

THEGROU-01 DCHARRON

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOS NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURED RESUMD SUBJECT FORDED BY THE FOLIC BELOW. THIS CERTIFICATE FOR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT. If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PRODUCER. COMERCISCIP Constraint policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PRODUCER. COMERCISCIP Constraint policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(s). PRODUCER. COMERCISCIP Constraint policy. Certain policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(s). PRODUCER. COMERCISCIP Constraint policy. Certain policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(s). PRODUCER. PRODUCER. COMERCISCIP Constraint policy. Certain policis markelis andificate holder in lieu of such endorsement(s). <th colspan="3">ACORD C</th> <th colspan="7">CERTIFICATE OF LIABILITY INSURANCE</th> <th colspan="2">DATE (MM/DD/YYYY)</th>	ACORD C			CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY)	
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FOLIC BELOW. THIS CERTIFICATE OF INSURACE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSURGE(S), AUTHORIZ REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTATT: If the cartificate holder is an ADDITIONAL INSURED, the policy(lies) must be endorsed. If SUBROGATION IS WAIVED, subjec the terms and conditions of the policy, cartain policies may require an endorsement. A statement on this cartificate does not confer rights to cartificate holder in lieu of such endorsement(s). PRODUCER Collination A.Mr. Lambert, LLC 23 Egantuskee Street Jupiter, FL 33477 Contract Dianthe Charron Misure and Conditions of the policy (certain policies and conditions of the policy (certain policies may require an endorsement. A statement on this cartificate holder in lieu of such and conditions of the policy (certain policies may require an endorsement. A statement on this cartificate holder in lieu of such and conditions of the policy (certain policies may require an endorsement. A statement on this cartificate holder in lieu of such and conditions of the policy (certain policies may require an endorsement. A statement on this cartificate holder in lieu of such endorsement (s). INSURED Notice Street Jupiter, FL 33477 Dianthe Charron Misure and Conditions of an endorsement (s). INSURED Misure and Conditions and Precure Participation (certain policy of the policy precision should be an endorsement (s). Misure and the policy (certain policy of the policy precision should be an endorsement (s). INSURED PBGC Landscaping, LLC dba The Ground Suy of West Palm Beach Post Precision And Precision And Precision (certain policy precision should be an end												
BELOW. THIS CERTIFICATE OD INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROATION IS WAIVED, subject the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PRODUCER PRODUCER Suite 102												
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTATT: If SUBROGATION IS WAIVED, subjective terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PROUCER Collinsworth, Alter, Lambert, LLC Collinsworth, Alter, Lambert, LLC Source Street Jupiter, FL 33477 Immunol Support West Palm Beach MSURER A. Wesco Insurance Company 25011 MSURER C. Bridgefield Employers Ins Co 10701 MSURER C. Bridgefield Employers Ins Co 10701 MSURER C. Bridgefield Employers Ins Co 19682 MSURER F: 0 COVERACES CERTIFICATE NUMBER: COVERACES CERTIFICATE NUMBER: THS IS TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ALLTHE POLICY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ALLTHE FOLICY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ALLTHE FOLICY PERTAIN, THE INSURANCE LISTED BELOW HAVE BEEN REDUCED BY PAID CLAMISS New WPP121937201 01/01/2017 01/01/2018 EACH OCCURRENCE SIZE 1.00 MWEP121937201 01/01/2017 01/01/2018 EACH OCCURRENCE SIZE 1.00 MARCE OWNER ALLABLE MARCE OWNERD SOUCY MARCE SIZE												
