$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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 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:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1					
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A : Auto-Owners Insurance Company 18	3988				
INSURED	INSURER B: Southern Owners Insurance Co 10	190				
Leisure Construction, Inc	INSURER C : Association Insurance Company 11	240				
Sean Edwards	INSURER D :					
1301 Seminole Blvd, Suite 115	INSURER E:					
Largo, FL 33770	INSURER F:					

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE

\$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$

X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED

WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT

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

(See Attached Descriptions)

HIRED AUTOS

CERTIFICATE HOLDER CANCELLATION

> **Board Trustees Of Internal Improvement Trust Fund of State** of FL Mike Guarino Lignumvitae Key State Park 77200 Overseas Hwy

∣Islamorada. FL 33036

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

(Per accident)

AUTHORIZED REPRESENTATIVE



DESCRIPTIONS (Continued from Page 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-126				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company 189	88			
INSURED	INSURER B : Southern Owners Insurance Co 101	90			
Leisure Construction, Inc	INSURER C : Association Insurance Company 112	40			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E :				
Largo, FL 33770	INSURER F:				

С	OVERAGES 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.							
INS LT	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC							\$
Α				4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С				WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedule	e, if more space i	s required)		
(5	See Attached Descriptions)							

CERTIFICATE HOLDER	CANCELLATION
APPLIED SCIENCES CONSULTING INC 5808 BRECKENRIDGE PKWY STE A TAMPA, FL 33610-0000	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
	RA

DESCRIPTIONS (Continued from Page 1)
NOTICE:
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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-126				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company 189	88			
INSURED	INSURER B : Southern Owners Insurance Co 101	90			
Leisure Construction, Inc	INSURER C : Association Insurance Company 112	40			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E :				
Largo, FL 33770	INSURER F:				

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE В 4402549501 \$2,000,000 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(See Attached Descriptions)

CEDTIFICATE HOLDED

OEKTII TOATE TIOEBEK	CANCELLATION
Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N, Ste 102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Clearwater, FL 33763-0000	AUTHORIZED REPRESENTATIVE
	TA

CANCELL ATION

DESCRIPTIONS (Continued from Page 1)
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001111104101111111111111111111111111111					
PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-12				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E :				
Largo, FL 33770	INSURER F:				

CO	VERAGES CEF	RTIFIC	ATE	NUMBER:			REVISION NUMBER:	
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	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		ADDL	SUBR		POLICY EFF (MM/DD/YYYY)		LIMITS	8
Α	GENERAL LIABILITY	Y	Υ	20622797		10/02/2015	EACH OCCURRENCE	\$1.000.000
	X COMMERCIAL GENERAL LIABILITY		_				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300.000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						(i oi dooldoni)	\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE	=					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	1					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	s required)		
(Se	e Attached Descriptions)							
CEF	RTIFICATE HOLDER			CANO	ELLATION			

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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

BUILDERS OF HOPE, INC

310 N HARRINGTON ST RALEIGH, NC 27603-0000

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)
-
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
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Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
RE: 706 BOOTH ST, SAFETY HARBOR, FL 34695 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, ONLY IF REQUIRED BY WRITTEN CONTRACT, AND SUBJECT TO THE TERMS, CONDITIONS, AND LIMITS AS SPECIFIED IN THE POLICY.

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	CONTACT NAME:		
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-7	1267	
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
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CHARLOTTE COUNTY COMMUNITY DEVELOPMENT 18400 MURCOCK CIRCLE PORT CHARLOTTE, FL 33948-0000

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



DESCRIPTIONS (Continued from Page 1)
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DATE (MM/DD/YYYY) 4/22/2015

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certificate ficial in fied of such endorsement(s).			
PRODUCER	CONTACT NAME:		
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727	449-1267	
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Auto-Owners Insurance Company	18988	
INSURED	INSURER B : Southern Owners Insurance Co	10190	
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240	
Sean Edwards 1301 Seminole Blvd, Suite 115 Largo, FL 33770	INSURER D :		
	INSURER E :		
	INSURER F:		

СО	VERAGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:	1
IN C E	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 INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							,	\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
L								
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
,,								
(Se	(See Attached Descriptions)							
CF	CERTIFICATE HOLDER CANCELLATION							

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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

CITY OF LAKELAND BUILDING

LAKELAND, FL 33801-0000

INSPECTION DIVISION
228 S MASSACHUSETTS AVE

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
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adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:		
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267	
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
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INSURED	INSURER B: Southern Owners Insurance Co	10190	
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Sean Edwards	INSURER D:		
1301 Seminole Blvd, Suite 115 Largo, FL 33770	INSURER E:		
	INSURER F:		

CO	/ERAGES CEI	RTIFICA	TE	NUMBER:			REVISION NUMBER:	
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_	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCI		,					ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR		POLICY EFF (MM/DD/YYYY)		LIMIT	S
Α	GENERAL LIABILITY	Y	Υ	20622797	10/02/2014		EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					•	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						COMPINED CINCLE LIMIT	\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	(La accident)	\$1,000,000
	ANY AUTO ALL OWNED SCHEDULED					·	BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
	HIRED AUTOS AUTOS					•	(Per accident)	\$
_								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$2,000,000
_	DED X RETENTION \$10000 WORKERS COMPENSATION					. = /. / /	WC STATU- OTH-	\$
С	AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	TOICI EIWITO EIC	400.000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	, ,
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
		(,			
(See Attached Descriptions)								
CEI	CERTIFICATE HOLDER CANCELLATION							

CERTIFICATE HOLDER	CANCELLATION
CITY OF WINTER HAVEN 209 AVENUE F NORTHWEST WINTER HAVEN, FL 33881-0000	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
	PA

DESCRIPTIONS (Continued from Page 1)
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$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

\$2,000,000

\$

GENERAL AGGREGATE

(Per accident)

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101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A : Auto-Owners Insurance Company 18	3988		
INSURED	INSURER B: Southern Owners Insurance Co 10	190		
Leisure Construction, Inc	INSURER C : Association Insurance Company 11	240		
Sean Edwards	INSURER D:			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY

\$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE

X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE В 4402549501 \$2,000,000 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED

WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT

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

(See Attached Descriptions)

HIRED AUTOS

CERTIFICATE HOLDER CANCELLATION

> **ENTERPRISE LEASING CO OF FLORIDA 3505 E FRONTAGE RD #200**

TAMPA, FL 33607-0000

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



DESCRIPTIONS (Continued from Page 1)				
· • • • • • • • • • • • • • • • • • • •				
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proper use of the Certificate of Liability Insurance form.				
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.				
Residential Carpentry 350 PICKUP 1FTWW33F83FA30039 TERMS, CONDITIONS, AND LIMITS AS SPECIFIED IN THE POLICY.				

