

**EXHIBITS  
TO THE  
FINAL REPORT**

**All Pest Control**

**P. O. BOX 940686  
MIAMI FL 33194  
DADE (305) 485-8021  
FAX (305) 485-8023**

**" COURTESY IS OUR BUSINESS "**

**Other Services**

- . Termite
- . Clearance Letter
- . Inside Pest Control
- . Lawn Spray
- . Termite Control
- . Tent Fumigation

DATE: APRIL 12, 2005.

TO: MAURICIO VALDES

FAX NO: 305-375-5409

FROM: SONIA ALONSO

RE: INS

COMMENTS: CERTIFICATE OF INSURANCE

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# ACORD. CERTIFICATE OF INSURANCE

CSR. NO. ALLPE-1 DATE (MM/DD/YY) 04/11/05

**PRODUCER**  
 Hi-Tech Assurance Agency Inc.  
 8686 Coral Way # 206  
 Miami, Fl. 33155  
 Phone No. 305-297-0857 Fax No. 675-3173

*Reve Montezudo*

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.

**INSURED**  
 All Pest Control Service Inc.  
 P. O. Box 940686  
 Miami, Fl. 33194  
 305-485-8121

**COMPANIES AFFORDING COVERAGE**

COMPANY A	Granada Ins. Co.
COMPANY B	Intercommercial Insurance Co.
COMPANY C	National Ins. Co.
COMPANY D	

**COVERAGES**  
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CP-115285	03/22/05	03/22/06	GENERAL AGGREGATE \$ 500,000
					PRODUCTS - COMP/OP AGG \$ 500,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA-10450-0	02/10/05	02/10/06	PERSONAL & ADV INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 1,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person)
					BODILY INJURY (Per accident)
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				PROPERTY DAMAGE \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EKCL OTHER	WC 692-73-68	12/28/04	12/28/05	STATUTORY LIMITS
					EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 100,000
					DISEASE - EACH EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Additional Insured: Miami Dade County  
 IB 4856

**CERTIFICATE HOLDER**  
 Miami-Dade County  
 111 N.W. 1st Street Suite 2340  
 Miami, Fl. 33128-1987

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

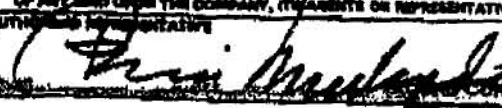
AUTHORIZED REPRESENTATIVE  
*Martín Weisner*  
 ACORD CORPORATION 1993

<b>ACORD CERTIFICATE</b>		DATE (MM/DD/YY) 02/10/2005
<b>PRODUCER</b> Hi-Tech Insurance Agency Inc. 8686 Coral Way # 206 Miami, Fl. 33155  305- 297-0857		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>COMPANIES AFFORDING COVERAGE</b>
<b>INSURED</b> All Pest Control Service, Inc. P. O. Box 940686 Miami, Fl. 33194  305- 488-8021		COMPANY A First Commercial Insurance Co.  COMPANY B  COMPANY C  COMPANY D

**COVERAGE**  
 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.

CD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE PRODUCTS - COMP FOR AGG PERSONAL & ADY INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA-10450-0	02/10/05	02/10/06	COMBINED SINGLE LIMIT \$ 1,000,000  BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNERS/ADJECTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				PERSONAL INJURY IL EACH ACCIDENT IL DISEASE - POLICY LIMIT IL DISEASE - EA EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATION/LOCATION/TYPE OF BUSINESS/SPECIAL ITEMS  
 Contract: 1182 Number 3620

<b>CERTIFICATE HOLDER</b> MLEMI-DADE General Services Admin. Risk Management Division 111 N.W. 1st Street, Suite 2340 Miami, Fl. 32128-198	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ANY FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
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ACORD 256 (09/98)

EXHIBIT  
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# All Pest Control

P.O BOX 527263

MIAMI, FL 33152

DADE (305) 408-0488 ~ BROW (954) 523-2929

FAX: (305) 591-4238

" COURTESY IS OUR BUSINESS "

## Other Services

- . Termites
- . Clearance Letter
- . Inside Pest Control
- . Lawn Spray
- . Termites Control
- . Tent Fumigation

DATE: 2/11/2004

TO: MIAMI-DADE  
ATTN: RITA GUERRA

FAX NO: 305 375-4726

FROM: SONIA ALONSO

RE: INSURANCE CERTF

COMMENTS: AUTOMOBILE LIABILITY RENEWAL

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# ACORD. CERTIFICATE OF INSURANCE

CSR EG  
ALLPE-1 DATE MM/DD/YY  
02/10/2004

**PRODUCER**  
Assurance Alternatives, Inc  
8165 N.W. 60 Street  
Miami, Fl. 33166

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.