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PRODUCER Collinsworth, Alter, Lambert, LLC 23 Egantuskee Street Suite 102 Jupiter, FL 33477 Insurer, Sature 102 PBC Landscaping, LLC db The Grounds Guys of West Palm Beach Post Office Box 971012 Box Raton, FL 33497 THIS IS TO CERTIFICATE NUMBER: COVERACES CERTIFICATE NUMBER: THIS IS TO CERTIFICATE NUMBER THIS IS TO CERTIFICATE NUMBER A SUBJECT TO ALL THE TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUCES INTH RESPECT TO ALL THE TERM CONDUCTOR INTH RESPECT TO ALL THE TERM OCCUMENT WITH RESPECT TO ALL THE TERM OCCUMENT								521112211		(0), / (01110111220	
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). PRODUCER Collinsworth, Atter, Lambert, LLC 22 Egantuskee Street Suite 102 Jupiter, FL 33477 PBC Landscaping, LLC db The Grounds Guys of West Palm Beach Post Office Box 971012 Boca Raton, FL 33497 THE STO CERTIFICATE NUMBER: THE STO CERTIFICATE NUMBER: THE IS TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO HE INSURE POLICY BOT MAY BEEN ISSUED TO THE INSURE POLICIES LIMTS SHOWN MAY HAVE BEEN REPUSION NUMBER AND CONTINUE OF THE POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUSION RUMBER INCLUSIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUSION RUMBER INCLUSIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUSION RUMBER INCLUSIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUSICE DE SCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE PATH REPORT TO WHICH TH EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE BOACH MAY BEEN REPUGATE TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE BOACH MAY HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE BOACH MAY HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE BOACH MAY HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REPUGATE BEAN REPUGATE BOACH REPUGATE BEAN REPUG	IN	MPORTANT: If the certificate he	lder is	an A	DDITIONAL INSURED, th	e polic	y(ies) must k	e endorsed.	If SUBROGATION IS V	VAIVE	D, subject to	
PRODUCER CONTACT Dianthe Charron Aute: 1 Anter. Lambert, LLC 23 Eganduskee Street Suile 102 Jupiter, FL 33477 Insurence Nsurence Maxie: (561) 776-9001 PBC Landscaping, LLC Insurence dbar The Grounds Guys of West Palm Beach Insurence 3: Bridgefield Employers Ins Co PBC Landscaping, LLC Insurence: Bridgefield Employers Ins Co Deck The Grounds Guys of West Palm Beach Insurence: Bridgefield Employers Ins Co PBC Landscaping, LLC Insurence: Bridgefield Employers Ins Co Deck The Grounds Guys of West Palm Beach Insurence: Bridgefield Employers Ins Co PBC Landscaping, LLC Insurence: Bridgefield Employers Ins Co Insurence: Bridgefield Employers Ins Co 19682 Insurence: Bridgefield Employers Ins Co 19682 Insurence: The Policities of Insurance Combinition of Any Contractor on other Boculernent The Policities Description on Content Policities Description	th	he terms and conditions of the po	icy, ce	rtain	policies may require an e							
Important Inter, Lambert, LLC Diamitory in Alter, Lambert, LLC 29 upiter FL 33477 Important Important Important <td< td=""><td>C</td><td>ertificate holder in lieu of such en</td><td>orsem</td><td>ent(s</td><td>).</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	C	ertificate holder in lieu of such en	orsem	ent(s).							
23 Egantuskee Street Suite 102 Jupiter, FL 33477 INSURED INSURED INSURED PBC Landscaping, LLC dba The Grounds Guys of West Palm Beach Post Office Box 97/1012 Boca Raton, FL 33497 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANAWE DAVE FOR THE POLICY PER INSURER E : INSURER E : INSURER T : REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURCE OR AND POLICY PERTAIN. THE INSURANCE ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORED BY THE POLICIES DESCHED HEREIN SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INTO ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORED BY THE POLICIES DESCHED HEREIN SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INTO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MARE AND ANY AND D A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A X ANTONG X AND COCUR ALTOMOSINE LIABILITY A X ANTONG X AND COCUR C AND REPRESENTION S OF C MANDERESCOMPERENTIONS OF AND CENTRE DATIONS OF AND CENTRE DATION	-					NAME:	Dianthe					
Suite 102 Jupiter, FL 33477 INSURER 02 INSURER 02 PBC Landscaping, LLC dba The Grounds Guys of West Palm Beach Post Office Box 971012 Boca Raton, FL 33497 INSURER 02 INSURER 02 INSURE 02 INSUR							PHONE (A/C, No, Ext): (561) 776-9001 FAX (A/C, No): (561) 427-67					
Insurance Insurance Insurance Insurance PBC Landscaping, LLC doa The Grounds Guys of West Palm Beach Post Office Box 971012 Boca Raton, FL 33497 Insurance Insurance<	Suit	te 102				E-MAIL ADDRE	_{ss:} dcharro	n@calllc.co	om			
INSURED INSURE D INSURE D INSURE B Commerce & Industry Ins Co Insure co PBC Landscaping, LLC dba The Grounds Guys of West Palm Beach Post Office Box 971012 Boca Raton, FL 33497 Insure co <	Jup	itter, FL 33477					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
PBC Landscaping.LLC dba The Grounds Guys of West Palm Beach Post Office Dox 971012 Boca Raton, FL 33497 INSURER C: Bridgefield Employers Ins Co 10701 INSURER D: INSURER D: INSURER D: INSURER F: COVERAGES CERTIFICATE NUMBER: INSURER F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DOLMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJECT TO ALL THE TER EXCLUSION AND CONTENT AND TO SUBJE											25011	
dba The Grounds Guys of West Paim Beach Post Office Box 971012 Boca Raton, FL 33497 INSURER D.: Hartford Fire Ins Co 19682 COVERAGES CERTIFICATE NUMBER: INSURER F: INSURER F: INSURER F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER F: INSURER F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. NSW TYPE OF INSURANCE MODESURER NSD WWD POLICY NUMBER POLICY NUMBER NSW TYPE OF INSURANCE MODESURE NMODEYYYN LIMITS A COMMERCIAL GENERAL LIABILITY POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER MED EXP (Any one person) S MED EXP (Any ONE person) S PERSONAL ADV INJURY \$ 1,00 GENERAL LABILITY POLICY IX JPECT Loc 91/01/2017 A AUTONOBILE LABILITY A SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS A UNDONDIL VILLY (VER PERSONAL AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS A WORKERS COMPRETORENSATION AUTOS COLUMASHADE EBU088086944 01/01/2017 A W PROPRETORENSATION AND EMPROPORES	INSU	JRED		INSURER B Commerce & Industry Ins Co								
INSURE C 13082 Boca Raton, FL 33497 INSURER E :: INSURE COLSPANSE INSURE E :: INSURE COLSPANSE COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DABOVE FOR THE POLICY PER INSURE TO AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY DO THEIR DABOVE FOR THE POLICY PER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE ADDITIONS OF SUCH POLICY INMBER POLICY TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INTER TYPE OF INSURANCE ADDITIONS OF SUCH POLICY INMBER OULCY EXP POLICY EX											10701	
INSURE E : INSURE E : INSURE F : INSUR F			INSURER D : Hartford Fire Ins Co				19682					
INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANDE DABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICE'S DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSME TYPE OF INSURANCE ADDISUBR INSURANCE POLICY NUMBER POLICY VEFF POLICY PERMISSION COUCY EXP POLICY VEFF POLICY PERMISSION COUCY EXP POLICY VEFF POLICY PERMISSION LIMITS A X COMMERCIAL GENERAL LIABILITY WIPP121937201 01/01/2017 01/01/2018 DMARGE TO RENTED PREMISSI (Ea accurrence) \$ 1,00 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PERMISSI (Ea accurrence) \$ 1,00 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY MUMBER VIPP121937201 01/01/2017 01/01/2018 DMARGE TO RENTED PREMISSI (Ea accurrence) \$ 1,00 GENERAL AGGREGATE \$ 2,00 PRODUCTS - COMP/OP AGG \$ 2,00 PRODUCT NUURY (Per accident) \$ 1,00 PROPERTY DAMAGE \$ 2,00 PRODUCT NUURY (Per accident) \$ 2,00 PRODUCT NUURY (PER accident) \$ 2,00 PRODUCT NUURY (PER accident) \$ 2,00 PRODUCT NUURY (PERMISSION) A </td <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td>												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MSR TYPE OF INSURANCE INSR TYPE OF INSURANCE CLAIMS-MADE COURT INSR COMMERCIAL GENERAL LIABILITY