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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(-)			
PRODUCER	CONTACT NAME:		
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267	
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
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Leisure Construction, Inc	INSURER C : Association Insurance Company	11240	
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Largo, FL 33770	INSURER F:		

CO	OVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
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INSF LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	GENERAL LIABILITY	Y	Υ	20622797			EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY	_	_				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300.000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10.000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000	
	DED X RETENTION \$10000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH)	11/ A					E.L. DISEASE - EA EMPLOYEE	\$100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
(Se	(See Attached Descriptions)								

ENTERPRISE LEASING CO OF FLORIDA LLC 3505 E FRONTAGE RD #200 TAMPA, FL 33607-0000 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

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Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract. ENTERPRISE HOLDINGS, INC, ITS SUBSIDIARY AND AFFILIATED COMPANIES, LIMITED LIABILITY COMPANIES, AND EAN TRUST ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, ONLY IF REQUIRED BY WRITTEN CONTRACT, AND	adequately documents coverage. Equally important, it satisfies the rules and regulations governing the
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TRUST ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, ONLY IF REQUIRED BY WRITTEN CONTRACT, AND	<u> </u>
	TRUST ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, ONLY IF REQUIRED BY WRITTEN CONTRACT, AND

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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.

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PRODUCER		CONTACT NAME:					
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 4	149-1267				
101 N Starcrest Dr.		E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481		INSURER A: Auto-Owners Insurance Company	18988				
INSURED		INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction	on, Inc	INSURER C: Association Insurance Company	11240				
Sean Edwards	0.4.45	INSURER D:					
1301 Seminole Blvd	, Suite 115	INSURER E:					
Largo, FL 33770		INSURER F:					
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.							
INS LTF		ADDL SUE	BR		POLICY EXP (MM/DD/YYYY)	LIMIT:	S	
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s 10.000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
	X POLICY PRO- JECT LOC					TRODUCTO - COMITTOT ACC	\$	
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB CLAIMS-MAD	≣				AGGREGATE	\$2,000,000	
	DED X RETENTION \$10000						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (Attac	th ACORD 101, Additional Remarks	Schedule, if more space	s required)			

CERTIFICATE HOLDER	CANCELLATION
Enterprise Leasing	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
	The
_	

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(See Attached Descriptions)

DESCRIPTIONS (Continued from Page 1)
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$ACORD_{\scriptscriptstyle{\sqcap}}$

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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

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Enterprise Leasing Holdings
Inc (see remarks for full list
6800 N Dale Mabry Ste 158
Tampa, FL 33614

Enterprise Leasing Holdings
Inc (see remarks for full list
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)
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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
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_	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCI		,					ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR		POLICY EFF (MM/DD/YYYY)		LIMIT	S	
Α	GENERAL LIABILITY	Y	Υ	20622797	10/02/2014		EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					•	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC						COMPINED CINCLE LIMIT	\$	
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	(La accident)	\$1,000,000	
	ANY AUTO ALL OWNED SCHEDULED					·	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS					•	(Per accident)	\$	
_								\$	
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$2,000,000	
_	DED X RETENTION \$10000 WORKERS COMPENSATION					. = /. / /	WC STATU- OTH-	\$	
С	AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	TOICI EIWITO EIC	400.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	, ,	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
(Se	e Attached Descriptions)								
CEI	CERTIFICATE HOLDER CANCELLATION								

FAMILY DOLLAR STORES INC
P O BOX 1017
CHARLOTTE, NC 28201-1017

CHARLOTTE, NC 28201-1017

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

DESCRIPTIONS (Continued from Page 1)
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(-)					
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Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co 1019				
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
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(See Attached Descriptions)

FL Dept Of Environmental
Protection Mike Guarino, Park
Manager
Lignumvitae Key State Park 77200
Overseas Highway
Islamorada, FL 33036-FL

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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DESCRIPTIONS (Continued from Page 1)
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Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A : Auto-Owners Insurance Company 18	3988			
INSURED	INSURER B: Southern Owners Insurance Co 10	190			
Leisure Construction, Inc	INSURER C : Association Insurance Company 11	240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

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X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED

WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT

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

(See Attached Descriptions)

HIRED AUTOS

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Florida Department of THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Environmental Protection Board** ACCORDANCE WITH THE POLICY PROVISIONS. of Trustees **AUTHORIZED REPRESENTATIVE** of the internal improvement **Trust Fund 77200 Overseas**

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PROPERTY DAMAGE

(Per accident)

\$

∣Islamorada. FL 33036

DESCRIPTIONS (Continued from Page 1)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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 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:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

CO	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.									
		ADDLS	UBR		POLICY EFF (MM/DD/YYYY)		-	_		
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR W	NVD	POLICY NUMBER			LIMIT			
Α		Υ	Y 2	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	X POLICY PRO- JECT LOC							\$		
Α	AUTOMOBILE LIABILITY		4	4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
В	X UMBRELLA LIAB X OCCUR		4	4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000		
	DED X RETENTION \$10000							\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1	WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (At	tach A	CORD 101, Additional Remarks Schedule	e, if more space i	s required)				
(Se	(See Attached Descriptions)									
~=	CERTIFICATE HOLDER									

CERTIFICATE HOLDER	CANCELLATION
GENTILE GROUP, LLC 28059 US HWY 19 N, STE 302 CLEARWATER, FL 33761-0000	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
	FA

DESCRIPTIONS (Continued from Page 1)
NOTICE:
Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations
pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of
Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
to describing information necessary to identify the operations, locations and vehicles for which the
certificate was issued. Please note the Description of Operations section of the Certificate cannot be
used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
Cortificate is a reflection of the current coverages provided for the incured Limits and accounts and
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
GENTILE GROUP, LLC IS AN ADDITIONAL INSURED WITH RESPECT GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS IN THE POLICY.
AND SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS IN THE POLICT.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER Bouchard Insurance (CLW) 101 N Starcrest Dr.		CONTACT NAME:			
		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727	449-1267		
		E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	NAIC#		
727 447-6481		INSURER A: Auto-Owners Insurance Company	18988		
INSURED	_	INSURER B: Southern Owners Insurance Co	10190		
Leisure Construction	on, Inc	INSURER C : Association Insurance Company	11240		
Sean Edwards	J. C., 145	INSURER D:			
1301 Seminole Blvd	a, Suite 115	INSURER E :			
Largo, FL 33770		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:			

IN C	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 SUCHINSR LTR TYPE OF INSURANCE				ADDL	POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLSUBR NSR WVD POLICY NUMBER (MM/DD/YYYY) POLICY NUMBER (MM/DD/YYYY)		MS. LIMIT:	s		
A		NERAL LIABILITY		INSR Y	Y	20622797			EACH OCCURRENCE	\$1,000,000
	X		7						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		CLAIMS-MADE X	OCCUR						MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	\$2,000,000 \$2,000,000
	GEN X	POLICY PRO- POLICY PRO- JECT							PRODUCTS - COMP/OP AGG	\$ 2,000,000
Α		POLICY JECT TOMOBILE LIABILITY	LOC			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS 🔥 AL	CHEDULED JTOS						BODILY INJURY (Per accident)	\$
			ON-OWNED JTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X	OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$2,000,000
	wo	DED X RETENTION \$	10000						WC STATU- OTH-	\$
С	AND	EMPLOYERS' LIABILITY	Y/N			WCV013940701	05/01/2015	05/01/2016	TORY LIMITS ER	400.000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		? Y	N/A					E.L. EACH ACCIDENT	\$100,000	
	If ye	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$100,000 \$500.000
	DES	CRIPTION OF OPERATIONS	S below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
(56	(See Attached Descriptions)									
CE	CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER	CANCELLATION
Gentile Group Llc	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
	TA

DESCRIPTIONS (Continued from Page 1)
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to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
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ACORD.

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DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1	1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company 189	88			
INSURED	INSURER B: Southern Owners Insurance Co 101	90			
Leisure Construction, Inc	INSURER C : Association Insurance Company 112	240			
Sean Edwards	INSURER D :				
1301 Seminole Blvd, Suite 115	INSURER E :				
Largo, FL 33770	INSURER F:				

CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015		\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							,	\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE	:					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (At	ttach A	ACORD 101, Additional Remarks Schedule	e, if more space i	s required)		
10-	(Can Attack ad Departmetions)							
(2e	e Attached Descriptions)							
CE	TIFICATE HOLDER			CANC	FI I ATION			

Gentile Group, LLC
28059 US Hwy 19 N, Ste 302
Clearwater, FL 33761

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

DESCRIPTIONS (Continued from Page 1)
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ocitinoate notaci in nea oi saoi	T Chach Schicht(3).						
PRODUCER		CONTACT NAME:					
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-126					
101 N Starcrest Dr.		E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	NAIC#				
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Sean Edwards	J. C., 145	INSURER D:					
1301 Seminole Blv	a, Suite 115	INSURER E :					
Largo, FL 33770		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR		AI AI		POLICIES. LIMITS SHOWN MAY HAVE B ADDL SUBR INSR WVD POLICY NUMBER		LIMITS SHOWN MAY HAVE BEI	POLICY EFF (MM/DD/YYYY)			
A		NERAL LIABILITY		Y	Y	20622797				
	X		7						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		CLAIMS-MADE X	OCCUR						MED EXP (Any one person)	\$10,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	\$2,000,000 \$2,000,000
	GEN X	POLICY PRO- POLICY PRO- JECT							PRODUCTS - COMP/OP AGG	\$ 2,000,000
Α		POLICY JECT TOMOBILE LIABILITY	LOC			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		AUTOS 🔥 AL	CHEDULED JTOS						BODILY INJURY (Per accident)	\$
			ON-OWNED JTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X	OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$2,000,000
	wo	DED X RETENTION \$	10000						WC STATU- OTH-	\$
С	AND	EMPLOYERS' LIABILITY	Y/N			WCV013940701	05/01/2015	05/01/2016	TORY LIMITS ER	400.000
		PROPRIETOR/PARTNER/E	? Y	N/A					E.L. EACH ACCIDENT	\$100,000
	If ye	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$100,000 \$500.000
	DES	CRIPTION OF OPERATIONS	S below						E.L. DISEASE - POLICY LIMIT	\$500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
(56	(See Attached Descriptions)									
CE	CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER	CANCELLATION
Glenborough Fund	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
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DESCRIPTIONS (Continued from Page 1)
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101 N Starcrest Dr.		E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
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727 447-6481		INSURER A: Auto-Owners Insurance Company	18988				
INSURED		INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction	on, Inc	INSURER C: Association Insurance Company	11240				
Sean Edwards	J. O.: 14 - 44 F	INSURER D:					
1301 Seminole Blvd	, Suite 115	INSURER E:					
Largo, FL 33770		INSURER F:					
COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER:					

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A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC A AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y N/A V 2062279 Y 2062279 4402549 4402549	7 10/02/2014 10/02/20	5 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED \$300,0000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000
CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCV013		MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB EXCESS LIAB DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X POLICY PROJECT AUTOS AUTOS AUTOS AUTOS CLAIMS-MADE DED X RETENTION \$10000 WCVO13		PERSONAL & ADV INJURY \$1,000,0
X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X POLICY PROJECT LOC 4402549 4402549 CLAIMS-MADE WCV013		, ,
X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X POLICY PROJECT LOC 4402549 4402549 CLAIMS-MADE WCV013		GENERAL ACCRECATE \$2 000 0
X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		GLINLINAL AGGREGATE \$2,000,0
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY AUTO S SCHEDULED AUTOS AUTOS AUTOS AUTOS AUTOS 4402549 4402549 WCV013		PRODUCTS - COMP/OP AGG \$2,000,0
ANY AUTO ALL OWNED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X N WCV013		\$
ALL OWNED AUTOS AU	500 06/14/2014 06/14/20 ⁻	5 COMBINED SINGLE LIMIT \$1,000,00
AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V.N. WCV013		BODILY INJURY (Per person) \$
X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N WCV013		BODILY INJURY (Per accident) \$
EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCV013		PROPERTY DAMAGE (Per accident) \$
EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCV013		\$
DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V.N. WCV013	501 10/02/2014 10/02/20	5 EACH OCCURRENCE \$2,000,00
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY W/N		AGGREGATE \$2,000,00
AND EMPLOYERS' LIABILITY		\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A	940701 05/01/2015 05/01/20	6 WC STATU- TORY LIMITS OTH- ER
OFFICER/MEMBER EXCLUDED?		E.L. EACH ACCIDENT \$100,000
(Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE \$100,000
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$500,000
	<u> </u>	The state of the s

CERTIFICATE HOLDER	CANCELLATION
Glenborough Park	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
	PL

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(See Attached Descriptions)

DESCRIPTIONS (Continued from Page 1)
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adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
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$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

\$2,000,000

GENERAL AGGREGATE

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.

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PRODUCER	CONTACT NAME:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449	-1267				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A: Auto-Owners Insurance Company	8988				
INSURED	INSURER B: Southern Owners Insurance Co 10190					
Leisure Construction, Inc	INSURER C : Association Insurance Company 1	1240				
Sean Edwards	INSURER D:					
1301 Seminole Blvd, Suite 115	INSURER E :					
Largo, FL 33770	INSURER F:					

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY

\$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident)

X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WCV013940701

C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below

WC STATU- TORY LIMITS

E.L. EACH ACCIDENT \$100,000

E.L. DISEASE - EA EMPLOYEE \$100,000

E.L. DISEASE - POLICY LIMIT \$500,000

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

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

HERNANDO COUNTY DEVELOPMENT DEPT CONTRACTOR LICENSING 789 PROVIDENCE BLVD BROOKSVILLE, FL 34601-0000 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



DESCRIPTIONS (Continued from Page 1)
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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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definition from the definition of the definition					
PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co 1019				
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D:				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

CO	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 SUE	BR	POLICY EFF (MM/DD/YYYY)		LIMITS	
Α	GENERAL LIABILITY	YY	-			EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY	- -		10,02,2011	10/02/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10.000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					,	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		I/A			E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
					_		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attac	ch ACORD 101, Additional Remarks Schedu	le, if more space i	is required)		
(Se	(See Attached Descriptions)						
•							

CERTIFICATE HOLDER

HOME ASSOCIATION INC
1203 E 22ND AVE
TAMPA, FL 33605-0000

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

DESCRIPTIONS (Continued from Page 1)
Descrim Herre (Sentinuou nein 1 ago 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.
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certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business
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Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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001111104101111111111111111111111111111						
PRODUCER	CONTACT NAME:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449					
101 N Starcrest Dr.	E-MAL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988				
INSURED	INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240				
Sean Edwards	INSURER D:					
1301 Seminole Blvd, Suite 115	INSURER E :					
Largo, FL 33770	INSURER F:					

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.							
INS LTF	TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedule	e, if more space	s required)		
(S	ee Attached Descriptions)							

CERTIFICATE HOLDER

Hillsborough County Contractor
Licensing
PO Box 1110 601 E Kennedy Blvd
-19th Floor
Tampa, FL 33610-0000

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

DESCRIPTIONS (Continued from Page 1)
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proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
RE: Sean L. Edwards License #GCG-1504092

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	_	CONTACT NAME:						
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-12						
101 N Starcrest Dr.		E-MAIL ADDRESS: clcertsftmyers@bouchardinsura						
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	GE NAIC#					
727 447-6481		INSURER A: Auto-Owners Insurance Compa	ny 18988					
INSURED		INSURER B: Southern Owners Insurance Co						
Leisure Construction	on, Inc	INSURER C: Association Insurance Compan	y 11240					
Sean Edwards	L 0.14. 445	INSURER D :						
1301 Seminole Blvd	i, Suite 115	INSURER E :						
Largo, FL 33770		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IRER.					

IN CI	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		ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		VIS.	3	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	Y	Υ	20622797		10/02/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$300,000	
	CLAIMS-MADE X OCCUR					-	MED EXP (Any one person) PERSONAL & ADV INJURY	\$10,000 \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					-	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000,000 \$2,000,000 \$	
Α	X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000,000 \$	
	ANY AUTO ALL OWNED X SCHEDULED AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS						(Per accident)	\$	
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE AGGREGATE	\$2,000,000 \$2,000,000	
С	DED X RETENTION \$10000			WCV013940701	05/01/2015	05/04/2046	WC STATU- OTH- TORY LIMITS ER	\$	
C	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCV013940701	05/01/2015	05/01/2010	TORY LIMITS ER E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$100,000 \$500,000	
								•	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
(Se	e Attached Descriptions)								

CERTIFICATE HOLDER	CANCELLATION
INFORMATIONAL PURPOSES	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
	PL

DESCRIPTIONS (Continued from Page 1)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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certificate ficial in fied of such endorsement(s).						
PRODUCER	CONTACT NAME:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727	449-1267				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988				
INSURED	INSURER B: Southern Owners Insurance Co 101					
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240				
Sean Edwards	INSURER D :					
1301 Seminole Blvd, Suite 115	INSURER E :					
Largo, FL 33770	INSURER F:					

CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FOULUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLI	MEN IN, T CIES.	T, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY T LIMITS SHOWN MAY HAVE BEE	CONTRACT O HE POLICIES N REDUCED	R OTHER DOO DESCRIBED H BY PAID CLAII	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							,	\$	
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000	
	DED X RETENTION \$10000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
/C -	a Attack and December and								
(Se	e Attached Descriptions)								
CEI	CERTIFICATE HOLDER CANCELLATION								

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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

Islamorada, Village of Islands

Islamorada, FL 33036-0000

Building Department 86800 Overseas Highway

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)
NOTICE:
Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations
pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of
Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be
used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the
proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are
afforded to the certificate holder only if required by written contract.

