

BOOK WARRANTY SOUNDPROOF

BUILDING: TURNBERRY OCEAN APARTAMENT:

601

CAC GROUP INVESTMENT, LLC



SERVICE:

SOUND PROOF

BUILDING: ADRESS: APARTMENT:

AREA SQ.FT.: MATERIAL: PERMISION: CONTRACTOR:

TURNBERRY

18501 COLLINS AVE MIAMI FL.33160

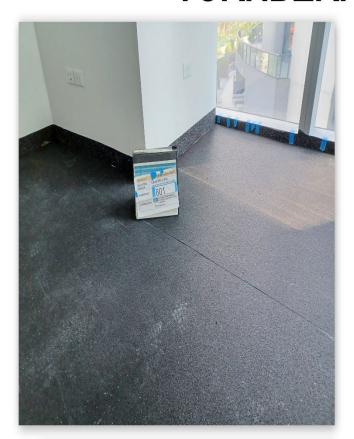
2580 SOUND MIAMI SM12MM

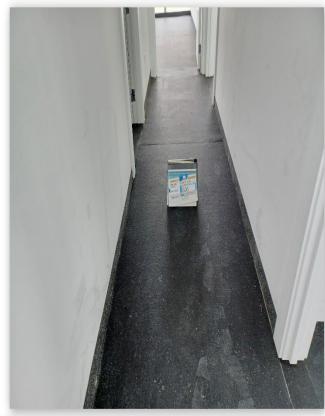


CAC GROUP INVESTMENTS, LLC 4747 NW 72nd AVE. MIAMI, FL 33166

(786)2856005

TURNBERRY ARPT 601



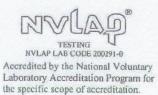








Laboratory



Page 1 of 5

TEST REPORT

for

CAC Group Investment LLC

12879 SW 62 Lane Miami, FL 33183 Carlos Gaitan / 786-285-6005

Impact Sound Transmission Test

ASTM E 492 - 09 (2016) / ASTM E 989 - 06 (2012)

On

8 Inch (203 mm) Concrete Slab Floor- Ceiling Assembly Overlaid Ceramic Tile and SoundMiami SM12MM Rubber Underlayment

Report Number: NGC 7017446

Assignment Number: G-1551

> 08/24/2020 Test Date:

Report Revision Date: 08/27/2020

Reviewed by:

Submitted by:

Anthony J. Rivers Test Technician

Robert I. Menchetti

Director

The results reported above apply to specific samples submitted for measurement. No responsibility is assumed for performance of any other specimen. The laboratory's accreditation or any of its test reports in no way constitute or imply product certification, approval, or endorsement by NVLAP, NIST or any agency of the Federal Government. This report may not be reproduced except in full, without written approval of the laboratory.

1650 Military Road • Buffalo, NY 14217-1198 (716) 873-9750 • Fax (716) 873-9753 • www.ngctestingservices.com



Acoustical Testing Laboratory



TESTING
NVLAP LAB CODE 200291-0
Accredited by the National Voluntary
Laboratory Accreditation Program for
the specific scope of accreditation.

Page 1 of 5

TEST REPORT

for

CAC Group Investment LLC

12879 SW 62 Lane Miami, FL 33183 Carlos Gaitan / 786-285-6005

Sound Transmission Loss Test

ASTM E 90 - 09 (2016) / E 413 - 16

On

8 Inch (203 mm) Concrete Slab Floor- Ceiling Assembly Overlaid Ceramic Tile and SoundMiami SM12MM Rubber Underlayment

Report Number: NGC 6038921

Assignment Number: G-1764

Test Date: 24/208/2020

Report Revision Date: 27/08/2020

Submitted by:

Anthony J. Rivers Test Technician

Reviewed by:

Robert J. Menchetti

Director

The results reported above apply to specific samples submitted for measurement. No responsibility is assumed for performance of any other specimen. The laboratory's accreditation or any of its test reports in no way constitute or imply product certification, approval, or endorsement by NVLAP, NIST or any agency of the Federal Government. This report may not be reproduced except in full, without written approval of the laboratory.

