

DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. | A st | atement on |
|-------------|-------------|--|--------|---------------|--------------------------------|---|----------------------------|-------------------------|--|--------|------------|
| PRO | DUCE | ER | | | | CONTA NAME: | СТ | • | | | |
| Βοι | icha | ard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 FAX | | |
| _ | | x 6090 | | | | E-MAIL | | -00 0000 CXI. | 023 (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | |
| | | | | | | | | . , | DING COVERAGE | | NAIC # |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 |
| INSU | | | ont Do | ofina l | lna | INSURE | RB: | | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia anatee Ave. West Ste 600 | ant Ro | oring | Inc. | INSURE | RC: | | | | |
| | | on, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | | INSURE | RE: | | | | |
| | | | | | | INSURE | | | | | |
| CO | /FF | RAGES CER | TIFIC | ·ΔTF | NUMBER: 17FL0799276 | | -KT . | | REVISION NUMBER: | | |
| | | IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | POI | ICY PERIOD |
| | | ATED. NOTWITHSTANDING ANY RE | | | | | | | | | |
| | | IFICATE MAY BE ISSUED OR MAY | | | | | | | HEREIN IS SUBJECT TO | ALL 7 | THE TERMS, |
| l . | CLU | USIONS AND CONDITIONS OF SUCH | | CIES. SUBR | | BEEN F | | PAID CLAIMS. POLICY EXP | | | |
| INSR LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ | | |
| | | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| | | | | | | | | | MED EXP (Any one person) \$ | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | 05 | AND A CORECATE LIMIT APPLIES DED. | | | | | | | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | |
| | | POLICY JÉČT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | | OTHER: | | | | | | | | | |
| | AU | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | | | \$ | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | |
| | | | | | | | | | \$ | | |
| | WOI | DED RETENTION \$ RKERS COMPENSATION | | | | | | | X PER STATUTE ER | | |
| | AND | EMPLOYERS' LIABILITY Y / N | | | | | | | | | 4 000 000 |
| Α | OFF | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | | 1,000,000 |
| | | ndatory in NH) es, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | 1,000,000 |
| | DÉS | SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | 1,000,000 |
| | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | | |
| DES | RIP | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | e, may b | e attached if more | e space is require | ed) | | |
| Cove | rage | Reliant Roofing Inc. 4230 Pablo Profession | اممما | C | | | | | | | |
| | | e co-employees | | Court | | | | | | | |
| to: | טוז זג | t subcontractors | -2-7 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | 0.000 | NELL A ELO :: | | | | |
| CEI | KTII | FICATE HOLDER | | | | CAN | CELLATION | | | | |
| | | Operation Co | | | | 6110 | NII D ANV OF . | THE ABOVE D | ESCRIBED POLICIES BE CAN | ICEL I | ED REFORE |
| | | Contractor Connection | | | | | | | | | |
| | | 10550 Deerwood Park Blvd | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Suite 100

Jacksonville, FL 32256



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endo | rsement. | A sta | atement on |
|--------------|-----------------------|--|-----------------------|-----------------------|--|----------------------------|---|---|---|----------------|-------|------------|
| | DUCE | | | | | CONTA | | , | | | | |
| Boi | ucha | rd Insurance for WBS | | | | NAME: PHONE | (966) 3 | 293-3600 ext. | 633 | FAX | | |
| P.C |).Bo | x 6090 | | | | PHONE (A/C, N E-MAIL | o, Ext): (000) 2 | 293-3600 ext. | 023 | (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | SS: | | | | | |
| | | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | | NAIC # |
| | | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | IRED | | | | | INSURE | DR. | | | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | | | | | | | |
| | | natee Ave. West Ste 600 | | | | INSURE | :R C : | | | | | |
| Bra | aento | on, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | | INSUR | RE: | | | | | |
| | | | | | | INSURE | RF: | | | | | |
| СО | VER | AGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | 02 | | | REVISION NUM | IBER: | | |
| IN C E | IDIC/ ERTI XCLU | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH | I RESPECT | TO V | WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENC | E \$ | | |
| | | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | D | | |
| | | 32/4/10/10/10/2 | | | | | | | MED EXP (Any one p | | | |
| | | | | | | | | | ` , . | | | |
| | | | | | | | | | PERSONAL & ADV II | NJURY \$ | | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | ATE \$ | | |
| | | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP | P/OP AGG \$ | | |
| | | OTHER: | | | | | | | | \$ | | |
| | AUT | FOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Pe | r person) \$ | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | , | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | Ψ | | |
| | | | | | | | | | | \$ | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | E \$ | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | | DED RETENTION \$ | | | | | | | | \$ | | |
| | | RKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | | |
| _ | 1 | PROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | | E.L. EACH ACCIDEN | | | 1,000,000 |
| Α | OFF | ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | | | | |
| | If yes | ndatory in NH) s, describe under | | | | | | | E.L. DISEASE - EA E | | | 1,000,000 |
| | DÉS | CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLI | ICY LIMIT \$ | | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 1 | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | | <u> </u> |
| only | those | Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| | | | | | | | | | | | | |
| CE | RTIF | FICATE HOLDER | | | | CAN | CELLATION | | | | | |
| | | Town of Hilliard 15859 West County Road 10 Hilliard, FL 32046 | 8 | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | | | | uch en | dorsement(s | • | require an endorsement | . A Si | atement on | |
|----------|---|----------------------|--------------|--|-------------------|---------------------------|--------------------|--|--------|------------|--|
| PROI | DUCER | | | CONTA NAME: | СТ | | | | | | |
| | chard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 FAX (A/C, No): | | | |
| | .Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | (200,110). | | | |
| CIE | ai water, FE 33736-0090 | | | | ADDITE | | SURER(S) AFFOR | IDING COVERAGE | | NAIC# | |
| | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | 40142 | |
| INSU | | | | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia Manatee Ave. West Ste 600 | ant Ro | ofing | Inc. | INSURE | RC: | | | | | |
| | lenton, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| CO | /ERAGES CER | TIFIC | CATE | E NUMBER: 17FL0799276 | 02 | | | REVISION NUMBER: | | | |
| IN CE | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPECT TO | O ALL | WHICH THIS | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED | | | | | | | , , , | \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION | | | | | | | X PER OTH- | Ť | | |
| ٨ | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | v | WC 00 00 040 07 | | 40/04/0047 | 40/04/0040 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | X | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | |
| Cove | rage is provided for hose co-employees it not subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | onal | | | le, may b | e attached if more | e space is require | ed) | | | |
| End | orsements: Waiver of Subrogation | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | |
| | Maronda Inc & Subsidiaries 5220 Shad Road Suite 202 Jacksonville, FL 32257 | | | 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 | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | |
|-------|---|--------|-------|--------------------------------|--|--------------------|--------------------|-------------------------------------|-------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | |
| Βοι | chard Insurance for WBS | | | | PHONE | (866) 2 | 293-3600 ext. | 623 FAX | | |
| P.C |).Box 6090 | | | | (A/C, No E-MAIL | 7, LX(). \ / | -00 0000 0AL | 023 (A/C, No): | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | |
| | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | NAIC# |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 |
| INSU | | | | | INSURE | RB: | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | int Ro | ofing | Inc. | INSURE | RC: | | | | |
| | denton, FL 34205-6708 | | | | INSURE | R D · | | | | |
| | | | | | | | | | | |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | R F : | | | | |
| | | | | NUMBER: 17FL0799276 | | | | REVISION NUMBER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | | | | | | | | | |
| | DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F | | | | | | | | | |
| | KCLUSIONS AND CONDITIONS OF SUCH I | | | | | | | TILINEIN IO GODGEOT IN |) ALL | THE TERMO, |
| INSR | | ADDL | SUBR | | | POLICY EFF | POLICY EXP | LIMIT | | |
| LTR | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | OFNII ACCRECATE LIMIT APPLIECTED. | | | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY JÉČT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | | | | | | | | | Þ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER OTH- | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA EMPLOYEE | | 1,000,000 |
| | If yes, describe under | | | | | | | | | , , |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | |
| Cove | Reliant Roofing Inc. | | _ | | | | | | | |
| only | those co-employees 4230 Pablo Profession | | Cour | t | | | | | | |
| of, b | ut not subcontractors Jacksonville, FL 322 | 24 | | | | | | | | |
| ιυ. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CFI | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | |
| | | | | | J. 1.10 | | | | | |
| | Rav Newman | | | | SHC | ULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CA | ANCEL | LED BEFORE |
| | 2616 St Noelle Court | | | | THE | EXPIRATION | N DATE THE | REOF, NOTICE WILL E | | |
| | Ponte Vedra Beach, FL 32082 | 2 | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | | | | rms and conditions of th ificate holder in lieu of su | | | | require an endorsement | . A st | atement on | | |
|-------|--|------------------------------------|--------|----------|--|---|--------------------|--|-------------------------------------|--------|-------------|--|--|
| | DUCER | oomor rigitto t | | 7 0011 | | CONTA | | <i>,</i> - | | | | | |
| | uchard Insurance for WBS | S | | | | NAME: PHONE | (966) 7 | 202 2600 ovt | FAX | | | | |
| |).Box 6090 | _ | | | | PHONE (A/C, No E-MAIL | o, Ext): (000) 2 | 293-3600 ext. | 023 (A/C, No): | | | | |
| Cle | arwater, FL 33758-6090 | | | | | ADDRE | SS: | | | | | | |
| | | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# | | |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 | | |
| INSU | RED | | | | | INSURE | RB: | | | | | | |
| | kforce Business Services, In | | ant Ro | ofing | Inc. | INSURE | | | | | | | |
| | 1 Manatee Ave. West Ste 60 denton, FL 34205-6708 | 00 | | | | INSURE | | | | | | | |
| D.a. | domon, 1 2 0 1200 01 00 | | | | | | | | | | | | |
| | | | | | | INSURE | | | | | | | |
| | VED 4 0 E 0 | 055 | TIE14 | | - AULINDED 47FL 0700070 | INSURE | RF: | | DEL/IOION NUMBER | | | | |
| | VERAGES | | | | NUMBER:17FL0799276 | | N IOOUED TO | | REVISION NUMBER: | IE BOI | 10)/ DEDICE | | |
| IN | IDICATED. NOTWITHSTA | NDING ANY RE | QUIF | REME | RANCE LISTED BELOW HAY NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPEC | OT TO | WHICH THIS | | |
| | | | | | THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | | | | D HEREIN IS SUBJECT TO |) ALL | THE TERMS, | | |