OLICIATER: MUPP121937201 O1/01/2017 O1/01/2018 GENL AGGREGATE LIMIT APPLIES PER: POLICY POLICY SCHEDULED AUTOMOBILE LIABILITY WPP121937201 A AUTOMOBILE LIABILITY A X AUTOMOBILE LIABILITY WPP121937201 AUTOMOBILE LIABILITY WPP121937201 A X AUTOMOBILE LIABILITY WPP121937201 A X AUTOMOBILE LIABILITY SCHEDULED AUTOS X HIRED AUTOS X MORENCYNWED X <td></td> <td>···· , ··· ,</td> <td></td> <td></td> <td></td> <td>INSURE</td> <td>RF:</td> <td></td> <td></td> <td></td> <td></td>		···· , ··· ,				INSURE	RF:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERE INSURANCE ADDLSUBRY HAVE BEEN REDUCED BY PAID CLAIMS. INSURANCE INSURANCE INTERS	со	VERAGES	ERTIF	CAT	E NUMBER:				REVISION NUMBER:			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE ADDI_ISUBR INSD POLICY NUMBER POLICY PYPY MMMDDYYYY EACH OCCURRENCE \$ 1,00 A X COMMERCIAL GENERAL LIABILITY POLICY NUMBER 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 1,00 GENL AGGREGATE LIMIT APPLIES PER: POLICY X PRC LOC 01/01/2017 01/01/2018 GENERAL AGREGATE \$ 2,00 POLICY X PECT LOC S COMBINED SINGLE LIMIT \$ 1,00 GENL AGGREGATE LIMIT APPLIES PER: POLICY X PERSONAL & ADV INJURY \$ 1,00 GENT AGGREGATE LIMIT APPLIES PER: POLICY X VERT S COMBINED SINGLE LIMIT \$ 1,00 AUTOMOBILE LIABILITY WPP121937201 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ \$ 1,00 X ANY AUTO AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS S S COMBINED SINGLE LIMIT \$ 1,00 B UMBRELLA LIAB OCCUR CLAIMS-MADE EBU088036944 01/01/2017 </td <td></td>												
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NER TYPE OF INSURANCE ADDUISURE INSD POLICY EXP POLICY EXP LIMITS A X COMMERCIAL GENERAL LIABILITY NSD WVD POLICY SURANCE \$ 1,00 CLAIMS-MADE X COMMERCIAL GENERAL LIABILITY NSD WPP121937201 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 1,00 GENL AGGREGATE LIMIT APPLIES PER: POLICY X PRC- OTHER: LOC S 0 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 1,00 A AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY LOC S 0 S 0 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ 0 01/01/2018 BODILY INJURY (Per person) \$ 0 01/01/2018 BODILY INJURY (Per accident) \$ PROFERTY DAMAGE \$ 0 0 PROFERTY DAMAGE \$ 0 0 PROFERTY DAMAGE \$ 0												
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS A X COMMERCIAL GENERAL LIABILITY OCLAIMS-MADE X OCCUR \$ 1,00 CLAIMS-MADE X OCCUR WPP121937201 01/01/2017 01/01/2018 EACH OCCURENCE \$ 1,00 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY POLICY PERSONAL & ADV INJURY \$ 1,00 GEN'L AGGREGATE LIMIT APPLIES PER: LOC OTHER: OTHER S AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY WPP121937201 01/01/2017 01/01/2018 COMBINED SINGLE LIMIT \$ 1,00 AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY WPP121937201 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ AUTOMOBILE LIABILITY AUTOS X NON-OWNED AUTOS SCHEDULED AUTOS S BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) X NON-OWNED AUTOS AUTOS S BODILY INJURY (Per accident) \$ MUBBRELLA LIAB X OCCUR EBU088086944 01/01/2017 01/01/2018 EACH OCCURENCE <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>IO ALL</td><td>THE TERMO,</td></t<>										IO ALL	THE TERMO,	
A X COMMERCIAL GENERAL LIABILITY Image: Construction of the constructi	INSR I TR	TYPE OF INSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	ITS		
CLAIMS-MADE CCCUR WPP121937201 01/01/2017 01/01/2018 PREMISES (Ea occurrence) \$ 1 GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE LIMIT APPLIES PER: MED EXP (Any one person) \$ OTHER: OTHOR GENERAL AGGREGATE LOC PRESONAL & ADV INJURY \$ 1,00 AUTOMOBILE LIABILITY AUTOMOBILE LIABILITY MAUTOS AUTOS SCHEDULED \$ COMBINED SINGLE LIMIT \$ 1,00 AUTOMOBILE LIABILITY AUTOS X INTOS X AUTOS SCHEDULED \$ COMBINED SINGLE LIMIT \$ 1,00 AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS SCHEDULED \$ <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>(</td><td>(</td><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></t<>							((EACH OCCURRENCE	\$	1,000,000	
GENL AGGREGATE LIMIT APPLIES PER: MED EXP (Any one person) \$ POLICY Y PRO- JECT Loc OTHER: AUTOMOBILE LIABILITY A X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS A X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS SCHEDULED AUTOS AU WPP121937201 01/01/2017 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ B X EXCESS LIAB OCCUR CLAIMS-MADE DED X RETENTION \$ 0 MORKERS COMPENSATION AND EMPLOYERS' LLABILITY Y/N AND EMPLOYERS' LLABILITY N / A B3055072 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,00 AGGREGATE WORKERS COMPENSATION AND EMPLOYERS' LLABILITY I yes, describe under N / A 83055072 01/01/2017 01/01/2018 AGGREGATE \$ 2,00 AGGREGATE MORKERS COMPENSATION AND EMPLOYERS' LLABILITY I yes, describe under N / A 83055072 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 1,00 E.L. DISEASE - POLICY LIMIT 1,00		CLAIMS-MADE X OCCUR			WPP121937201		01/01/2017	01/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
GENL AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY \$ 1,00 POLICY Y PEC LOC COMPIOP AGG \$ 2,00 OTHER: POLICY Y PEC LOC \$ A X ANY AUTO SCHEDULED AUTOS AUTOS AUTOS COMBINED SINGLE LIMIT \$ 1,00 ALL OWNED ALTOS MON-OWNED AUTOS SCHEDULED N/AUTOS BODILY INJURY (Per person) \$ B X EXCESS LIAB CLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,00 MORKERS COMPENSATION \$ O \$ \$ \$ \$ C ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N / A \$3055072 01/01/2017 01/01/2018 AGGREGATE \$ 2,00 AND PROPRETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under N / A \$3055072 01/01/2017 01/01/2018 EL EACH ACCIDENT \$ 1,00 If yes, describe under DESCRIPTION OF OPERATIONS below N / A \$ 1,00 EL LISEASE - A EMPLOYEE \$ 1,00 EL LISEASE - A EMPLOYE \$ 1,00											5,000	
GENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POULCY X PRO- OTHER: LOC S AUTOMOBILE LIABILITY A AUTOMOBILE LIABILITY ALLOWNED ALLOWNED ALTOS HIRED AUTOS WPP121937201 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ B X EXCESS LIAB CCLAIMS-MADE CLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,00 (Fer accident) C MORKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DEDCK PTTON S below S EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,00 (Fer accident) C ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,00 (E.L. DISEASE - EA EMPLOYEE \$ 1,00 (E.L. DISEASE - POLICY LIMIT \$ 1,00			_								1,000,000	
POLICY X JECT LOC PRODUCTS - COMP/OP AGG \$ 2,00 OTHER: OTHER: COMBINED SINGLE LIMIT \$ \$ A AUTOMOBILE LIABILITY WPP121937201 01/01/2017 01/01/2018 BODILY INJURY (Per person) \$ A X ANY AUTO SCHEDULED NON-OWNED BODILY INJURY (Per person) \$ AUTOS X NON-OWNED NON-OWNED BODILY INJURY (Per person) \$ B X EXCESS LIAB OCCUR EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ WORKERS COMPENSATION OLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ C ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N N/A 83055072 01/01/2017 01/01/2017 01/01/2018 X Y Y Y If yes, describe under DESU N/A 83055072 01/01/2017 01/01/2017 01/01/2018 X Y Y N If yes, describe under DESCRIPTION OF OPERATIONS below N/A 83055072 01/01/2017 01/01/2017 <td< td=""><td></td><td>GEN'L AGGREGATE LIMIT APPLIES PER:</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2,000,000</td></td<>		GEN'L AGGREGATE LIMIT APPLIES PER:	-								2,000,000	
OTHER: AUTOMOBILE LIABILITY \$ A AUTOMOBILE LIABILITY WPP121937201 01/01/2017 01/01/2018 COMBINED SINGLE LIMIT \$ 1,00 ALL OWNED AUTOS AUTOS SCHEDULED AUTOS										-	2,000,000	
A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>										-		
A X ANY AUTO SCHEDULED SCHEDULED BODILY INJURY (Per person) S AUTOS AUTOS X BODILY INJURY (Per person) S BODILY INJURY (Per person) S X HIRED AUTOS X AUTOS X BODILY INJURY (Per person) S B X HIRED AUTOS X OCCUR S S B X EXCESS LIAB CLAIMS-MADE CLAIMS-MADE BU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,000 DED X RETENTION \$ 0 EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,000 VORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A 83055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,000 OFFICER/MEMBER EXCLUDED? M/A 83055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - POLICY LIMIT N / A B3055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - POLICY LIMIT N / A B3055072 01/01/2017 <										\$	1,000,000	
ALLOWNED AUTOS SCHEDULED AUTOS S	Α				WPP121937201		01/01/2017	01/01/2018		\$		
X HIRED AUTOS X NON-OWNED AUTOS NON-OWNED AUTOS S B UMBRELLA LIAB X OCCUR CLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,000 B X Excess LIAB CLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,000 B X Excess LIAB CLAIMS-MADE EBU088086944 01/01/2017 01/01/2018 EACH OCCURRENCE \$ 2,000 V N/A Ba055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,000 C AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 X STATUTE OTH- E.L. DISEASE - PALICY LIMIT 1,000 If yes, describe under DESCRIPTION OF OPERATIONS below N / A Sa055072 01/01/2017 01/01/2018 L DISEASE - POLICY LIMIT 1,000		ALL OWNED SCHEDULED	ED						BODILY INJURY (Per accident	t) \$		
Image: Second state of the second s		Y NON-OWNED							PROPERTY DAMAGE	·		
B UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ 2,00 B X EXCESS LIAB CLAIMS-MADE 01/01/2017 01/01/2017 01/01/2018 AGGREGATE \$ 2,00 DED X RETENTION \$ 0 EBU088086944 01/01/2017 01/01/2018 AGGREGATE \$ 2,00 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 0 \$ \$ \$ \$ \$ \$ C ANY PROPRETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 X X STATUTE OTH- ER \$ L. DISEASE - EA EMPLOYEES N / A 83055072 01/01/2017 01/01/2018 E.L. DISEASE - EA EMPLOYEE \$ 1,00		AUTOS								\$		
B X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A B3055072 01/01/2017 01/01/2018 AGGREGATE \$ 2,00 K VPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A B3055072 01/01/2017 01/01/2018 X STATUTE 0TH- ER											2,000,000	
DED X RETENTION \$ 0 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 X PER E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000 1,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000	в		DE		EBU088086944		01/01/2017	01/01/2018			2,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 X PER STATUTE OTH- ER E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - EA EMPLOYEES \$ 1,000 E.L. DISEASE - POLICY LIMIT \$ 1,000							• • =•		AGGREGATE			
C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A 83055072 01/01/2017 01/01/2018 E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - EA EMPLOYEE 1,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000			-	-					Y PER OTH-	φ		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under If yes, desc	C		/ N		83055072	01/01/201	01/01/2017	01/01/2018		¢	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,00		OFFICER/MEMBER EXCLUDED?		4				0.00.02010			1,000,000	
		If yes, describe under									1,000,000	
					IM12302016B		01/01/2017	01/01/2018	E.L. DISEASE - POLICY LIMIT	Þ	100,000	
		Leased/Kented Equpt			101123020100		01/01/2017	01/01/2010			100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DEC			(1000	D 101 Additional Demonto Saturation		o ottoobert if men		rod)			
Certificate Holder is named as additional insured for general liability per CG2037, and auto liability when required by written contract. General Liability is										eneral I	Liability is	
primary and non-contributory for the additional insureds when required by written contract. Waiver of subrogation applies in favor of the certificate hold	prim	nary and non-contributory for the ad	litional	insu	eds when required by writ	ten con	tract. Waive	r of subrogati	ion applies in favor of th	e certifi	icate holders	
for general liability, and workers compensation when required by written contract. Umbrella extends over general liability, auto liability and employers liability. Cancellation applies as per policy terms and conditions.						act. Um	brella extend	s over genera	ai liadility, auto liadility a	ma emp	noyers	

CERTIFICATE HOLDER	CANCELLATION
PBC Landscaping, LLC dba: The Grounds Guys of West Palm Beach P.O. Box 971012	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Boca Raton, FL 33497	AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.