									ARTIS-9)	OP ID: CA	
Ą	C		ER	TIF	ICATE OF LIA	BILI		URANC	E		(MM/DD/YYYY) /08/2019	
C B	ERT ELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMATI OW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AN	VEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	E HO	LDER. THIS E POLICIES	
t t	ne te	RTANT: If the certificate holder erms and conditions of the policy icate holder in lieu of such endors	, cert	tain p	olicies may require an e							
	DUCE		senne	in(5)	•	CONTA	СТ					
J Meyers Insurance Group, Inc 5003 Old Cheney Hwy Orlando, FL 32807 Cynthia D Adams						PHONE (A/C, No, Ext): 407-273-0230 E-MAIL ADDRESS:						
											NAIC #	
INSURED Artistic Ceramic Tile & Marbl							INSURER A : Cypress Property & Casualty INSURER B :					
3113 Willie Mays Pkwy #A							INSURER C :					
Orlando, FL 32811						INSURER D :						
						INSURER E :						
						INSURE						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN C	IDIC ERT XCLI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO D ALL	WHICH THIS	
	X	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1 000 000	
^	^	CLAIMS-MADE X OCCUR			FGL 5022932 00 81		01/09/2019	01/09/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	1,000,000 300,000	
					FGL 3022332 00 81		0 11 00/2010	0 1/00/2020	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
										\$		
	AU.								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$		
		ALLOWNED SCHEDULED AUTOS AUTOS HIRED AUTOS AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
										\$		
									EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	wo	DED RETENTION \$							PER OTH- STATUTE ER	\$		
	AND	PEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER	\$		
	OFF	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
tile	and	TION OF OPERATIONS / LOCATIONS / VEHICI I marble installation FICATE HOLDER	LES (A	ACORD	0 101, Additional Remarks Schedu	-	e attached if more	e space is require	ad)			
					FORINFO							
Certificate is for information purposes only - for original							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
certificate in your name please contact J.Meyers Ins.							hia D Adam					
		(407)273-0230										

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