

TGARRIDO

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/24/2018

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 Collinsworth, Alter, Fowler & French, LLC 3000 Governors Square Blvd Suite 301									CONTACT Teresa Garrido						
									PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (305) 362-2443						
									E-MAIL ADDRESS: tgarrido@caffllc.com						
Vlia	ni La	akes, FL 33010	6					INSURER(S) AFFORDING COVERAGE					NAIC #		
								INSURER A : FCCI Insurance Group					10178		
INSL	RED							INSURER B:							
		Baron Int	terna	ational, LLC db	a Ba	ron S	ign Manufacturing	INSURER C:							
		900 W 13	th S	treet				INSURER D:							
Riviera Beach, FL 33404									INSURER E :						
								INSURER F:							
co	VER	AGES		CEI	RTIFIC	CATE	E NUMBER:	REVISION NUMBER:							
IN C E	IDIC <i>A</i> ERTII	ATED. NOTWI ⁻ FICATE MAY B	THST BE IS	TANDING ANY I SSUED OR MAY	REQUI PER	IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT W SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
NSR LTR	L.,	TYPE OF INSURANCE			ADDL	SUBR WVD	BR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
Α	X	X COMMERCIAL GENERAL LIABILITY									EACH OCCURREN		\$	1,000,000	
		CLAIMS-MADE X OCCUR					GL100029791		09/18/2018	09/18/2019	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000	
											MED EXP (Any one	person)	\$	5,000	
											PERSONAL & ADV	'INJURY	\$	1,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY X PRO- JECT LOC										PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
_	OTHER:										COMBINED SINGL	FLIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY					CA100030287			09/18/2019	(Ea accident)	E LIIVII I	\$	1,000,000		
	ANY AUTO OWNED SCHEDULED							09/18/2018		BODILY INJURY (F	Per person)	\$			
		OWNED AUTOS ONLY		AUTOS							BODILY INJURY (F	Per accident)	\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$		
												\$	E 000 000		
Α	Х	X UMBRELLA LIAB X OCCUR					IIMD400020200	400020200		00/49/2040	EACH OCCURREN	ICE	\$	5,000,000 5,000,000	
	EXCESS LIAB CLAIMS-MADE			_		UMB100030288		09/18/2018	09/18/2019	AGGREGATE		\$	5,000,000		
_	DED X RETENTION \$ 10,000				,						V PER	OTH-	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				N/A		001WC18A1394898		09/18/2018	09/18/2019	X PER STATUTE	OTH- ER		1,000,000	
							00 1VVC 10A 1394090				E.L. EACH ACCIDE		\$	1,000,000	
											E.L. DISEASE - EA		\$	1,000,000	
	DÉS	CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - PC	LICY LIMIT	\$	1,000,000	
DE0	DIDT	101 OF OPERATIO		004710110 (1/5111/	N 50 (1000	D 101, Additional Remarks Schedu	.1							
roc	of of	Insurance only	<i>i</i> .		(.			,			,				
CE	RTIF	ICATE HOLD	ER					CANCELLATION							
								SHC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						

ACORD 25 (2016/03)

900 West 13th Street West Palm Beach, FL 33404

Baron International, LLC dba Baron Sign Manufacturing

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE