		CERTIFICAT	E OF LIA	BIL	ITY IN	SURANCE	T	Date 5/11/2021
Pro	ducer:	Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691			This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
		(727) 938-5562				Insurers Affording Cov	erage	NAIC #
Insu	ıred:	South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N.			Insurer A: Lion Insurance Company			11075
					Insurer B:			
		Holiday, FL 34691			Insurer C:			
					Insurer D:			
ov	erage	S			insurer E.			
ne po	licies of in	surance listed below have been issued to the insure- hich this certificate may be issued or may pertain, the have been reduced by paid claims.	d named above for the e insurance afforded by	policy per the polic	riod indicated. Notices described here	withstanding any requirement, in is subject to all the terms, ex	term or condition of any contract or colusions, and conditions of such pol	other document icies. Aggregate
ISR	ADDL	Type of Insurance	Policy Number	Poli	cy Effective	Policy Expiration Date	Limits	
TR	INSRD	Type of insurance	1 olicy Number	(MI	Date M/DD/YY)	(MM/DD/YY)	Limito	
		GENERAL LIABILITY					Each Occurrence	\$
		Commercial General Liability					Damage to rented premises (EA	
- 1		Claims Made Occur					occurrence)	\$
		H					Med Exp	\$
							Personal Adv Injury	s
		General aggregate limit applies per:					General Aggregate	s
		Policy Project LOC					Products - Comp/Op Agg	5
+	-	ALITOMORIU E LIARIU ITV						-
		AUTOMOBILE LIABILITY					Combined Single Limit	
-		Any Auto					(EA Accident)	\$
1		All Owned Autos					Bodily Injury (Per Person)	
١		Scheduled Autos					 	P
ı		Hired Autos					Bodily Injury	
1		Non-Owned Autos					(Per Accident)	5
0000							Property Damage (Per Accident)	\$
+		EXCESS/UMBRELLA LIABILITY		-			Each Occurrence	
ı		Occur Claims Made					 	
		Deductible order					Aggregate	
	Workers Compensation and		WC 71949	01	/01/2021	01/01/2022	X WC Statu-	
- 1		yers' Liability					tory Limits ER E.L. Each Accident	\$1,000,000
		orietor/partner/executive officer/member						
- 8		escribe under special provisions below.					E.L. Disease - Ea Employee	\$1,000,000
							E.L. Disease - Policy Limits	\$1,000,000
	Other		Lion Insura	nce C	ompany is A	.M. Best Company ra	ated A (Excellent). AMB	# 12616
SCI	iptions	s of Operations/Locations/Vehicles/E	xclusions added	by En	dorsement/S	pecial Provisions:	Client ID: 90-65	-557
<i>i</i> era	ge only	applies to active employee(s) of South East Pe	ersonnel Leasing, Inc	. & Sub	sidiaries that are	e leased to the following "C	lient Company":	
	020		Big D Concret		20 m	To 1000 1000 1000 1000 1000 1000 1000 10		
		applies to injuries incurred by South East Pers	us com Tild executy				n: HL.	
	House tran	not apply to statutory employee(s) or indeper			W Same	and the same of th	icatoc@lioninguranessamas	om.
	t Name	ive employee(s) leased to the Client Company	can be obtained by	iaxilly a	request to (72.	, 337-2136 OF EITIGH CERUI	ісасезуніоннізагансесотірапу.с	UIII
_	05-11-2							
		• 3700						
ERT	IFICATE	HOLDER		CA	NCELLATION		Begin Date	: 6/11/2018
	VAIE			Shou	uld any of the abov		led before the expiration date thereo	
							the certificate holder named to the le d upon the insurer, its agents or repre-	
				-		A 7-		
				1		Almer 1	E	