1650 Military Road • Buffalo, NY 14217-1198 (716) 873-9750 • Fax (716) 873-9753 • www.ngctestingservices.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/05/2021

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 cert	tificate holder in lieu of s).				
PRO	DUCER			CONTA NAME:	ст Martha F	Rivero				18.10
US	A GENERAL INSURANCE			PHONE (A/C, N	Evel. (305)	386-3305		FAX (A/C, No):	(888)	330-1123
136	31 SW 26st			E-MAIL ADDRE	gratall@	usageneralin	surance com	[A/C, NO]:	(000)	000 1120
				ADDIKE						
Mia	mi		FL 33175	INICUID	7.0000000000000000000000000000000000000		RDING COVERAGE SURANCE COM	IDANIV		NAIC#
INSL	RED			INSURE		-WENOA IN	SONAINGE COM	IFAINT		18 1
	CAC GROUP INVESTMENT	TS LLC /C	ARLOS GAITAN							
	12879 SW 62 LN			INSURE	AND IN COLUMN TO THE PARTY OF T					
				INSURE						
1	Miami		FL 33183	INSURE		***				
CO	IND. CO.	TIEICATI		INSURE	RF:					10.51
_	HIS IS TO CERTIFY THAT THE POLICIE		E NUMBER:	A) /E DEC	TN IOOUED TO		REVISION NUI	VIBER:		10.514
C	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERTAIN	THE INSURANCE AFFORE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WIT	THE DECDE	OT TO	MARILOUI TIMO
INSR LTR	TYPE OF INSURANCE	ADDL SUBF	2		POLICY EFF (MM/DD/YYYY)	POLICY EVP		LIMIT	2	
	COMMERCIAL GENERAL LIABILITY	THE TOTAL PROPERTY OF THE PARTY	. SLIOT HOMBER		(MINITODITTTY)	(MM/DD/YYYY)	EACH OCCURREN			00,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	s 100	
					*		MED EXP (Any one	person)	\$ 5,00	00
Α			PAV0334595		09/24/2021	09/24/2022	PERSONAL & ADV	INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	GATE	\$ 2,00	00,000
	POLICY PRO- JECT LOC						PRODUCTS - COM	P/OP AGG	s 2,00	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	ELIMIT	S	18.11
	ANY AUTO						BODILY INJURY (P	er person)	S	
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (P	er accident)	S	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	GE	S	11 11
							(r er accident)		S	
	UMBRELLA LIAB OCCUR						EACH OCCURREN	CE	s	
	EXCESS LIAB CLAIMS-MADE		2				AGGREGATE		S	
	DED RETENTION \$				1 14		ACCRECATE		S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER	Φ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE				Α.		E.L. EACH ACCIDE		^	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA			
	(*						E.L. DISEASE - POI	LICY LIMIT	\$	
								İ		
										11
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Sched	ule may h	e attached if mor	ro enaco le roquie	nd)		-	
		LEO (HOOK	D 101, Additional Remarks Sched	uie, may L	e attached ir moi	re space is requii	ea)			
										# 11
CEI	RTIFICATE HOLDER			CANO	ELLATION					
							ESCRIBED POLICE			
	Sunny Isles Beach Building	nt				Y PROVISIONS.	Index			
	18070 Collins Ave 3rd Floor		n.							
	10070 Collins Ave 3rd Floor			AUTHO	RIZED REPRESE	NTATIVE				like is
	0			1	No 1	20				
	Sunny Isles Beach		FL 33160		1	1				

