



# CERTIFICATE OF LIABILITY INSURANCE

TOTAL-4

OP ID: CL

DATE (MM/DD/YYYY)

02/16/2016

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).

<b>PRODUCER</b> <b>MORROW INSURANCE GROUP</b> <b>LENORA C. OLNEY/A196064</b> <b>18936 NORTH DALE MABRY HIGHWAY</b> <b>LUTZ, FL 33548</b> <b>Steven Mitzel</b>	<b>CONTACT NAME:</b> <b>DEBBIE JOHNSON CIC</b>														
	<b>PHONE (A/C, No, Ext):</b> <b>813-963-1669</b>														
	<b>FAX (A/C, No):</b> <b>813-961-3743</b>														
	<b>E-MAIL ADDRESS:</b> <b>CERTIFICATES@MORROWINSURANCE.NET</b>														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : AMERICAN BUILDERS INSURANCE CO</td> <td>11240</td> </tr> <tr> <td>INSURER B : ST PAUL FIRE &amp; MARINE INS CO</td> <td>24767</td> </tr> <tr> <td>INSURER C : MERCURY INDEMNITY CO OF AMER</td> <td>11201</td> </tr> <tr> <td>INSURER D : OHIO CASUALTY INSURANCE COMPAN</td> <td>24074</td> </tr> <tr> <td>INSURER E : SUMMIT/BRIDGEFIELD EMP INS CO</td> <td>10701</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AMERICAN BUILDERS INSURANCE CO	11240	INSURER B : ST PAUL FIRE & MARINE INS CO	24767	INSURER C : MERCURY INDEMNITY CO OF AMER	11201	INSURER D : OHIO CASUALTY INSURANCE COMPAN	24074	INSURER E : SUMMIT/BRIDGEFIELD EMP INS CO	10701	INSURER F :	
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<b>INSURED</b> <b>TOTAL ELECTRIC SERVICE OF TAMPA, INC</b> <b>8929 MAISLIN DR</b> <b>TAMPA, FL 33637</b>															


**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTUAL LIAB</b> <input checked="" type="checkbox"/> <b>XCU NOT EXCLUDED</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLP-0203447-00	11/01/2015	11/01/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>Emp Ben.</b> \$ <b>1,000,000</b>
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> FL - PIP			BA090000009548	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>BASIC PIP</b> \$ <b>10,000</b>
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>			ZUP-91M44713-15-NF***	11/01/2015	11/01/2016	EACH OCCURRENCE \$ <b>9,000,000</b> AGGREGATE \$ <b>9,000,000</b> \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	24708 00 OFFICERS INCLUDED	12/27/2015	12/27/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	<b>Equipment Floater</b> <b>LEASED/RENTED</b>			BMO56919098	11/01/2015	11/01/2016	<b>RENTED</b> <b>150,000</b> <b>SCHEDULED</b> <b>57,000</b>

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>DEPTPR1</b>  <b>DEPARTMENT OF PROFESSIONAL REGULATION</b> <b>1940 N MONROE</b> <b>TALLAHASSEE, FL 32399</b>	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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