

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2023

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

AJG Insurance Agency, Inc. POR Dox 3219 Spring Hill FL 34611 INSURED INSURED INSURED INSURED INSURED INSURED INSURER A: FCBSI FUND INSURER B: INSURER A: FCBSI FUND INSURER B: I	the terms and conditions of the p certificate holder in lieu of such e					ndorsement. A sta	tement on th	is certificate does not co	onfer r	ights to the
AJG Insurance Agency, Inc. PO Box 3219 Spring Hill FL 34611 REURED American Construction Experts, Inc. 630 Druid Hills Road Tampa FL 33617 REURED COVERAGES CERTIFICATE NUMBER: INSURER E. INSUR		eiiiel	ιι(ο <i>)</i> .		CONTACT					
PO Box 3219 Spring Hill FL 34611 SINGUER OF THE POLICE PROPERTY PART THE POLICES OF INSURANCE USTED BILLOW HAVE BEEN SQUEETED OF THE INSURED HARDON WHICH THE POLICY PERIOD INDICATED. NOTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: INSURER 1: NUMBER: INSURER 1: NUMBER: INSURER 2: NUMBER: INSURER 3: NUMBER: INSURER						FAV				
INSURER IN SAFERONG COVERAGE American Construction Experts, Inc. 630 Druid Hills Road Tampa FL 33617 **Neurer 0: **Neurer 0: **Neurer 1: **Neurer 1: **Neurer 1: **Neurer 1: **Neurer 2: **Neurer 2: **Neurer 2: **Neurer 2: **Neurer 3: **Neurer 2: **Neurer 3: **Neurer						E-MAIL ADDRESS: JFERNA	ANDEZ@A			
Medican Construction Experts, Inc. 330 Druid Hills Road Tampa FL 33617 ***BURRER 0:	Spring Hill FL 34611									NAIC #
AMBOREA CONSTRUCTION EXPERTS, INC. 830 Druid Hills Road Tampa FL 33617 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANABOL ABOVE FOR THE POLICY PERIOD DESCRIPTION OF ANY CONTRACT OR OTHER DOCUMENT. HERSELD TO WHICH THIS SHOULD NAMED ABOVE FOR THE POLICY PERIOD CANDED. AND THE POLICY PERIOD C	INSURED				, ,				IVAIO #	
AUTOMORILE LIMBILTY OBJECTION OF DESCRIPTION SPECIAL DISTRICT AND YEAR ADDRESS AND CONDITIONS OF SUCH POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATION OF MAY PERIOD TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATION OF MAY PERIOD TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATION OF MAY PERIOD TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTIFICATION OF MAY PERIOD TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD COLORS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD COLORS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. LIMITS LIM	American Construction Experts	s Inc				INSURER B:				
Tampa FL 33617 NOURRE NOURRE NOURR	•	3, IIIC.	•							
COVERAGES CERTIFICATE NUMBER: PREVISION NUMBER: REVISION NUMBER: REVISI		FI	33	8617						
COVERAGES CENTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUERO NOTHING POLICY PERIOD (MOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERN OR COMDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED FOR MAY PERIOD OR MAY PERIOD	Tampa		30	017						
NDICATED. 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REPORT THE OF INSURANCE ADD. SUBJECT OF ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. GENERAL LIABILITY PLUES PER: POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER PRESENTED PRESENTED STANDING NUMBER PROBREMS (Flat submitted STANDING NUMBER STANDING NUMBE	COVERAGES	CER	TIFIC	ATE	NUMBER:	INSURER F.		REVISION NUMBER:		
TYPE OF INSURANCE NASE, WWO GENERAL LIABILITY GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAMISHANDE OCCUR ANY AUTO ALL OWNED AUTOS HARD AUTOS HARD AUTOS HARD AUTOS CLAMISHANDE OCCUR CLAMI	INDICATED. NOTWITHSTANDING AI CERTIFICATE MAY BE ISSUED OR	NY RE MAY F	QUIRI PERTA	EMEN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO	WHICH THIS
COMMERCIAL CONTROL OF CONTROL O	INSR		ADDL	SUBR					s	
COMMERCIAL GENERAL LIBILITY CLAIMS-MADE OCCUR CENTL AGGREGATE LIMIT APPLIES PER: POLICY PEC LOC AUTOMOBILE LIBILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS HIRED AUTOS WORKERS COMPENSATION NON-DOWNED AUTOS LUMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION S WORKERS COMPENSATION AND EMPLOYERS LABILITY ANY PERCPRETOR/PARTHER/PEX CUTTVE Y N/A X 10656109 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE PERCINAL AGORECATE IS S CENERAL AGORECATE IS S BOOLLY INJURY (Per posion) S BOOLLY NULLY (Per pesion) S BOOLLY NULLY (Per pesio	GENERAL LIABILITY		INSK	WVD	POLICI NOMBER	(MIMI/DD/1111)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	
PERSONAL & ADV INJURY S GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRO POLICY FOR LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-DOWNED AUTOS DEDUCTIBLE EXCESS LIAB CLAIMS-MADE DEDUCTIBLE WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPERTY DAMAGE (Per accident) S EACH OCCURRENCE S AGGREGATE S PROPERTY DAMAGE (Per accident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S AGGREGATE S BODILY INJURY (Per socident) S EACH OCCURRENCE S L. DISEASE - EA EMPLOYEE S 1,000,000 EL. DISEASE - EA EMPLOYEE S 1,000,000 EL DISEASE - EA EMPLOYEE S 1,00								PREMISES (Ea occurrence)		
GENERAL AGGREGATE S POLICY ROY TO THE AGGREGATE S SCHEDULED SINCE S AUTOMOBILE LIMIT S ALL OWNED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-COMMED AUTOS NON-COMMED AUTOS SCHEDULED AUTOS NON-COMMED AUTOS SCHEDULED AUTOS SC	CLAIMS-MADE OCCUR							`		
GENT AGGREGATE LIMIT APPLIES PER: POLICY SET LOC S AUTOMOBILE JURISHITY (Ea accident) S AUTOMOBILE JURISHITY (Ea accident) S BODILY NURY (Per pirson) S BODILY NUR										
