CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2016

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).

C	ertificate holder in lieu of such endo	rsem	ent(s	s)								
PRODUCER						CONTACT NAME:						
South Shore Insurance Inc.						PHONE (A/C, No, Ext): (772) 426-9973 FAX (A/C, No): (772) 221-19					21-1960	
901 SW Martin Downs Blvd						E-MÁIL ADDRESS: jennie@southshore-insurance.com						
Palm City FL 34990						INSURER(S) AFFORDING COVERAGE NAIC #						
•						INSURER A: Western World Insurance Company						
INSURED						INSURER B:						
Rightway Acoustics LLC					INSURER C:							
720 SW River Bend Circle						INSURER D :						
Stuart FL 34997						INSURER E :						
						INSURER F:						
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 SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	\$1,000	0,000		
Α	CLAIMS-MADE X OCCUR							DAMACE TO DENTED		\$ 100,000		
				LXIVS-O		03/04/2016	03/04/2017	` ,		\$ 5,000	0	
										\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2		\$ 2,00	0,000		
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$ 1,00	0,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per person) \$				
	AUTOS AUTOS	AUTOS						BODILY INJURY (Per accident) \$				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per accident)	GE	\$		
		_								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION	-						PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below								E.L. DISEASE - PO	LICY LIMIT	\$		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES	(ACOR	ID 101 Additional Remarks Scho	dule may	he attached if m	ore space is red	uired)				
DES	CRIF HON OF OPERATIONS / LOCATIONS / VEHI	CLLS	(ACOR	D 101, Additional Remarks Sched	uuie, may	be attached if if	iore space is req	uneu)				
CERTIFICATE HOLDER						CANCELLATION						
FOR INFORMATION ONLY						AIION						
						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 <jnd></jnd>										

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