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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 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:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449	-1267				
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A : Auto-Owners Insurance Company 18	3988				
INSURED	INSURER B: Southern Owners Insurance Co 10	190				
Leisure Construction, Inc	INSURER C : Association Insurance Company 11	240				
Sean Edwards	INSURER D:					
1301 Seminole Blvd, Suite 115	INSURER E:					
Largo, FL 33770	INSURER F:					

COVERAGES

CERTIFICATE 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. HIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
TYPE OF INSURANCE	addl Insr	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014			\$1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
X POLICY PRO- JECT LOC							\$	
AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
ANY AUTO						BODILY INJURY (Per person)	\$	
ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							\$	
X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000	
DED X RETENTION \$10000							\$	
WORKERS COMPENSATION			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	Ν/Δ					E.L. EACH ACCIDENT	\$100,000	
(Mandatory in NH)	III A					E.L. DISEASE - EA EMPLOYEE	\$100,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION ANY PROPRIETOR PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) I Yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERS/ECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY NUMBER	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A (Mandatory in NH) If tyes, describe under	TYPE OF INSURANCE ADDL SUBR NNR WVD POLICY NUMBER POLICY SEPF. (MM/DD/YYYY) ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AUTOS AUTOS WORKERS COMPENSATION AUTOS AUTOS WORKERS COMPENSATION AUTOS AUTOS WORKERS COMPENSATION ANY AUTO ALL OWNED AUTOS WORKERS COMPENSATION AUTOS WORKERS COMPENSATION AUTOS WORKERS COMPENSATION ANY AUTO ALL OWNED AUTOS WORKERS COMPENSATION AUTOS WORKERS COMPENSATION ANY AUTO ALL OWNED AUTOS WORKERS COMPENSATION AUTOS WORKERS COMPENSATION ANY PROPERIETOR PARTHER/EXECUTIVE Y/N ANY PROPERIETOR/PARTHER/EXECUTIVE Y/N BELL DISEASE - EA EMPLOYEE	

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

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

JLF 301, LLC C/O FERMAN AUTOMOTIVE MANAGEMENT SERVICES 1306 W KENNEDY BLVD TAMPA, FL 33606-0000 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



DESCRIPTIONS (Continued from Page 1)
NOTICE:
Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations
pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be
used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the
proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1267 E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
101 N Starcrest Dr.						
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A: Auto-Owners Insurance Company					
INSURED	INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240				
Sean Edwards	INSURER D :					
1301 Seminole Blvd, Suite 115	INSURER E :					
Largo, FL 33770	INSURER F:					
		·				

CU	ZERAGES CER	HIFICATE	NUMBER:			REVISION NUMBER:			
IN C	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015		\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	X POLICY PRO- JECT LOC						\$		
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
							\$		
В	X UMBRELLA LIAB X OCCUR		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000		
	DED X RETENTION \$10000						\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$100,000		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
(Se	e Attached Descriptions)								

CERTIFICATE HOLDER	CANCELLATION
K&M Revocable Trust 7133 2300 N. Ave Walnut, IL 61376-0000	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
	PA

DESCRIPTIONS (Continued from Page 1)			
NOTICE:			
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pertaining to proper use of the Certificate of Liability Insurance form.			
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to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be			
used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the			
proper use of the Certificate of Liability Insurance form.			
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.			

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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continuate fronter in field of cuest effectively.				
PRODUCER	CONTACT NAME:			
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267		
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Auto-Owners Insurance Company	18988		
Leisure Construction, Inc	INSURER B: Southern Owners Insurance Co	10190		
	INSURER C : Association Insurance Company	11240		
Sean Edwards	INSURER D :			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

CO	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							
	ERTIFICATE MAY BE ISSUED OR MAY I							ALL THE TERMS,
	CCLUSIONS AND CONDITIONS OF SUCH	ADDLS	UBR		POLICY EFF (MM/DD/YYYY)		-	_
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR W	NVD	POLICY NUMBER			LIMIT	
Α		Υ	Y 2	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY		4	4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR		4	4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1	WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (At	tach A	CORD 101, Additional Remarks Schedule	e, if more space i	s required)		
(Se	(See Attached Descriptions)							
~=	TIEICATE HOLDED			04110	ELLATION			

CERTIFICATE HOLDER	CANCELLATION
KENT & JOANNA LYNCH 7925 9TH AVE S ST. PETERSBURG, FL 33707-0000	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
	FA

DESCRIPTIONS (Continued from Page 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.
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proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
Remodel: 7925 9th Ave S, St Petersburg, FL 33707 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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.

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continuate fronter in field of cuest effectively.				
PRODUCER	CONTACT NAME:			
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267		
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Auto-Owners Insurance Company	18988		
Leisure Construction, Inc	INSURER B: Southern Owners Insurance Co	10190		
	INSURER C : Association Insurance Company	11240		
Sean Edwards	INSURER D :			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

CO	VERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:	
IN CI	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 SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015		\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT	\$
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	(Ea accident)	\$1,000,000
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$
	AUTOS X SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
	HIRED AUTOS AUTOS				•	(Per accident)	\$
Ь	Y UMBRELLA LIAB Y OCCUP		4400540504	40/00/0044	40/00/0045		-
В	TYOTOO LIAD		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	CLAIIVIS-IVIADE	-				AGGREGATE	\$2,000,000
С	DED X RETENTION \$10000 WORKERS COMPENSATION		WCV013940701	05/04/2045	05/01/2016	WC STATU- OTH- TORY LIMITS ER	\$
٦	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WCV013940701	03/01/2013	03/01/2010	TORY LIMITS ER E.L. EACH ACCIDENT	\$100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
	DESCRIPTION OF OPERATIONS BEIOW					E.E. DIOLAGE -1 GLIGIT LIMIT	\$555,555
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	s required)		
,,	. Attacks d December (1992)						
(Se	(See Attached Descriptions)						
CFF	RTIFICATE HOLDER		CANC	ELLATION			

