

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 has coverage in force for the following Named Insured as shown below:

Named Insured BOULANGER DRYWALL

Address of Named Insured 10496 NW 50TH ST
SUNRISE, FL 33351

POLICY NUMBER	168 8993-F24-59K	201 8143-E10-59F	216 1491-B26-59B	259 4407-F01-59A
EFFECTIVE DATE OF POLICY	06/24/06-12/24/06	11/10/06-05/10/06	08/26/06-02/26/07	06/01/06-12/01/06
DESCRIPTION OF VEHICLE	03 CHEVROLET C1500 2GCEC19T531211073	04 GMC ENVOY XL 1GKES16SX46119860	00 FORD F150 1FTZX1721YNB34346	02 CHEVROLET ASTRO 1GCDM19X72B107615
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
a. Bodily Injury Each Accident	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
b. Property Damage	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
a. Comprehensive				
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$500.00 Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Michael Mahovich
 Signature of Authorized Representative

AGENT Title 2013 Agent's Code Number Date

Name and Address of Certificate Holder
 ADDITIONAL INSURED:

Name and Address of Agent
 MICHAEL MAHOVICH INS. AGCY, INC.
 2350 UNIVERSITY DRIVE
 CORAL SPRINGS, FL. 33065

Check if a permanent Certificate of Insurance for liability coverage is needed:
 Check if the Certificate Holder should be added as an Additional Insured:

Remarks:

