

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer rights to the certificate holder in field of such endorsement(s).									
PRODUCER		CONTACT Irene Gifford							
Insurance Service of Sarasota Inc.		PHONE (A/C, No, Ext): (941) 966-5606 FAX (A/C, No): (941) 966-	6124						
P.O. Box 907		E-MAIL address: ireneg@inservsarasota.com							
873 S. Tamiami Tr		INSURER(S) AFFORDING COVERAGE	NAIC #						
Osprey	FL 34229	INSURER A: Century Ins Co	2537-1263						
INSURED		INSURER B: Owners Insurance Company	32700						
HJ Ingold, Inc. dba PDR of La	ke Marion and Sumter Counties	INSURER C: Star National Ins Co	12831						
12331 S HWY 441		INSURER D :	500						
ş #		INSURER E:							
Belleview	FL 34420	INSURER F:							
COVERACES	PTIEICATE NUMBER: CL199412152	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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	COMMERCIAL GENERAL LIABILITY	Y		CCP857154	09/06/2019	09/06/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 50,000
	CLAIMS-MADE OCCUR \$10,000 DEDUCTIBLE						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY			43-951-816-03	09/06/2019	09/06/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY	Y					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONLY AUTOS ONLY						Uninsured motorist	\$ 500,000
А	➤ UMBRELLA LIAB ➤ OCCUR	Y		CCP857155	09/06/2019	09/06/2020	EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC 0870940	09/06/2019	09/06/2020	➤ PER OTH-ER	
^	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
А	CONTRACTORS POLITION			CCP857154	09/06/2019	09/06/2020	OCCURENCE	1,000,000
	CONTRACTORS POLLUTION BAILEES	Υ					AGGREGATE	2,000,000
	5						LIMIT	250,000

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

COMMERCIAL GENERAL LIABILITY - Includes Defense in Excess of Limits

UMBRELLA LIABILITY - Includes Contractor Pollution Liability POLLUTION LIABILITY - \$10,000 Deductible

BAILEES - Policy Limit Applies to Scheduled Locations, Unscheduled Locations and While in Transit

CERTIFICATI	HOLDER		CANCELLATION			
Paul Davis Restoration, Inc. 5210 Belfort Rd, Suite 300			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	32 To Bellott Rd, Suite 300		AUTHORIZED REPRESENTATIVE			
	Jacksonville	FL 32256	John K.			