CERTIFICATE HOLDER	CANCELLATION
LEISURE CONSTRUCTION INC. 1306 WHISPER DR LARGO, FL 33770-0000	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
	TA

DESCRIPTIONS (Continued from Page 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
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pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of
Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited
to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be
used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:			
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267		
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Auto-Owners Insurance Company	18988		
Leisure Construction, Inc	INSURER B: Southern Owners Insurance Co	10190		
	INSURER C : Association Insurance Company	11240		
Sean Edwards	INSURER D :			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
Manuel & Victoria Vilaret 212 7th Ave N St Petersburg, FL 33701-0000	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
	TA

DESCRIPTIONS (Continued from Page 1)
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to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:					
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1267					
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#				
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988				
INSURED	INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction, Inc	INSURER C: Association Insurance Company	11240				
Sean Edwards	INSURER D :					
1301 Seminole Blvd, Suite 115	INSURER E :					
Largo, FL 33770	INSURER F:					
		·				

CO	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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS							\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
(Se	(See Attached Descriptions)							

Mike Guarino, Park Manager
Lignumvitae Key State Park
77200 Overseas Highway
Islamorada FL 33036

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

DESCRIPTIONS (Continued from Page 1)
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$ACORD_{\scriptscriptstyle{\sqcap}}$

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PRODUCER	CONTACT NAME:			
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	19-1267		
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#		
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988		
INSURED	MOUNTER B.	10190		
Leisure Construction, Inc	INSURER C: Association Insurance Company	11240		
Sean Edwards	INSURER D:			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

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CERTIFICATE HOLDER	CANCELLATION
Neilson, Wojtowicz, Neu & Associates 1000 Central Avenue Ste 200	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Saint Petersburg, FL 33705-0000	AUTHORIZED REPRESENTATIVE
	PA

DESCRIPTIONS (Continued from Page 1)
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ACORD.

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DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:				
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101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D :				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

CO	VERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015		\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT	\$	
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	(Ea accident)	\$1,000,000	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
	AUTOS X SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS				•	(Per accident)	\$	
Ь	Y UMBRELLA LIAB Y OCCUP		4400540504	40/00/0044	40/00/0045		-	
В	TYOTOO LIAD		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	CLAIIVIS-IVIADE	-				AGGREGATE	\$2,000,000	
С	DED X RETENTION \$10000 WORKERS COMPENSATION		WCV013940701	05/04/2045	05/01/2016	WC STATU- OTH- TORY LIMITS ER	\$	
٦	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WCV013940701	03/01/2013	03/01/2010	TORY LIMITS ER E.L. EACH ACCIDENT	\$100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
	DESCRIPTION OF OPERATIONS BEIOW					E.E. DIOLAGE -1 GLIGIT LIMIT	\$555,555	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	s required)			
,,								
(Se	e Attached Descriptions)							
CFF	CERTIFICATE HOLDER CANCELLATION							

CERTIFICATE HOLDER	CANCELLATION
PCCLB 12600 Belcher Rd, Ste 102 Largo, FL 33773-0000	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
	PA

DESCRIPTIONS (Continued from Page 1)
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Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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,					
PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D :				
1301 Seminole Blvd, Suite 115	INSURER E :				
Largo, FL 33770	INSURER F:				

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE

\$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident)

X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE В 4402549501 \$2,000,000 Χ OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WCV013940701

C WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIET DRYART NER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

WC V013940701

05/01/2015

05/01/2016

WC STATUTORY LIMITS
E.L. EACH ACCIDENT
\$100,000
E.L. DISEASE - EA EMPLOYEE \$100,000
E.L. DISEASE - POLICY LIMIT
\$500,000

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

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

PINELLAS COUNTY CONSTRUCTION LICENSING BOARD 12600 BELCHER ROAD STE 102 LARGO, FL 33773-0000 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



DESCRIPTIONS (Continued from Page 1)
· · · · · · · · · · · · · · · · · · ·
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Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449	-1267			
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481	INSURER A: Auto-Owners Insurance Company 18	988			
INSURED	INSURER B: Southern Owners Insurance Co 10	190			
Leisure Construction, Inc	INSURER C : Association Insurance Company 11	240			
Sean Edwards	INSURER D :				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

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(See Attached Descriptions)

CERTIFICATE HOLDER

SPECTRUM FIELD SERVICES INC INSPECTIONS DIVISION 220 EAST MORRIS AVE STE 400 SALT LAKE CITY, FL 84115-0000 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



DESCRIPTIONS (Continued from Page 1)
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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:				
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44				
101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Auto-Owners Insurance Company	18988			
INSURED	INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240			
Sean Edwards	INSURER D :				
1301 Seminole Blvd, Suite 115	INSURER E:				
Largo, FL 33770	INSURER F:				

CO	YERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
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INSR LTR	TYPE OF INSURANCE	ADDL SUBFINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ιτs	
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015		\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO- JECT LOC					COMPINED ONIOLE LIMIT	\$	
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO ALL OWNED SCHEDULED				·	BODILY INJURY (Per person)	\$	
	AUTOS X SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS					(Per accident)	\$	
_							\$	
В	X UMBRELLA LIAB X OCCUR		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000	
	DED X RETENTION \$10000					WC STATU OTH	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER		
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH) If yes, describe under						, ,	
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIO	CLES (Attach	ACORD 101 Additional Remarks Schodul	e if more enace i	s required)			
	ON TON OF CHANGING FEOGRICING FVERIN	JEEU (Attach	ACCIDE 191, Additional Remarks Guileuti	o, ii iiioie apace i	o roquireu)			
(Se	e Attached Descriptions)							
CEI	RTIFICATE HOLDER		CANO	CELLATION				

SUNTRUST MORTGAGE ISAOA
401 E JACKSON ST STE 1000
TAMPA, FL 33602-0000

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

DESCRIPTIONS (Continued from Page 1)
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ACORD.