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY AUTO ANY AUTO UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION S WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/RATINER/EXECUTIVE Y/N IN AND EMPLOYERS LIABILITY ANY PROPRIETOR/RATINER/EXECUTIVE Y/N IN AND EMPLOYERS LIABILITY ANY PROPRIETOR/RATINER/EXECUTIVE Y/N IN AND EMPLOYERS LIABILITY A BOILY NULLEY (Per accident) S BODILY NULLEY (Per person) S BODILY NULLEY (Per accident) S BODILY NULLEY (GEN'L AGGREGATE LIMIT APPLIES PER:	;								
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS DEDUCTIBLE RETERTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABBLITY ANY PROPRETATIONS Delow AND EMPLOYERS' LIABBLITY ANY PROPRETATIONS Delow DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	POLICY PRO- JECT LOC								\$	
ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS EXCESS LIAB DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABLING V(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD NAVO FILE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE BODILY NAUTY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SHOULD AUTOS SAME AGREGATE SA	AUTOMOBILE LIABILITY								\$	
SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	ANY AUTO								\$	
HIRED AUTOS NON-OWNED AUTOS S UMBRELLA LIAB OCCUR EXCESS LIAB OEDUCTIBLE RETENTION S MORKERS CORPRENATION AND EMPLOYERS LIABBLITY AND EMPLOYER								BODILY INJURY (Per accident)	\$	
NON-OWNED AUTOS NON-OWNED AUTOS S									\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND FEMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in Nt) I PROPRIETOR/PRATTIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE								(i or docident)	\$	
EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND FROME COMPENSATION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AGREGATE \$ AGREGATE \$ \$ AGREGATE \$ \$ \$ 1,000,000 CEL. DISEASE - POLICY LIMIT \$ 1,000,000 CEL. DISEASE - POLICY LIMIT \$ 1,000,000 CEL. DISEASE - POLICY LIMIT \$ 1,000,000 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	New exmedition								\$	
DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE S. AUTHORIZED REPRESENTATIVE S. AUTHORIZED REPRESENTATIVE AV WC STATU- S SUBJECTATIVE S 1,000,000 DEL. EL. DISEASE - EA EMPLOYEE S 1,000,000 E.L. DISEASE - POLICY LIMIT S 1,000,000 E.L. DISEASE - EA EMPLOYEE S 1,000,000 E.L. DISEASE - EA EMPLOYEE S 1,000,000 E.L. DISEASE - POLICY LIMIT S 1,000,000 E.L. DISEASE - EA EMPLOYEE S 1,000,000 E.L. DIS	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETORY PARTNER/EXECUTIVE Y N/A OFFICENCEMBER EXCLUDED? (Mandatory in NH) If yes describe under (SECRIPTION OF OPERATIONS below) DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	EXCESS LIAB CLAIMS	-MADE						AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR PARTINER EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AV TORY LIMITS ER 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - POL	DEDUCTIBLE									
AND EMPLOYERS LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? OFFICER/ME								▼ WC STATU- OTH-	\$	
A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	AND EMPLOYERS' LIABILITY	Y/N						↑ TORY LIMITS ER	· ·	1 000 000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	A OFFICER/MEMBER EXCLUDED?	Y	N/A	X	10656109	02/02/23	02/02/24		\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	If ves, describe under									
A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										•
A blanket waiver of subrogation applies to the certificate holder when required by written contract per form WC 00 03 13 attached. License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE										
License #: CBC058660 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	DESCRIPTION OF OPERATIONS / LOCATIONS /	VEHICL	ES (A	ttach A	ACORD 101, Additional Remarks	Schedule, if more space i	s required)			
Hillsborough County Development Services 601 E. Kennedy Blvd. 19th Floor PO Box 1110 Tampa, FL 33601 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		n app	lies t	o th	e certificate holder wl	nen required by v	written cont	tract per form WC 00 (13 13	attached.
Hillsborough County Development Services 601 E. Kennedy Blvd. 19th Floor PO Box 1110 Tampa, FL 33601 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	CERTIFICATE HOLDER					CANCELLATION				
Tampa, FL 33601	Hillsborough County Deve 601 E. Kennedy Blvd. 19th		Serv	rices	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						Jose R. Fernandez Coal. P Finnandia				

© 1988-2009 ACORD CORPORATION. All rights reserved.

(ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or inderectly to benefit anyone not named in the Schedule.

Schedule

All person or organizations that, in a written contract executed by both parties prior to the date of injury covered by this policy, require you to obtain this agreement with us.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The Information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 2/2/2023 Policy No. 10656109-2022 Endorsement No.

Policy Effective Dates: 02/02/2023 - 02/02/2024 Premium \$

Insured: AMERICAN CONSTRUCTION EXPERTS, INC.

Carrier Name / Code: Florida Citrus, Business & Industries Fund

WC 00 03 13

(Ed. 4-84) Countersigne
© Copyright 1984 National Council of Compensation Insurance, Inc. All Rights Reserved.

Countersigned by _____