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

JRATE GROUP West Flagler, Suite 114 FL 33144 Suite Flagler, Suite 115 FAX No. 305-226-876 F	this certificate does not confer rights to	to the cer	erms and conditions of tificate holder in lieu of s	sucii ei	nuorsement(s	5).		4		
West Flagler, Suite 114 FL 33144 SACURATE OF SUITE O	ACCURATE GROUP			PHONE						
ADDRESS: ACCUMENCETICATE NUMBER: CAC Group Investments LLC 12879 SW 62 Lane Milami FL 33144 INSURER 8: State National Insurance Company 131 INSURER 9: State National Insurance Company 224 INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURE 9: INSURER 9: INSURE 9: INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURE 9: INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURER 9: INSURE 9: INSURER 9: INSURE 9									226-8767	
FL 33144 INSURER B: State National Insurance Company CAC Group Investments LLC 12879 SW 62 Lane Miami FL 33183- RAGES CERTIFICATE NUMBER: INSURER B: State National Insurance Company INSURER B: State National Insurance Company INSURER B: INSURE	agior, date 114			ADDR	Ess: accurat	e.certificates	@gmail.com			
CAC Group Investments LLC 12879 SW 62 Lane Miami FL 33183- RAGES CERTIFICATE NUMBER: INSURER E: STO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANDE NAMED ABOVE FOR THE POLICY PERSONAL SALVANDERS INSURER E: INSURER E: REVISION NUMBER: INSURER E: REVISION NUMBER: REVISI	liami			INSURER(S) AFFORDING COVERAGE						
CAC Group Investments LLC 12879 SW 62 Lane Miami FL 33183- Misurer e: Misu	SURED		FL 33144	INSURER A: Western World Insurance Comp					1319	
INSURER C: Miami FL 33183- RAGES CERTIFICATE NUMBER: INSURER F: INSURER		_		INSUF	RERB: State	National Insur	ance Company		2260	
Miami FL 33183- INSURER P: INSURER F: INSURE F: INSURER F: INSUR		C					. ,		2200	
Mismi F. 33183- INSURER F: RAGES CERTIFICATE NUMBER: IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEATEN TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT OF THE POLICY PEATEN TO WHICH LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY BY THE POLICY SET ON WHICH LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY HAVE BEEN REDUCED BY POLICY SET ON WHICH SHOWN MAY H	12879 SW 62 Lane			INSURER D:						
CERTIFICATE NUMBER: IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEACHED. IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEACHED. IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEACHED. IT INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICY NUMBER POLICY PAGE AND THE POLICY OF THE POLICY PEACHED. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED PAGE OF THE POLICY PEACHED. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED PAGE OF THE POLICY OF THE POLICY PEACHED. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED PAGE OF THE POLICY OF THE POLICY PEACHED. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED PAGE OF THE POLICY OF THE POLICY PEACHED. INSURANCE TO FIRSTED SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURED COMMENTS SUBJECT TO ALL THE TEND CLAIMS. INSURANCE COMPANDED SUBJECT TO ALL THE TEND CLAIMS. INSURANCE COMPANDED. INSURANCE COMPANDED. INSURANCE TO POLICY MANDE BY THE POLICY PEACHED. INSURANCE TO POLICY PEACHED. INSURANCE TO WATER TO ALL THE TO COMMENT. INSURANCE TO WATER TO ALL THE TO COMMENT. INSURANCE TO WATER TO ALL THE TO COMMENT. INSURANCE TO WATER TO ALL THE TO ALL THE TO WATER TO ALL THE TO WATER TO ALL THE TO WATER TO ALL THE TOWN CANNOT TH			INSURER E :							
INTERIOR SECRETIFICATE NUMBER: IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERSONAL BY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH DOCUMENT WITH THE POLICY PERSONAL BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT OF THE POLICY PERSONAL BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT OF THE POLICY PERSONAL BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT OF THE POLICY PERSONAL BY THE POLICY PROPERTY OF THE POLICY PERSONAL BY THE POLICY PERSON				INSUR	ERF:					
CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLLMENT WITH RESPECT TO WHICH LUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH LUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR NPP8698760 NPP8698760 O9/04/2020 O9/04/2020 O9/04/2020 O9/04/2020 O9/04/2020 O9/04/2020 O9/04/2020 O9/04/2020 PRESONAL & ADVINURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 ONNED DAMAGE TO RENTED PROMED TO THE POLICY EXP POLICY PROPERTY OF THE POLICY PROMED TO THE POLICY PROPERTY OF THE		RTIFICATI	E NUMBER:				REVISION NUM	IDED.		
TYPE OF INSURANCE NSD WYD POLICY NUMBER POLICY NUMBER (MM/DD/YYY)	EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES.	THE INSURANCE AFFORD		TI CONTINAC	I OK OTHER	RED NAMED ABOV	E FOR THE PO	LICY PERI WHICH TI THE TERM	
CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR NPP8698760 NPP8698760 NPP8698760 O9/04/2020 O9/04/2020 O9/04/2021 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 GENERAL AGGREGATE \$ 2	TYPE OF INSURANCE	ADDE 30BK			POLICY FEE	POLICY EXP		LIMITO		
NPP8698760 NPP8698770 NPP8698770 NPP8698770 NPP8698770 NPP8698770 NPP869	COMMERCIAL GENERAL LIABILITY				(MINUSE) TTTT)	(WINDD/TTTY)	EACH OCCUPRENC		00.000	
NPP8698760 NPP86988698666 NPP86988698666 NPP869886986666 NPP8698869866666666666666666666666666666	CLAIMS-MADE X OCCUR						DAMAGE TO RENTE	D	-	
