

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/2016

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 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 lieu of such endorsement(s)

	icate holder in lieu of such endorsement	(S).		Т						
PRODU	JCER			ļ.	CONTACT NAM	1E:		T		
					PHONE (A/C, No, Ext): 1-800-277-1620 x4800 FAX (A/C, No): (727) 797-0704					
FrankCrum Insurance Agency, Inc.					E-MAIL ADDRESS:					
100 South Missouri Avenue					INSURER(S) AFFORDING COVERAGE				NAIC#	
Clearwater, FL 33756					INSURER A: Frank Winston Crum Insurance Co.				11600	
INSURED					INSURER B:					
Frank Course I /C/F IDC That Handware Inc. dha IDC Banaire					INSURER C:					
FrankCrum L/C/F JBC The Handyman Inc. dba JBC Repairs, Improvements & Remodeling					INSURER D:					
Improvements & Remodeling 100 South Missouri Avenue					INSURER E:					
Clearwater, FL 33756					INSURER F:					
		CERTIF	ICATE N		8247			REVISION NUMBER:		
NC PE	IIS IS TO CERTIFY THAT THE POLICIES OF INSI TWITHSTANDING ANY REQUIREMENT, TERM : RTAIN, THE INSURANCE AFFORDED BY THE F AY HAVE BEEN REDUCED BY PAID CLAIMS.	OR CON	DITION O	F ANY CONTRACT OF	R OTHER DOCU	MENT WITH RESPE	ECT TO WHICH TH	IIS CERTIFICATE MAY BE ISSUE		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUM	BER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	<u> </u>							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC							PRODUCTS-COMP/OP AGG	\$	
	OTHER:		\vdash					COMPINED ONIO: 5 : 1117	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC201600	0000	01/01/2016	01/01/2017	X PER STATUTE OTH-		
/ \	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A								
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN/A						E.L. EACH ACCIDENT	\$1,000,000	
	If yes, describe under							E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000	
DESCF	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 101	, Additional Remarks	Schedule, may	be attached if more	space is required	i)		
	tive 05/09/2016, coverage is for 100%							BC Repairs, Improvements	s & Remodeling	
(Clier	nt) for whom the client is reporting hou	rs to Fr	ankCrui	m. Coverage is no	ot extended	to statutory emp	oloyees.			
CERTIFICATE HOLDER						CANCELLATION				
	 				<u> </u>					
					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 Oviedo Building Department 400 Alexandria Blvd. Oviedo, FL 32765					AUTHORIZED REPRESENTATIVE					
	O 11000, 1 E 02100			<u> </u>						