Nadeer Construction Corp
2219 Oakland ave S. suite 210
Minneapolis, MN 55404

Invoice

Date: 05/22/2019
Invoice No.: **[Draft]**
Due Date: 11/18/2019
Customer PO No.: lb llc

Bill To:
Libin LLC
957 prosperity ave
St,paul mn 55106

Qty	Description	Unit Price	Discount	Total
1	Demolition	$9,275.00		$9,275.00
1	Framing all walls	$12,650.00		$12,650.00
1	Sheetrock ,mud,Tape	$17,950.00		$17,950.00
2	paint	$15,100.00		$30,200.00
1	Plumbing water line , fixtures , water heater	$19,200.00		$19,200.00
1	electric , wiring ,Light Fixtures	$14,910.00		$14,910.00
1	doors, window and harwere	$9,750.00		$9,750.00
1	bathroom fixers	$5,550.00		$5,550.00
1	roof and trus and pywood	$14,500.00		$14,500.00
1	siding	$12,680.00		$12,680.00
1	HVAC heating & cooling	$35,500.00		$35,500.00
1	extrior framing and sheathing	$7,200.00		$7,200.00
1	fire alarm system carbon & smoke	$550.00		$550.00
1	sprinkler system service	$3,500.00		$3,500.00
1	Floor Trusses Repair	$5,000.00		$5,000.00
1	Supervisor, insurance and Overhead fee	$25,000.00		$25,000.00
1	Pemit Fee	$2,000.00		$2,000.00
			Subtotal	$225,415.00
			Total	**$225,415.00**
			Balance Due	**$225,415.00**

Make all checks payable to Nadeer Construction Corp
Total due in 21 days Overdue Accounts subject to a service charge of 10% per month.

Thank you for your business.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/23/2019

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).

PRODUCER	CONTACT NAME: Gino Ward
Kraft Lake 620 SOUTHVIEW BLVD SOUTH ST. PAUL MN 55075	PHONE (A/C, No, Ext): 6514500863 FAX (A/C, No): 6512035755 E-MAIL ADDRESS: gward1@farmersagent.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Security National Insurance Company	19879
INSURER B : Farmers Insurance Exchange	21652
INSURER C : SFM	12366
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Hibaq Yusuf, DBA: Nadeer Construction Corp
3465 Kentucky Court N
Brooklyn Park MN 55445

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			NA110165904	02/10/2019	02/10/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ✓ HIRED AUTOS ONLY ✓ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			609259171	02/25/2019	02/25/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 50,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below			082408802	03/13/2019	03/13/2020	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.

AUTHORIZED REPRESENTATIVE