NPP8698760 NPP8698660 NPP8698760 NPP8698760 NPP8698660 NPP8698660 NPP8698760 NPP8698760 NPP8698760 NPP8698660 NNUCVIPIES A SOUT A SO									-	
ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WARRENS COMPENSATION EMPLOYERS' LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY N/A N/A NXTU39JE8O-00-WC O7/01/2021 O7/01/2022 AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS			NPP8698760		09/04/2020	09/04/2021				
PRODUCTS - COMP/OP AGG \$ 1,000,000 OTHER: OTHER: ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RKERS COMPENSATION 10 EMPLOYERS' LIABILITY N/A NXTU39JE8O-00-WC PRODUCTS - COMP/OP AGG \$ 1,000,000 (Ea accident) S BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PROPRIETONS RKERS COMPENSATION 10 EMPLOYERS' LIABILITY N/A NXTU39JE8O-00-WC O7/01/2021 O7/01/2022 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	GEN'L AGGREGATE LIMIT APPLIES PER:				(.			1		
TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RERES COMPENSATION SERVERS COMPENSATION PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE OTHOROGY N/A NXTU39JE8O-00-WC O7/01/2021 O7/01/2021 O7/01/2021 O7/01/2021 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	POLICY JECT LOC									
ANY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RKERS COMPENSATION DEMPLOYERS 'LIABILITY PROPRIETOR/PARTINER/EXECUTIVE TY PROPRIETOR/PARTINER/EXECUTIVE TY PROPRIETOR/PARTINER/EXECUTIVE TY N/A NXTU39JE8O-00-WC NXTU39JE8O-00-WC O7/01/2021 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ REACH OCCURRENCE \$ AGGREGATE \$ S PER STATUTE OTH- STATUTE OTH- ELL. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000							FRODUCTS - COMP		30,000	
OWNED AUTOS ONLY HRED AUTOS ONLY HRED AUTOS ONLY HRED AUTOS ONLY SECRET BEACH OCCURENCE \$ CACHOCCURRENCE \$ AGGREGATE \$ AGG							COMBINED SINGLE I	LIMIT		
AUTOS ONLY HRED AUTOS ONLY BROPERTY DAMAGE (Per accident) \$ EACH-OCCURRENCE \$ AGGREGATE \$ PER PER PER PER PER PER PER PER PER PE							(Ea accident)	Ф		
HIRED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RERES COMPENSATION DEMPLOYERS' LIABILITY PROPRIETORPARTNER/EXECUTIVE CER/MEMBER EXCLUDED? Addatory in NH) Addatory in NH) CRIPTION OF OPERATIONS below NXTU39JE8O-00-WC O7/01/2021 PROPERTY DAMAGE EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH- STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	AUTOS ONLY AUTOS									
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RERES COMPENSATION PROPRIET OR PARTNER/EXECUTIVE Y PROPRIET OR PARTNER/EXECUTIVE OT/01/2021 NXTU39JE8O-00-WC O7/01/2021 O7/01/2022 CRIPTION OF OPERATIONS below CRIPTION OF OPERATIONS below CRIPTION OF OPERATIONS below CRIPTION OF OPERATIONS CRIPTION OF OPERATIONS CRIPTION OF OPERATIONS	HIRED NON-OWNED							PROPERTY DAMAGE		
EXCESS LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ REKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE TO INCER/MEMBER EXCLUDED? Indiatory in NH) S, describe under CRIPTION OF OPERATIONS below EACH OCCURRENCE \$ AGGREGATE \$ PER OTH- STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	ASTOCKALI						(Per accident)	\$		
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ RKERS COMPENSATION \$ PERPLOYERS' LIABILITY Y/N PERPLOYERS' LIABILITY PERPLO	UMBRELLA LIAB OCCUR				-			\$		
DED RETENTION \$ RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETORI/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? ICER/MEMBER EXCLUDED? ICER/MICHON OF OPERATIONS below NXTU39JE8O-00-WC 07/01/2021 O7/01/2022 AGGREGATE \$ PER OTH- STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	EXCESSIVE						EACH OCCURRENCE	\$		
RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? ICER/MEMBER EXCLUDED? ICER/MICHON OF OPERATIONS below NXTU39JE8O-00-WC 07/01/2021 PER STATUTE STATUTE E.L. EACH ACCIDENT S. 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000							AGGREGATE	\$		
PROPRIE I DIPPARI NERVEXECUTIVE Y N/A NXTU39JE8O-00-WC 07/01/2021 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	WORKERS COMPENSATION						250			
NXTU39JE8O-00-WC	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N					07/01/2022	STATUTE	ER ER		
s, describe under CRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	OFFICER/MEMBER EXCLUDED?	N/A	NXTU39JE8O-00-WC	5	07/01/2021		E.L. EACH ACCIDENT	\$ 1,00	0,000	
E.L. DISEASE - POLICY LIMIT \$ 1,000,000	If yes, describe under			1		0110112022	E.L. DISEASE - EA EM	PLOYEE \$ 1,00	0,000	
TION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	Y LIMIT \$ 1,00	0,000	
TION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
TION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
ION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DIDTION OF COLUMN				2	-				
	OPFICENMEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N.	le, may be			E.L. DISEASE - EA EM E.L. DISEASE - POLIC	PLOYEE \$ 1,00	0,	
	TIFICATE HOLDER			CANC	FI LATION					
ICATE HOLDER CANCELLATION										
ICATE HOLDER CANCELLATION	Insured's Copy			1111	EXPIRATION	DATE THE	REOF. NOTICE 1	ES BE CANCELL WILL BE DEL	ED BEFOR	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED			-	AUTUG	1750 DEC				- C	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.		·	AUTHORIZED REPRESENTATIVE							