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DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER		CONTACT NAME:	_			
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727	449-1267			
101 N Starcrest Dr.		E-MAIL ADDRESS; clcertsftmyers@bouchardinsurance.com				
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	NAIC#			
727 447-6481		INSURER A: Auto-Owners Insurance Company	18988			
INSURED		INSURER B: Southern Owners Insurance Co	10190			
Leisure Construction	ion, Inc	INSURER C: Association Insurance Company	11240			
Sean Edwards	1.00% 445	INSURER D:				
1301 Seminole Blvd	d, Suite 115	INSURER E:				
Largo, FL 33770		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				

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INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014		EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY		l				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR		ļ l				MED EXP (Any one person)	\$10,000
			ļ l				PERSONAL & ADV INJURY	\$1,000,000
			l				GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		ļ l				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO		l				BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS		l				BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS		l				PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR		ļ l	4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Α.				E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (See Attached Descriptions)							

Sarasota County
1001 Sarasota Center Blvd
Sarasota, FL 34240-0000

AUTHORIZED REPRESENTATIVE

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

DESCRIPTIONS (Continued from Page 1)
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CONTINUATO MONACI IN NOA CI CA	on onaoroomoniqo).							
PRODUCER		CONTACT NAME:						
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-12						
101 N Starcrest Dr.		E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com						
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	NAIC#					
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INSURED		INSURER B: Southern Owners Insurance Co	10190					
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Sean Edwards	ol 00% 445	INSURER D:						
1301 Seminole Blv	va, Suite 115	INSURER E:						
Largo, FL 33770		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:						

IN	DICATED. NOTWITHSTANDING ANY RE	QUIRE	MEN	T, TERM OR CONDITION OF A	ANY CONTRACT OF	R OTHER DOO	CUMENT WITH RESPECT	TO WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUC							ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	GENERAL LIABILITY	Υ	Υ	20622797			EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
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							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE	:					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	ttach	ACORD 101, Additional Remarks Sc	hedule, if more space i	s required)		
(Se	e Attached Descriptions)							
106	See Attached Descriptions)							

Shephards Beach

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

CANCELLATION

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CERTIFICATE HOLDER

DESCRIPTIONS (Continued from Page 1)
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Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com	
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#
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INSURED	INSURER B: Southern Owners Insurance Co	10190
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Sean Edwards	INSURER D:	
1301 Seminole Blvd, Suite 115	INSURER E:	
Largo, FL 33770	INSURER F:	

CC	OVERAGES CER	TIFIC	ATE I	NUMBER:			REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES							
	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							ALL THE TERMS,
INS LTF		ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMIT	S
Α	GENERAL LIABILITY	Y				10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	117.6					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	ttach A	ACORD 101, Additional Remarks Schedule	e, if more space	is required)		
(S	ee Attached Descriptions)							
<u> </u>								

CANCELLATION

Shephards Beach Resort
619 S. Gulfview Blvd
Clearwater, FL 33767-0000

Clearwater St. 33767-0000

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

DESCRIPTIONS (Continued from Page 1)
NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD.
ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.
We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of
Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited to describing information necessary to identify the operations, locations and vehicles for which the
certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business
adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
Ownership Info: SHEPHARD FAMILY TRUST / SHEPHARD, WILLIAM M TRE Site Address: 619 S Gulfview Blvd, Clearwater, FL 33767 Shephards Beach Resort is an additional insured as respects General Liability (incl Prod/Comp Ops), only by written contract and subject to the terms, conditions and limits specified in the
policy.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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 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:	
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267
101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com	
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988
INSURED	INSURER B: Southern Owners Insurance Co	10190
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240
Sean Edwards	INSURER D:	
1301 Seminole Blvd, Suite 115	INSURER E:	
Largo, FL 33770	INSURER F:	

CO	VERAGES CER	TIFIC	ATE	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,							
	XCLUSIONS AND CONDITIONS OF SUCH						MS.	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5
Α	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	II,7 A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	s required)		
/C -	a Attack ad Dagawintiana)							
(Se	e Attached Descriptions)							
CFF	CERTIFICATE HOLDER CANCELLATION							

Shephards Beach Resort
619 S. Gulfview Blvd
Clearwater, FL 33767

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

DESCRIPTIONS (Continued from Page 1)
NOTICE
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proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are
afforded to the certificate holder only if required by written contract.
Prod/Comp Ops

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	_	CONTACT NAME:					
Bouchard Insurance (CLW)		PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 4-					
101 N Starcrest Dr.		E-MAIL ADDRESS; clcertsftmyers@bouchardinsurance.com					
Clearwater, FL 33765		INSURER(S) AFFORDING COVERAGE	GE NAIC#				
727 447-6481		INSURER A: Auto-Owners Insurance Compa	ny 18988				
INSURED		INSURER B: Southern Owners Insurance Co	10190				
Leisure Construction	on, Inc	INSURER C: Association Insurance Compan	y 11240				
Sean Edwards	L 0.14. 445	INSURER D :					
1301 Seminole Blvd	i, Suite 115	INSURER E :					
Largo, FL 33770		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IRER.				

	VERAGEO GEI	111110	<i>_</i>	NOMBEN.			REVIOION NOMBER.	
1	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.							
INS LTF	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
lΑ	GENERAL LIABILITY	Υ	Υ	20622797	10/02/2014	10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC						COMPUTED ONLOUE LIMIT	\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE	:					AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
	ee Attached Descriptions)	CLES (Attach	ACORD 101, Additional Remarks Schedu	le, if more space	is required)		
Ι,	• •							

CERTIFICATE HOLDER

State of Florida Department of Children and Families

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

DESCRIPTIONS (Continued from Page 1)
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adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.
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$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

\$1,000,000

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continuate frontier in field of cutoff children in the continuation.			
PRODUCER	CONTACT NAME:		
Bouchard Insurance (CLW) 101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481 INSURED Leisure Construction, Inc Sean Edwards	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1	267	
	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
727 447-6481	INSURER A: Auto-Owners Insurance Company 189	88	
	INSURER B : Southern Owners Insurance Co 101	90	
•	INSURER C : Association Insurance Company 112	40	
	INSURER D:		
1301 Seminole Blvd, Suite 115	INSURER E :		
Largo, FL 33770	INSURER F:		

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1.000.000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG

BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 X OCCUR

EXCESS LIAB \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT

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

4402549500

(See Attached Descriptions)

X POLICY PRO-

AUTOMOBII E I IABII ITY

CERTIFICATE HOLDER CANCELLATION

THE CITY OF ANNA MARIA ISLAND FLORIDA 10005 GULF DRIVE ANNA MARIA, FL 34216-0000 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident)

AUTHORIZED REPRESENTATIVE



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Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form. We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form. Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
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Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form. Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.
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afforded to the certificate holder only if required by written contract.
Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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PRODUCER	CONTACT NAME:			
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101 N Starcrest Dr.	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
Clearwater, FL 33765	INSURER(S) AFFORDING COVERAGE	NAIC#		
727 447-6481	INSURER A: Auto-Owners Insurance Company	18988		
INSURED	INSURER B: Southern Owners Insurance Co	10190		
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240		
Sean Edwards	INSURER D :			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

CO	VERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:	
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN,	IT, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY T	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY	YY	20622797	10/02/2014	10/02/2015		\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT	\$
Α	AUTOMOBILE LIABILITY		4402549500	06/14/2014	06/14/2015	(Ea accident)	\$1,000,000
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$
	AUTOS X SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
	HIRED AUTOS AUTOS					(Per accident)	\$
Ь	Y UMBRELLA LIAB Y OCCUP		4400540504	40/00/0044	40/00/0045		-
В	TYOTOO LIAD		4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	CLAIIVIS-IVIADE	1				AGGREGATE	\$2,000,000
С	DED X RETENTION \$10000 WORKERS COMPENSATION		WCV013940701	05/04/2045	05/01/2016	WC STATU- OTH- TORY LIMITS ER	\$
٦	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WC V013940701	03/01/2013	03/01/2010	TORY LIMITS ER E.L. EACH ACCIDENT	\$100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
	DESCRIPTION OF OPERATIONS BEIOW					E.E. DIOLAGE -1 GLIGIT EIIWITI	\$555,555
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	s required)		
/C -	a Attack ad Dagawintiana)						
(Se	e Attached Descriptions)						
CFF	RTIFICATE HOLDER		CANO	ELLATION			

CERTIFICATE HOLDER	CANCELLATION
TOWN OF INDIAN SHORES 19305 GULF BLVD INDIAN SHORES, FL 33785-0000	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
1	RA

DESCRIPTIONS (Continued from Page 1)
NOTICE:
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pertaining to proper use of the Certificate of Liability Insurance form.
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to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be
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proper use of the Certificate of Liability Insurance form.
Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2015

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 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:			
Bouchard Insurance (CLW)	PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44	49-1267		
101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Auto-Owners Insurance Company	18988		
INSURED Compatible Local	INSURER B: Southern Owners Insurance Co	10190		
Leisure Construction, Inc	INSURER C: Association Insurance Company			
Sean Edwards	INSURER D:			
1301 Seminole Blvd, Suite 115	INSURER E:			
Largo, FL 33770	INSURER F:			

C	OVERAGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES							
	INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F			•				
	EXCLUSIONS AND CONDITIONS OF SUCH							ALL THE TERMO,
INS LTI	R TYPE OF INSURANCE	ADDL:	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α		Υ	Υ	20622797		10/02/2015	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			4402549500	06/14/2014	06/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4402549501	10/02/2014	10/02/2015	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
С				WCV013940701	05/01/2015	05/01/2016	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)	,,,					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks Schedul	le, if more space	is required)		
l								
(S	See Attached Descriptions)							
_								

TOWN OF REDINGTON BEACH
105 164TH AVENUE
REDINGTON BEACH, FL 33708-0000

AUTHORIZED REPRESENTATIVE

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

NOTICE: Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form. We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form. Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract. Residential Carpentry 350 PICKUP 1FTWW33F83FA30039
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Residential Carpentry 350 PICKUP 1FTWW33F83FA30039

$ACORD_{\scriptscriptstyle{\sqcap}}$

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101 N Starcrest Dr. Clearwater, FL 33765	E-MAIL ADDRESS: clcertsftmyers@bouchardinsurance.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Auto-Owners Insurance Company	18988	
INSURED	MOOKEK B.	10190	
Leisure Construction, Inc	INSURER C : Association Insurance Company	11240	
Sean Edwards	INSURER D:		
1301 Seminole Blvd, Suite 115	INSURER E:		
Largo, FL 33770	INSURER F:		

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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Υ Υ 20622797 10/02/2014 10/02/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$300.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$10,000 \$1.000.000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-06/14/2014 06/14/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBII E I IABII ITY \$1,000,000 4402549500 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED X BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) X UMBRELLA LIAB 10/02/2014 10/02/2015 EACH OCCURRENCE \$2,000,000 В 4402549501 X OCCUR **EXCESS LIAB** \$2,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 05/01/2015 05/01/2016 WC STATU-TORY LIMITS WCV013940701 C AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$100,000 E.L. EACH ACCIDENT Υ N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (See Attached Descriptions)

CERTIFICATE HOLDER

WESTFIELD SARASOTA SQUARE LIMITED PARTNERSHIP 8201 S TAMIAMI TRAIL SARASOTA, FL 34238-0000

CANCELLATION

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AUTHORIZED REPRESENTATIVE



DESCRIPTIONS (Continued from Page 1)
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SARASOTA SHOPPINGTOWN LLC, WESTFIELD AMERICA, INC, WESTFIELD AMERICA LIMITED PARTNERSHIP, WESTFIELD PROPER MANAGEMENT LLC, AND ANY AND ALL OFTHEIR RESPECTIVE PARENTS, PARTNERS, SUBSIDIARIES AND AFFILIATES, ASSIGNS, EMPLOYEES, AGENTS, OFFICERS AND REPRESENTATIVES TOGETHER WITH ANY MORTGAGEE FROM TIME TO TIME OF THE LANDLORD'S INTEREST ARE ADDITIONAL INSUREDS AS RESPECTS GENERAL LIABILITY, ONLY IF REQUIRED BY WRITTEN CONTRACT, AND SUBJECT TO THE TERMS, CONDITIONS, AND LIMITS AS SPECIFIED INTHE POLICY.