| INSR | | | | SUBR | | DEEIN | POLICY EFF | POLICY EXP | | | | | |
| LTR | TYPE OF INSURA | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | | | |
| | COMMERCIAL GENERA | LLIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | | | |
| | CLAIMS-MADE | OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | | | |
| | | | | | | | | | MED EXP (Any one person) | \$ | | | |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | | | |
| | GEN'L AGGREGATE LIMIT AP | PLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | | |
| | POLICY PRO- JECT | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | |
| | OTHER: | | | | | | | | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | | SCHEDULED | | | | | | | ` ' ' | \$ | | | |
| | HIRED | AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | | |
| | AUTOS ONLY | AUTOS ONLY | | | | | | | (Per accident) | \$ | | | |
| | UMBRELLA LIAB | | | | | | | | | - | | | |
| | EXCESS LIAB | OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB | CLAIMS-MADE | - | | | | | | AGGREGATE | \$ | | | |
| | DED RETENTION WORKERS COMPENSATION | 1\$ | | | | | | | V PER OTH | \$ | | | |
| | AND EMPLOYERS' LIABILITY | Y/N | | | | | | | X PER STATUTE OTH- | | | | |
| Α | ANYPROPRIETOR/PARTNER/E. OFFICER/MEMBER EXCLUDED | XECUTIVE | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | (Mandatory in NH) | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATION | NS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | |
| | | | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | |
| | | | | | | | | | | | | | |
| DES | | | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is requir | ed) | | | | |
| Cove | | nt Roofing Inc. | 1 | ^ | | | | | | | | | |
| | | Pablo Professi 322 sonville, FL | | Coun | · · | | | | | | | | |
| of, b | ut not subcontractors Jacks | SUITVIIIE, I'L 322 | 224 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 0.000 | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | | CANCELLATION | | | | | | | |
| | large of Eq. (| | | | | 6110 | III D ANV OF . | THE ABOVE D | ESCRIBED DOI ICIES DE CA | NCE | I ED REFORE | | |
| | Impact Enclose | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | |
| | Suite 219 | 11653 Central Parkway Suite 219 | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32224



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights | | | | | | | require an endorsement. | A stateme | ent on |
|---------|--|-----------------|---------------|----------------------------------|--|--------------------|--------------------------|---|--------------|---------|
| - | oucer | io the | e cen | uncate notuer in tieu of St | CONTA | |)• | | | |
| | chard Insurance for WBS | | | | NAME: | (000) | | FAX | | |
| | .Box 6090 | | | | PHONE (A/C, N | o, Ext): (866) 2 | 293-3600 ext. | 623 (A/C, No): | | |
| | arwater, FL 33758-6090 | | | | E-MAIL ADDRE | SS: | | | | |
| | • | | | | | INS | URER(S) AFFOR | DING COVERAGE | N | IAIC# |
| | | | | | INSURE | ER A: America | n Zurich Insu | rance Company | 4014 | ·2 |
| INSU | RED | | | | INSURE | ERB: | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli | ant Ro | oofing | Inc. | INSURE | =R C · | | | | |
| | 1 Manatee Ave. West Ste 600 Jenton, FL 34205-6708 | | | | INSURE | | | | | |
| | , | | | | | | | | | |
| | | | | | INSURE | | | | | |
| | /ERAGES CEF | TIEI | CATI | E NUMBER: 17FL0799276 | INSURE | EKF: | | REVISION NUMBER: | | |
| | IIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | POLICY P | ERIOD |
| l in | DICATED. NOTWITHSTANDING ANY R | EQUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPECT | TO WHICH | H THIS |
| | ERTIFICATE MAY BE ISSUED OR MAY | | | | | | | | ALL THE T | ERMS, |
| INSR | (CLUSIONS AND CONDITIONS OF SUCH | | CIES. SUBR | | BEEN | POLICY EFF | PAID CLAIMS. POLICY EXP | | | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| | | | | | | | | MED EXP (Any one person) \$ | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | OTHER: | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT \$ | | - |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) \$ | | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | |
| | DED RETENTION \$ | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE OTH-ER | | |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 1,0 | 000,000 |
| ´` | (Mandatory in NH) | | | 110 00 00 010 01 | | 12/01/2011 | 12/01/2010 | E.L. DISEASE - EA EMPLOYEE \$ | 1,0 | 000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,0 | 000,000 |
| | | | | | - | | | | | · |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | |
| DES | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORE | D 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | |
| Cove | rage is provided for | | _ | | | | | | | |
| only | those co-employees 4230 Pablo Profess | | Cour | π | | | | | | |
| of, b | it not subcontractors Jacksonville, FL 32 | ZZ 4 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u></u> | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CAN | CELLATION | | | | |
| | | | | | | NII D ANV 05. | THE ABOVE 5 | ECONIDED DOLLOISO DE CAN | ICEL I ED 21 | FFORF |
| | Steve Davis | | | | | | | ESCRIBED POLICIES BE CAN EREOF. NOTICE WILL BE | | |
| | 4289 Stacey Court Jacksonville, FL 32250 | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | odoloonville, i E 02200 | | | | | | | | | |
| | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | |



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | | |
|----------------|--|----------------------|--------|---|-------------------|--|---------------------------------|---|--------------|--------|--------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| Βοι | chard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 | FAX | | |
| P.C | .Box 6090 | | | | F-MAII | | .00 0000 0AL | 020 | (A/C, No): | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | | | | | | 1 |
| | | | | | | | • | DING COVERAGE | | | NAIC # 40142 |
| INSU | RED | | | | | | n Zunch insu | rance Company | | | 40142 |