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD



CAC GROUPS INVESTMENT LLC. 15 YEAR LIMITED SYSTEM WARRANTY

Subject to the conditions and limitations set forth herein, CAC GROUPS INVESTMENT LLC. warrants that when using Soundmiami custom construction products, the rubber underlayment CAC GROUPS INVESTMENT LLC. will not disbond for a period of 15 years from the date of installation. When installed in accordance with the recommended installation by CAC GROUPS INVESTMENT LLC. and used in a residential environment, CAC GROUPS INVESTMENT LLC. will guarantee the tile and grout against cracking for a period of 15 years. All warranties must be fully registered and signed by an officer of CAC GROUPS INVESTMENT LLC.

EXCLUSIVE REMEDY

The custom Building products must be properly applied, using approved materials as enumerated in CAC GROUPS INVESTMENT LLC. Specifications, all applicable building code regulations and applicable industry. All custom building products must be installed in accordance with the written guidelines and specifications. For any valid claim presented under this warranty, CAC GROUPS INVESTMENT LLC. will supply owner with materials and labor necessary to replace the specific portion of the installation that is proven to be defective. Due to product availability, CAC GROUPS INVESTMENT LLC. cannot guarantee an exact match to the specific tile or stone used for installation. CAC GROUPS INVESTMENT LLC. will not pay more for the replacement than original per square foot purchase price of the portion being replaced. Any such labor and materials provided hereunder will be subject to the provisions of the warranty during the original 15-year warranty period. All warranties must be fully registered and signed by officer of CAC GROUPS INVESTMENT LLC.

