

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

01/26/15

**PRODUCER**  
 RED LION INS GROUP  
 3401 N FEDERAL HWY  
 BOCA RATON, FL 33431  
 Phone: (561) 338-4854 Fax: (561) 338-4852

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURERS AFFORDING COVERAGE**

**INSURED**  
 J & J SERVICES INC  
 3326 SIMMS ST  
 HOLLYWOOD, FL 33021  
 Phone: (954) 401-4565

**INSURER A:** Lloyds of London  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**

**COVERAGE**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CIBFL0002162	11/12/2014	11/12/2015	EACH OCCURANCE	\$ 1,000,000
	FIRE DAMAGE(Any one fire)				\$ 100,000	
	MED EXP(Any one person)				\$ 5,000	
	PERSONAL AND ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 2,000,000	
	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT (ea accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				OTHER THAN EA ACC	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				AUTO ONLY: AGG	\$
	<b>OTHER</b>				EACH OCCURANCE	\$
					AGGREGATE	\$
						\$
						\$
					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$
					E.L.DISEASE-EA EMPLOYEE	\$
					E.L.DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDROUSMENT/SPECIAL PROVISIONS**  
 AC and/or heating service; Lawn irrigation work;

**CERTIFICATE HOLDER** | **ADDITIONAL INSURED:INSURED LETTER:** | **CANCELLATION**

J & J SERVICES , INC  
 5721 FUNSTON ST # 18  
 HOLLYWOOD, FL 33023  
 Faxed to:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**  
