                            |         |           |  |  |
| _   | RED  | 8-  |                 | CA 91361         |               |                                |  | INSURER A: COLONY INSURANCE CO  |   |                                  |                            |         |           |  |  |
|   |  | PAINTSCAPI  | NG INC          |                  |               |                                | INSURER B: NATIONAL UNION FIRE CO OF PITTSBURGH PA |   |   |                                  |                            |         | 19445     |  |  |
| PAINTSCAPING INC  |  |   |                 |                  |               |                                | INSURER C: STATE COMPENSATION INSURANCE FUND       |   |   |                                  |                            |         | 35076     |  |  |
| 6124 LEDERER AVE  |  |   |                 |                  |               |                                |  | INSURER D:  |   |                                  |                            |         |           |  |  |
|   |  | WOODY   |                 |                  |               |                                | INSURER E:   |   |   |                                  |                            |         |           |  |  |
|   |  | WOODLAND  | HILLS           | CA 91367         |               |                                | INSURER F:   |   |   |                                  |                            |         |           |  |  |
|   |  | AGES  | CER             | TIFICATE NUMBER: |               |                                | REVISION NUMBER:                                   |   |   |                                  |                            |         |           |  |  |
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| CI  | ERTII  | FICATE MAY BE ISSUE                                     | ED OR MAY PER   | RTAIN            | THE           | INSURANCE AFFORDED BY          | NY CON   | VIRACT OR OT  | THER DOCUM  |                                  |                            |         |           |  |  |
|   |  | ISIONS AND CONDITION                                    | ONS OF SUCH F   | OLIC             | ES. LI        | MITS SHOWN MAY HAVE BE         | EN REI   | DUCED BY PAI  | D CLAIMS.   | I IS SUBJECT TO A                | ALL THE T                  | ERMS,   |           |  |  |
| INSR<br>LTR   |  | TYPE OF INSUR   |                 | ADDL             | SUBR          | POLICY NUMBER                  |  | POLICY EFF<br>(MM/DD/YYYY)  |   |                                  |                            | -       |           |  |  |
|   | ×  | COMMERCIAL GENERAL                                      | L LIABILITY     | IIII             | WVD           | TOLIOT HOMBER                  |  | (MM/DD/YYYY)  | (MM/DD/YYYY)  |                                  | LIMIT                      |         | 00.000    |  |  |
|   |  | CLAIMS-MADE   | <b>K</b> OCCUR  |                  | GL4166434     | CI 41//424                     |  |   | 12/1/2016   | DAMAGE TO RENTED                 |                            | ,       | 00,000    |  |  |
|   |  |   | COCOR           |                  |               |                                |  |   |   | PREMISES (Ea occurrence) \$ 100, |                            |         |           |  |  |
| Α   |  |   |                 | Y                |               |                                |  | 12/1/2017   |   | MED EXP (Any one p               | ne person) \$ 5,000        |         | 00        |  |  |
| 1.  | CEA  |   | 01150 050       | 1                |               | GL4100434                      |  | 12/1/2015   |   | PERSONAL & ADV IN                |                            |         |           |  |  |
|   |  | I'L AGGREGATE LIMIT AP                                  |                 |                  |               |                                |  |   |   | GENERAL AGGREGA                  | SREGATE \$ 2,000,000       |         |           |  |  |
|   | ×  | POLICYJECT  | roc             |                  |               |                                |  |   |   | PRODUCTS - COMP/                 | OP AGG                     | \$ 1,00 | 00,000    |  |  |
|   | ALIT   | OTHER: OMOBILE LIABILITY                                |                 |                  |               | · ·                            |  |   |   |                                  |                            | \$      |           |  |  |
|   | AUI  |   |                 |                  |               |                                |  |   |   | COMBINED SINGLE (Ea accident)    | LIMIT                      | \$      |           |  |  |
|   |  |   | ANY AUTO        |                  |               |                                |  |   |   | BODILY INJURY (Per               | ILY INJURY (Per person) \$ |         |           |  |  |
|   |  | OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY | AUTOS           |                  |               |                                |  |   |   | BODILY INJURY (Per               | RY (Per accident) \$       |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   | PROPERTY DAMAGE<br>(Per accident)   | MAGE \$                          |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   | 1   | (i el accident)                  |                            | \$      |           |  |  |
|   | X UMBRELLA LIAB  |   | <b>♦</b> OCCUR  | $\top$           |               |                                |  |   |   | EACH OCCURRENCE                  |                            | s 3.00  | 00,000.00 |  |  |
| В   | X EXCESS LIAB CLAIMS-MADE  |   |                 |                  | EBU 038808467 |                                |  | 12/08/2015  | 12/01/2016  |                                  |                            |         | 00,000.00 |  |  |
|   | DED RETENTION\$  |   |                 |                  |               |                                | 1  | 12/00/2015  | 12/01/2010  | AGGREGATE                        |                            | \$      |           |  |  |
|   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXEC  |   |                 |                  |               |                                |  |   |   | X PER<br>STATUTE                 |                            | \$      |           |  |  |
|   |  |   | EXECUTIVE Y/N   |                  |               |                                | 08/25/2  |   | 08/25/2017  |                                  | OTH-<br>ER                 |         |           |  |  |
| C   | OFFIC  | Mandatory in NH)  |                 |                  |               | 9140643-16                     |  | 08/25/2015  |   | E.L. EACH ACCIDENT               |                            | \$ 1000 |           |  |  |
|   | (Manaday) minification |   |                 |                  |               |                                |  |   |   | E.L. DISEASE - EA EM             |                            | \$ 1000 |           |  |  |
|   |  |   |                 |                  |               |                                |  |   |   | E.L. DISEASE - POLIC             | CYLIMIT                    | \$ 1000 | 0000      |  |  |
|   |  |   |                 |                  |               |                                | 1  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   | 1   |                                  |                            |         | · ·       |  |  |
| DESC  | DIDTI  | ON OF OPERATIONS (1.0                                   | CATIONS (MELLIS | . = 0 /          |               |                                |  |   |   |                                  |                            |         |           |  |  |
| DA  | INIT   | CC A DINIC INC. IS                                      | CATIONS / VEHIC | LES (A           | ACORD         | 101, Additional Remarks Schedu | ıle, may l   | e attached if mo  | re space is requ  | ired)                            |                            |         |           |  |  |
| CE  | D.L.I  | ELCATE HOLDE  | S A VIDEO I     | 'KO              | DUC           | TION AND PROJECT               | ION O  | NTO LARO  | GE SCALE  | DISPLAYS SU                      | JCH AS                     | BUI     | LDINGS.   |  |  |
|   |  | FICATE HOLDE  |                 |                  |               |                                |  |   |   |                                  |                            |         | V 1       |  |  |
| 30 DAY CANCELLATION NOTICE APPLIES  |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
| CER   | TIFIC  | CATE HOLDER   |                 |                  |               |                                | CANCE  | LLATION   |   |                                  |                            |         |           |  |  |
| ANIAE ET LION   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE                            |   |                                  |                            |         |           |  |  |
| Margate Community Redevelop   |  |   |                 |                  |               |                                |  |   | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   | H THE POLICY  | PROVISIONS.                      |                            |         | 7 7       |  |  |
|   |  | 5790 Margate B  | oulevard        | 7                |               |                                |  | AUTHORIZED REPRESENTATIVE   |   |                                  |                            |         |           |  |  |
|   |  | Margate, Florida  | 33063           |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                | /  | 011   |   |                                  |                            |         |           |  |  |
|   |  |   |                 |                  |               |                                |  |   |   |                                  |                            |         |           |  |  |