EXCLUSIONS

CAC GROUPS INVESTMENT LLC. is not responsible for structural failure or workmanship not it accordance with manufacturer's instructions and the applicable industry standards. CAC GROUPS INVESTMENT LLC. Is not liable for losses due to delays or or any other consequential damages. This warranty is not transferable.

WARRANTIES DISCLAIMED- THE WARRANTY STATED ABOVE IS IN PLACE OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED TO THE EXTENT OF THE LAW. CAC GROUPS INVESTMENT LLC. EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES INCLUDING WARRANTIES OF MERCHANTIBILITY AND FITNESS FOR A PARTICULAR PURPOSE, ALTHOUGHT CAC GROUPS INVESTMENT LLC. MAY HAVE SUGGESTED THE PRODUCT OR DEVELOPED THE PRODUCT AT REQUEST OF THE OWNER AND/OR APPLICATOR, IT IS RESPONSIBILITY OF THE OWNERAND/OR APPLICATOR TO TEST AND DETERMINE THE SUITABLE OF THE PRODUCT FOR THE INTENDED USE AND PURPOSE, AND THE OWNER AND/OR APPLICATOR ASSUMES ALL RISK AND LIABILITY WHATSOVER REGARDING SUCH SUITABILITY.

LIMITATION OF REMEDIES AND DAMAGES- THE REPAIR/REPLACEMENT REMEDY STATED IN THIS WARRANTY TAKES THE PLACE OF ALL OTHER REMEDIES AGAINST CAC GROUPS INVESTMENT LLC. AND IS THE ONLY REMEDY AGAINST CAC GROUPS INVESTMENT LLC. AVAILABLE TO OWNER OR ANY OTHER PARTY. IN NO EVENT WILL, CAC GROUPS INVESTMENT LLC., BE LIABLE FOR SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOST PROFITS) ARISING OUT OF OR CONNECTED TO THE PRODUCTS OR THE SYSTEM, OR TO ANY USE OR MISUSE OF THE PRODUCTS OR THE SYSTEM, REGARDLESS OF ANY STRICT LIABILITY OR NEGLIGENCE OF CAC GROUPS INVESTMENT LLC. AND REGARDLESS OF THE LEGAL THEORY (CONTRACT, TORT OR OTHER) USED TO MAKE A CLAIM. IN NO EVENT WILL CAC GROUPS INVESTMENT LLC. BE OBLIGATED TO PAY DAMAGES. IN ANY AMOUNT EXCEEDING THE ORIGINAL PRICE OF THE PRODUCTS SHOWN TO BE DEFECTIVE. FOR CUSTOMER RELATION PURPOSE, CAC GROUPS INVESTMENT LLC. MAY IN ITS SOLE DISCRETION CHOOSE TO MAKE SOME EFFORTS BEYOND ITS LEGAL OBLIGATIONS. SUCH ADDITIONAL EFFORTS WILL NOT IN ANY WAY CHANGE LIMITATIONS OF REMEDIES, AND DAMAGES STATED IN THIS PARAGRAPH OR EXTEND OR CHANGE THIS WARRANTY, PRIOR TO PURSUING ANY LEGAL REMEDY, ANY CLAIMS, DISPUTES, DIFFERENCES OR DISAGREEMENTS BETWEEN CAC GROUPS INVESTMENT LLC. AND THE OWNER, ARISING OUT OF OR RELATING TO THIS WARRANTY, WHICH CANNOT BE AMICABLE SETTLED, WILL BE SUBMITTED FOR SETTLEMENT. BY ARBITRATION UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION THEN IN EFFECT.

Warranty claims. Owner shall notify CAC GROUPS INVESTMENT LLC., in writing, within 15 days of discovery of the alleged defect in the products covered this warranty. Owner will provide CAC GROUPS INVESTMENT LLC. with reasonable opportunity to review and investigate the alleged defect. For any warranty claim that is not valid, Owner will pay CAC GROUPS INVESTMENT LLC. reasonable charges, including travel and labor, associated with investigation of such claim. Mail written claims to the following address:

www.cacsoundcontractor.com