| | kforce Business Services, Inc. Alt. Emp: Relia | nt Ro | ofing | Inc. | INSURE | | | | | | |
| | 1 Manatee Ave. West Ste 600 | | | | INSURE | | | | | | |
| Вгас | denton, FL 34205-6708 | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| | (FD 4 0 FO | TIE12 | | - NUMBER 4751 0700070 | INSURE | RF: | | | 4DED | | |
| | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES | | | NUMBER: 17FL0799276 | | N ICCLIED TO | | REVISION NUM | | IE DOI | ICV DEDIOD |
| IN CI E) | DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REMEI | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIES REDUCED BY F | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | H RESPE | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV I | NJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | er person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | er accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | E | \$ | |
| | | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION\$ | | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | WC 00 00 919 07 | | 12/21/2017 | 12/21/2010 | E.L. EACH ACCIDEN | NT | \$ | 1,000,000 |
| ^ | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA E | EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | space is require | ed) | | | |
| only | age is provided for loss co-employees at not subcontractors Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | | |
| <u> </u> | THIOAIL HOLDER | | | | CANGLLLATION | | | | | | |
| | City of St Augustine Planning PO BOX 210 St Augustine, FL 32085 | & Bu | ilding | j Dept | THE | EXPIRATION | I DATE THE | ESCRIBED POLIC REOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| tl | certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: | | | | | | | | | | | |
|-------|---|--------|--------|----------------------------------|---------------------------|-----------------------|----------------------------|-----------------------------------|-------------------|--------|-------------|--|
| 1 | DUCER | | | | NAME: | | | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, N | (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | | |
| | arwater, 1 2 337 30 0030 | | | | | | SURER(S) AFFOR | RDING COVERAGE | | | NAIC# | |
| | | | | | INSURE | ER A : America | n Zurich Insu | rance Company | , | | 40142 | |
| | RED | | | | INSURE | ERB: | | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Reli 1 Manatee Ave. West Ste 600 | ant Ro | oofing | Inc. | INSURE | ER C : | | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | ER D : | | | | | | |
| | | | | | INSURE | | | | | | | |
| | | | | | INSURE | | | | | | | |
| CO | VERAGES CER | RTIFI | CATE | E NUMBER: 17FL0799276 | | | | REVISION NU | MBER: | | | |
| T | HIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | THE INSURE | D NAMED ABO | /E FOR TH | IE POL | ICY PERIOD | |
| | IDICATED. NOTWITHSTANDING ANY RI | EQUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WIT | H RESPEC | CT TO | WHICH THIS | |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | D HEREIN IS SU | IBJECT TO | ALL | THE TERMS, | |
| INSR | | ADDL | SUBR | R | | | POLICY EXP (MM/DD/YYYY) | | LIMITS | | | |
| LTR | COMMERCIAL GENERAL LIABILITY | INSD | WVD | FOLICT NUMBER | | (A 1 1 1 /OO /INIINI) | (אוואוועט (אוואוויאו) | EACH OCCURREN | | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT | ΓED | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occ | | \$ | | |
| | | | | | | | | MED EXP (Any one | . / | \$ | | |
| | | | | | | | | PERSONAL & ADV | | \$ | | |
| | POLICY PRO- JECT LOC | | | | | | | GENERAL AGGRE | | \$ | | |
| | | | | | | | | PRODUCTS - COM | | \$ | | |
| _ | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL | | \$ | | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (P | | \$ | | |
| | OWNED SCHEDULED | | | | | | | ` | . , | \$ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (P PROPERTY DAMA | <u> </u> | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | | |
| | | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | CE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | 4 | | | | | | AGGREGATE | | \$ | | |
| _ | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | N/ DER | | \$ | | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | X PER STATUTE | OTH- ER | | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 | |
| _ | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | \$ | 1,000,000 | |
| | | | | | | 10/04/22:= | 40/04/22: | | | | | |
| | | | | Location Coverage Peri | od: | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | | |
| PE- | CRIPTION OF OPERATIONS (1 COATIONS (127) | LES 1 | ACCOS- | 0.404 Additional Damester Oct. | do merci. | o ottoched 'f | o anace != : | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Reliant Roofing Inc. | LES (| ACORL | D 101, Additional Remarks Schedu | ne, may b | e attached if mor | e space is require | ea) | | | | |
| | erage is provided for those co-employees 4230 Pablo Profess | | Cour | t | | | | | | | | |
| of, b | ut not subcontractors Jacksonville, FL 32 | 224 | | | | | | | | | | |
| to: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Ļ | | | | | _ | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | |
| | Chris Spires | | | | Qur | OHI D ANV OF | THE AROVE D | ESCRIBED POLIC | CIES RE CA | NCEL | I ED REFORE | |
| | Chris Spires 2608 Madrid Street | | | | | | | EREOF, NOTICE | | | | |
| | Jacksonville Beach, FL 3225 | 0 | | | | | | Y PROVISIONS. | | | | |
| | • | | | | | | | | | | | |
| I | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| | is certificate does not confer rights to | | | | | | | equire an endorser | nent. A | statement on |
|----------|---|----------------------|-------|---|-------------------|-------------------------|--------------------|--|----------|--------------|
| | DUCER | | | | CONTAC NAME: | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 FAX (A/C, | No): | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRES | | | (Foo, | 110). | |
| Cie | ai water, i' L 337 36-6090 | | | | ADDITE | | URER(S) AFFOR | DING COVERAGE | | NAIC # |
| | | | | | INSURE | | | rance Company | | 40142 |
| INSU | RED | | | | INSURE | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia | nt Ro | ofing | Inc. | INSURE | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | | | | REVISION NUMBER | R: | |
| IN Cl | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME | NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE | OF AN' | Y CONTRACT THE POLICIES | OR OTHER DESCRIBED | OCUMENT WITH RE | SPECT TO | WHICH THIS |
| LTR | I TPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence | e) \$ | |
| | | | | | | | | MED EXP (Any one persor | n) \$ | |
| | | | | | | | | PERSONAL & ADV INJUR | Y \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP A | | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | Ψ | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Per pers | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | - 1 | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | UMBRELLA LIAB OCCUB | | | | | | | | \$ | |
| | Exerce Lab | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIIVIS-IVIADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OT EF | # \$ TH- | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | If ves, describe under | | | | | | | E.L. DISEASE - EA EMPLO | | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LI | MIT \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedul | e, may be | e attached if more | space is require | ed) | | |
| only | erage is provided for those co-employees ut not subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | | Court | t | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | Harland Chadbourne 4004 San Jose Blvd Jacksonville, FL 32207 | | | | SHO THE | ULD ANY OF T | I DATE THE | ESCRIBED POLICIES E REOF, NOTICE WIL Y PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject s certificate does not confer rights | | | | | | | require an endorsement | . A s | tatement on |
|-------------|---|--------|--------|----------------------------------|--|----------------------------|----------------------------|---|---------|-------------|
| _ | UCER | | | | CONTA NAME: | | , | | | |
| Βου | chard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 FAX | | |
| P.O | Box 6090 | | | | E-MAIL | | .93-3000 ext. | 023 (A/C, No): | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | T |
| | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | NAIC# |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 |
| INSU | | | | | INSURE | RB: | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli Manatee Ave. West Ste 600 | ant Ro | ooting | Inc. | INSURE | RC: | | | | |
| | enton, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| COV | ERAGES CEF | TIFI | CATE | NUMBER: 17FL0799276 | | Kr. | | REVISION NUMBER: | | |
| | IS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | JE P∩I | ICV PERIOD |
| | DICATED. NOTWITHSTANDING ANY R | | | | | | | | | |
| CE | RTIFICATE MAY BE ISSUED OR MAY | PER1 | ΓAIN, | THE INSURANCE AFFORD | ED BY | THE POLICIE | S DESCRIBE | | | |
| | CLUSIONS AND CONDITIONS OF SUCH | | | | BEEN F | | | | | |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | OFNII ACODECATE LIMIT ADDITED DED | | | | | | | | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | · | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | : | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE OTH- | Ψ | |
| | AND EMPLOYERS' LIABILITY | | | | | | | | | 1 000 000 |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | | ACORE | 0 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | |
| | rage is provided for 4230 Pablo Profess | | Cour | ŧ | | | | | | |
| | hose co-employees t not subcontractors 4230 Fablo Fforess Jacksonville, FL 32 | | Ooui | · | | | | | | |
| to: | t not subcontractors | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | NELL A 2 | | | | |
| CEF | TIFICATE HOLDER | | | | CANCELLATION | | | | | |
| | | | | | | VIII D ANV 05. | THE ABOVE 5 | ECONIDED DOLLOISO DE O | A NICE: | LED BEFORE |
| | Victor Cirillo | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E | | |
| | 13058 Isleworth Ridge Court | | | | | | | | ,_ DE | LIVENCE IN |
| | Jacksonville, FL 32225 | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| | nis certificate does not confer ri | | | | | | | equire an endorse | ment. A | Statement on |
|----------|--|------------------------------|----------------|---|-------------------|-------------------------|--------------------|--|-------------|--------------|
| | DUCER | | | | CONTA NAME: | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 FAX | , No): | |
| _ | D.Box 6090 earwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | (140 | , 110). | |
| CIE | aiwatei, FL 33736-6090 | | | | ADDICE | | URER(S) AFFOR | DING COVERAGE | | NAIC # |
| | | | | | INSURE | | • | rance Company | | 40142 |
| INSU | IRED | | | | INSURE | | | | | |
| | rkforce Business Services, Inc. Alt. Em | p: Reliant | Roofin | ng Inc. | INSURE | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| CO | VERAGES | CERTI | FICA | TE NUMBER:17FL0799276 | | | | REVISION NUMBE | R: | |
| IN CI | HIS IS TO CERTIFY THAT THE PO IDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR XCLUSIONS AND CONDITIONS OF | NY REQI MAY PE SUCH PC | JIREN RTAIN | MENT, TERM OR CONDITION N, THE INSURANCE AFFORDI S. LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES | OR OTHER DESCRIBED | OCUMENT WITH RE | SPECT TO | WHICH THIS |
| LTR | TYPE OF INSURANCE | IN | SD WV | VD POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMITS | |
| | COMMERCIAL GENERAL LIABILITY | Y | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUP | 3 | | | | | | PREMISES (Ea occurrence | e) \$ | |
| | | | | | | | | MED EXP (Any one perso | n) \$ | |
| | | | | | | | | PERSONAL & ADV INJUR | RY \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER | t: | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP | | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMI | \$ T 0 | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | Ψ | |
| | ANY AUTO OWNED SCHEDULE | -D | | | | | | BODILY INJURY (Per pers | | |
| | AUTOS ONLY AUTOS NON-OWNI | | | | | | | PROPERTY DAMAGE | | |
| | AUTOS ONLY AUTOS ON | | | | | | | (Per accident) | \$ | |
| | UMBRELLA LIAB OCCUE | | | | | | | | | |
| | - SYSTEM - OCCUP | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIIVIS | S-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER O EI | TH- R | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | Y/N | | | | | | | \$ \$ | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N. | / A | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPL | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY L | | 1.000,000 |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | L.L. DISLAGE - FOLICT L | -110111 Φ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS | | (ACO | RD 101, Additional Remarks Schedul | le, may b | e attached if more | space is require | ed) | | |
| only | erage is provided for those co-employees ut not subcontractors Reliant Roofir 4230 Pablo P Jacksonville, I | rofession | | urt | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | |
| | Reliant Roofing Inc. 4230 Pablo Professiona Jacksonville, FL 32224 | | | | SHC | OULD ANY OF T | I DATE THE | ESCRIBED POLICIES EREOF, NOTICE WI Y PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endo | rsement. | A st | atement on |
|---------|---------------|---|--------------|-------|---|----------------------------|---------------------------|-------------------|---|----------------|----------|------------|
| | DUCE | | | | | CONTA | | <i>y</i> | | | | |
| Bou | ucha | rd Insurance for WBS | | | | NAME: PHONE | (966) 3 | 293-3600 ext. | 602 | FAX | | |
| P.C |).Bo | x 6090 | | | | PHONE (A/C, N E-MAIL | o, Ext): (000) 2 | 293-3600 ext. | 023 | (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | SS: | | | | | |
| | | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | | NAIC# |
| | | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | IRED | | | | | INSURE | R R · | | | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | | | | | | | |
| | | natee Ave. West Ste 600 | | | | INSURE | | | | | | |
| ыа | uenic | on, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | | INSURE | RE: | | | | | |
| | | | | | | INSUR | RF: | | | | | |
| CO | VER | AGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | 02 | | | REVISION NUM | IBER: | | |
| IN C | IDIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | QUIF PERT | AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN ED BY | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH | RESPECT | T TO | WHICH THIS |
| INSR | | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF | POLICY EXP | | LIMITS | | |
| LTR | | COMMERCIAL GENERAL LIABILITY | INSD | WVD | FOLICT NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCUPERTY | | • | |
| | | | | | | | | | DAMAGE TO RENTE | D | | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occu | | | |
| | | | | | | | | | MED EXP (Any one) | person) \$ | \$ | |
| | | | | | | | | | PERSONAL & ADV I | NJURY \$ | \$ | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | ATE \$ | \$ | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMF | P/OP AGG | 5 | |
| | | OTHER: | | | | | | | | 9 | 5 | |
| | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE | LIMIT 9 | <u> </u> | |
| | | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Pe | er person) § | R | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | , , | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | - | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | 4 | | |
| | | | | | | | | | | \$ | 5 | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | E \$ | 5 | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | 6 | |
| | | DED RETENTION \$ | | | | | | | | 9 | <u> </u> | |
| | | RKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | | |
| _ | 1 | PROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | | E.L. EACH ACCIDEN | | | 1,000,000 |
| Α | OFF | ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | | | | |
| | If yes | ndatory in NH) s, describe under | | | | | | | E.L. DISEASE - EA E | | | 1,000,000 |
| | DÉS | CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT \$ | 5 | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 1 | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is requir | ed) | | | |
| only | those | Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| | | | | | | | | | | | | |
| CE | RTIF | FICATE HOLDER | | | | CAN | CELLATION | | | | | |
| | | 27 South Home Group LLC 345 Ahem Street Atlantic Beach, FL 32233 | | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLIC EREOF, NOTICE CY PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| tn | s certificate does not confer rights | to the | cert | ifficate noider in fieu of st | | |). | | | |
|-------------|--|----------|--------------|----------------------------------|--|----------------------------|----------------------------|--|-------------|--|
| PROI | UCER | | | | CONTA NAME: | CT | | | | |
| l . | chard Insurance for WBS | | | | PHONE (A/C, No | Evt). (866) 2 | 93-3600 ext. | 623 FAX (A/C, No): | | |
| | .Box 6090 | | | | E-MAIL | | | (140, 140). | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | | | | | |
| | | | | | | | | DING COVERAGE | NAIC# | |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | 40142 | |
| INSU | | D- | - 6 ! | la a | INSURE | RB: | | | | |
| | vforce Business Services, Inc. Alt. Emp: Reli Manatee Ave. West Ste 600 | ani Ko | oning | inc. | INSURE | RC: | | | | |
| | enton, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | INSURE | RF. | | | | |
| | | | | | | | | | | |
| | /EDACES CEI | TIEI | ^ A T E | NUMBED 17EL 0700276 | INSURE | KF: | | DEVISION NUMBER. | | |