Phone No. Fax No.  
**INSURED**  
ALL PEST CONTROL SERVICE, INC.  
P. O. BOX 527263  
Miami, Fl. 33152

**COMPANIES AFFORDING COVERAGE**

COMPANY A	National Insurance Company 03/04
COMPANY B	
COMPANY C	
COMPANY D	

**COVERAGES**  
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one lval) \$ MED EXP (Any one person) \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP-0002825-0/000	02/10/04	02/10/05	COMBINED SINGLE LIMIT 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

APPROVED AS TO  
INSURANCE REQUIREMENTS  
*[Signature]*  
RISK MANAGEMENT DIVISION  
DATE 3/15/04

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
contract: 1182 Number: 3620

**CERTIFICATE HOLDER**  
MIAMI-DADE COUNTY  
General Services Admin.  
Risk Management Division  
111 N.W. 1st Street, Ste. 2340  
Miami, Fl. 33128-198

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAK SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**  
*[Signature]*

January 26, 2004

LEGRA GENERAL INSURANCE COMPANY  
8165 NW 60 STREET  
MIAMI FL 33166-0000

Contractor: All Pest Control Service, Inc.

Number: 3620  
Contract: 1182

Our records show that the following item(s) are expiring. Please forward the necessary document(s) prior to expiration as required by the captioned contract indicating the items noted below:

Insurance coverages must be issued by companies authorized to do business in the State of Florida and must be rated no less than "B" as to management and "Class V" as to financial strength by the latest edition of Best's Guide, OR companies holding a valid Florida Certificate of Authority and are members of the Florida Guaranty Fund.

Automobile Liability Insurance covering all owned, non-owned and hired vehicles in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage.  
Expiring 2-10-2004

Certificates must indicate that a 30-day advance notice of any change or cancellation will be provided to the certificate holder.

Your immediate attention to this matter will be appreciated. If you have any questions, please do not hesitate to call.

Very truly yours,

Sharon Subadan  
Risk Management Specialist

cc: All Pest Control Service, Inc.  
P.O. Box 527263  
Miami FL 33152-0000

# ACORD CERTIFICATE OF INSURANCE

CSR HG. ALLPE-1 DATE (MM/DD/YY) 01/05/2004

**PRODUCER**  
 Assurance Alternatives, Inc  
 8165 N.W. 60 Street  
 Miami FL 33166

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.

**INSURED**  
 All Pest Control Service, Inc.  
 P. O. Box 527263  
 Miami FL 33152

3620

**COMPANIES AFFORDING COVERAGE**

COMPANY A	Granada Ins. Co.
COMPANY B	American Home Assurance Co.
COMPANY C	National Ins. Co.
COMPANY D	

**COVERAGES**  
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PC-107828	03/22/03	03/22/04	GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 1,000
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP-6004512	02/10/03	02/10/04	CUMULATED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL <input type="checkbox"/> OTHER	WC679-83-42	06/21/03	06/21/04	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 100,000 DISEASE - EACH EMPLOYEE \$ 500,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Additional Insured: Miami-Dade County General Services Administration  
 111 N.W. 1st Street, Miami FL. 33128-1987  
 BID NO. 1182-0/08

**EXHIBIT**  
4.

**CERTIFICATE HOLDER**  
 Miami-Dade County  
 General Services  
 111 N.W. 1st Street Ste. 2340  
 Miami, FL. 32128-1987

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
  
 ACORD CORPORATION 1993



# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR HM ALLPE-1

DATE (MM/DD/YY) 02/13/03

**PRODUCER**

LEGRA GENERAL INSURANCE, INC.  
8165 N.W. 60 Street  
Miami, Fl. 33166

1524

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY A National Insurance Company

COMPANY B

03106

COMPANY C

COMPANY D

Phone No. (305) 593-9516 Fax No.

**INSURED**

ALL PEST CONTROL SERVICE, INC.  
P. O. BOX 527263  
Miami, Fl. 33152

3620

**COVERAGES**

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.

CO (TRA)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP-0002825-0/000	02/10/03	02/10/04	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

*APPROVED AS TO*  
*DATE*

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

CONTRACT: 1182 NUMBER 3620

**EXHIBIT**  
5

**CERTIFICATE HOLDER** MEDACOR

MIAMI-DADE COUNTY  
General Services Admin.  
Risk Management Division  
111 N.W. 1st Street, Ste. 2340  
Miami, Fl. 33128-1987

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*James J. [Signature]*

q  
to Sonia Alonso

14746 SW 43 Way

MIAMI FL 33185

305-553-4899

D.L. #. A452-78340-926-0

to I Sonia Alonso, office manager of  
Ace Pest Control Inc. freely and  
voluntarily provide the following  
statement:

After receiving the certificates of  
liability insurance, provided to  
Miami-Dade County for Feb 10 2005,  
April 11, 2005, Feb 5, 2004, Feb 13, 2003  
to



W and Jon 5, 2004.

I state that I personally alter these Certificates by providing false information as to policy number, liability limits, (by changing 100,000 limits to 1,000,000) in respect to the Auto excess policy. I also submitted false information regarding the hire Autos and non-rented Autos in respect to the Auto policies.

My policy delay covered scheduled Autos. I also provided false provide the term of the policy, by providing incorrect dates.

Furthermore I used old certificates submitted by previous insurance agent to prepare these certificates up which were presented to Miami Auto Society.

I also provided the address of my buses in place of the <sup>true</sup> insurance address.

I am sorry if by my coming during  
of course. And I am sorry to

be ready to face the consequences.

I hope that you take in consideration  
the good job that we always  
provide to Miami-Rode with  
the quality of our work.

Amie Blonson  
deti. February 16, 2006  
4:10 P.M.

Amie

Joseph C. Chiroli  
February 16, 2006  
4:10 P.M.

gc