| | | | | E NUMBER: 17FL0799276 | | N ICCLIED TO | | REVISION NUMBER: | LICY DEDICE | |
| | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R | | | | | | | | | |
| | RTIFICATE MAY BE ISSUED OR MAY | | | | | | | | | |
| E | CLUSIONS AND CONDITIONS OF SUCH | | | | BEEN F | REDUCED BY | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | (, | ,, | EACH OCCURRENCE \$ | | |
| | OLAIMO MARE DOCCUR | | | | | | | DAMAGE TO RENTED | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) \$ | | |
| | | | | | | | | MED EXP (Any one person) \$ | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | OTHER: | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT \$ | | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) \$ | | |
| | OWNED SCHEDULED | | | | | | | ` ' ' | | |
| | AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | (Per accident) \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | EXCESS LIAB CLAIMS-MADE | : | | | | | | AGGREGATE \$ | | |
| | | 1 | | | | | | \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OTH- | | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 1,000,000 | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 | |
| | | | | | | | | | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | IFS (A | ACORD | 0 101. Additional Remarks Schedu | le. mav b | e attached if more | e space is require | -d) | | |
| | Reliant Roofing Inc. | | | , , | .o,a, 2 | | o opaco 10 10quii 1 | , | | |
| only | rage is provided for hose co-employees 4230 Pablo Profess | ional | Cour | t | | | | | | |
| of, bu | t not subcontractors Jacksonville, FL 32 | 224 | | | | | | | | |
| to: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CE | TIEICATE HOI DEP | | | | CANCELLATION | | | | | |
| CEI | TIFICATE HOLDER | | | | CAN | JELLATION | | | | |
| | ADDA Construction Inc | | | | SHC | | THE ABOVE D | ESCRIBED POLICIES BE CANCEL | I ED REFORE | |
| | ABBA Construction Inc 6963-1 Business Park Blvd N | lorth | | | | | | EREOF, NOTICE WILL BE DE | | |
| | Jacksonville, FL 32256 | iOI (III | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| l ti | certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
|-------------|--|--------|--------|----------------------------------|-------------------|----------------------------|----------------------------|------------------------------------|---|---------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | o, Ext): (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (7.00). | | |
| | arwater, 1 2 337 30 0030 | | | | | | SURER(S) AFFOR | RDING COVERAGE | | | NAIC# |
| | | | | | INSURE | | | rance Company | , | | 40142 |
| ı | RED | | | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli 1 Manatee Ave. West Ste 600 | ant Ro | oofing | Inc. | INSURE | RC: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| СО | VERAGES CEF | TIFI | CATE | E NUMBER: 17FL0799276 | 502 | | | REVISION NU | MBER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | | | | | | | | | | |
| | IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY | | | | | | | | | | |
| | XCLUSIONS AND CONDITIONS OF SUCH | | | | | REDUCED BY | PAID CLAIMS. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | J / LLL | THE TERMO, |
| INSR LTR | TYPE OF INSURANCE | | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURREN | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT PREMISES (Ea occ | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | GATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | IP/OP AGG | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (F | Per person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (F | | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMA (Per accident) | GE | \$ | |
| | | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | ICE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ | | | | | | | 1050 | OTIL | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | | |
| | | | | Location Coverage Peri | od: | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | |
| <u></u> | DIRTION OF OREDATIONS (1 CO. TICKS (1 TO.) | 1.50 | 1007 | 0.404 Additional D | | | | - 40 | | | |
| l | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Reliant Roofing Inc. | | ACORI | D 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is require | ed) | | | |
| | erage is provided for those co-employees 4230 Pablo Profess | | Cour | t | | | | | | | |
| of, b | ut not subcontractors Jacksonville, FL 32 | 224 | | | | | | | | | |
| to: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| <u></u> | | | | | CANCELLATION | | | | | | |
| CE | RTIFICATE HOLDER | | | | CAN | CELLATION | | | | | |
| | Bay Area DKI | | | | SHC | OULD ANY OF | THE ABOVE D | ESCRIBED POLIC | CIES BE CA | ANCEL | LED BEFORE |
| | 390 Scarlet Blvd | | | | THE | EXPIRATION | N DATE THI | EREOF, NOTICE | | | |
| | Oldsmar, FL 34677 | | | | ACC | OKDANCE WI | IN INE POLIC | Y PROVISIONS. | | | |
| | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |
| | | | | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. A | A statement on | |
|--------|--------------|--|--------|--------|--------------------------------|--|-------------------|--------------------|--|----------------|--|
| PRO | DUCE | ER | | | | CONTA NAME: | СТ | • | | | |
| Βοι | icha | ard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 FAX | | |
| _ | | x 6090 | | | | E-MAIL | | 200 0000 CXI. | 023 (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | |
| | | | | | | | | . , | RDING COVERAGE | NAIC # | |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | 40142 | |
| INSU | | | ant Da | ofin a | laa | INSURE | RB: | | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia anatee Ave. West Ste 600 | ant Ro | oring | Inc. | INSURE | RC: | | | | |
| | | on, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | | INSURE | RE: | | | | |
| | | | | | | INSURE | | | | | |
| CO | /FR | RAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NUMBER: | | |
| | | IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | POLICY PERIOD | |
| IN | DIC | ATED. NOTWITHSTANDING ANY RE | QUIF | REMEI | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPECT | TO WHICH THIS | |
| | | IFICATE MAY BE ISSUED OR MAY | | | | | | | | LL THE TERMS, | |
| INSR | CL | USIONS AND CONDITIONS OF SUCH | | SUBR | | REEN | POLICY EFF | POLICY EXP | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ | | |
| | | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| | | | | | | | | | MED EXP (Any one person) \$ | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | | OTHER: | | | | | | | \$ | | |
| | ΑU | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE & | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | |
| | | LIMPRELLALIAR | | | | | | | | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | |
| | | DED RETENTION \$ | | | | | | | \$ | | |
| | | RKERS COMPENSATION DEMPLOYERS' LIABILITY | | | | | | | X PER STATUTE OTH-ER | | |
| Α | ANY | PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 1,000,000 | |
| - ` | (Mai | ndatory in NH) | | | 110 00 00 010 01 | | 12/01/2011 | 12/01/2010 | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | |
| | If ye DES | s, describe under SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 | |
| | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | | |
| DES | RIP | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | |
| Cove | rage | Reliant Roofing Inc. | | | | | | | | | |
| only | those | e co-employees 4230 Pablo Professi | | Court | t | | | | | | |
| of, bi | ut no | t subcontractors Jacksonville, FL 322 | 224 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CEI | (ITIF | FICATE HOLDER | | | | CAN | CELLATION | | | | |
| | | Rolfor LISA Croup Inc | | | | SHO | OULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CANO | ELLED BEFORE | |
| | | Belfor USA Group Inc 10416 New Berlin Road | | | | | | | | | |
| | | Suite 5 | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Suite 5

Jacksonville, FL 32226



DATE (MM/DD/YYYY) 01/02/2018

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).

| | | ertificate does not confer rights to | | | | | | | equire an endorsemen | i. A Si | laternent on |
|---------------|------------------------|--|--------|-----------------------|---|---------------------------|--------------------|---|---|---------|--------------|
| | DUCE | | | CONTA NAME: | | | | | | | |
| | | rd Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 FAX (A/C, No) | | |
| | | x 6090 ater, FL 33758-6090 | | | | E-MAIL ADDRE | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Cic | ai wa | ster, 1 L 33730-0030 | | | | 7,22,1,2 | | URER(S) AFFOR | DING COVERAGE | | NAIC# |
| | | | | | | INSURE | | | rance Company | | 40142 |
| INSU | RED | | | | | INSURE | | | and company | | |
| | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | INSURE | | | | | |
| | | natee Ave. West Ste 600 on, FL 34205-6708 | | | | INSURE | | | | | |
| | | , | | | | INSURE | | | | | |
| | | | | | | INSURE | | | | | |
| CO | VFR | AGES CER | TIFIC | CATE | E NUMBER:17FL0799276 | | жг. | | REVISION NUMBER: | | |
| TI IN C | HIS I IDICA ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH | OF I | INSUF REME AIN, | RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | /E BEE OF AN' ED BY | Y CONTRACT | THE INSURE OR OTHER I S DESCRIBEI | D NAMED ABOVE FOR T DOCUMENT WITH RESPE) HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| LTR | | I TPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMI | rs — | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | | |
| | | OTHER: | | | | | | | COMPINED OINOLE LIMIT | \$ | |
| | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION \$ | | | | | | | DED LOTH | \$ | |
| | | RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE OTH- | | |
| Α | | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mar | ndatory in NH) s, describe under | | | | | | | E.L. DISEASE - EA EMPLOYE | \$ | 1,000,000 |
| | DES | CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | ACORD | 101, Additional Remarks Schedul | le, may b | e attached if more | e space is require | ed) | | |
| only | those | is provided for a co-employees is subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | | Cour | t | | | | | | |
| CE | RTIF | FICATE HOLDER | | | | CANCELLATION | | | | | |
| | | City of Fernandina beach 204 Ash Street Fernandina Beach, FL 32035 | | | | SHO THE | OULD ANY OF T | I DATE THE | ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| th | is c | ertificate does not confer rights t | | | | ıch en | dorsement(s |). | equire air criac | , semen | | idenient on |
|----------------|--------------|--|----------------------|-----------------------|---|-------------------|---|---|--|-------------------|-------|-------------|
| _ | DUCE | | | | | CONTA NAME: | | | | | | |
| l . | | rd Insurance for WBS | | | | PHONE (A/C, No | o. Ext): (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| | | k 6090 ater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | |
| 0.0 | u | , | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | | e Business Services, Inc. Alt. Emp: Relia | ant Ro | ofina | Inc | INSURE | RB: | | | | | |
| 140 | 1 Ma | natee Ave. West Ste 600 | ant 100 | Joining | ino. | INSURE | RC: | | | | | |
| Bra | dento | n, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | | INSURE | RE: | | | | | |
| | | | | | | INSURE | RF: | | | | | |
| | | | | | NUMBER:17FL0799276 | | | | REVISION NUM | | | |
| IN CI E) | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | OCUMENT WITH | H RESPE | ст то | WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occu | | \$ | |
| | | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | | PERSONAL & ADV I | NJURY | \$ | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | SATE | \$ | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ | |
| | | OTHER: | | | | | | | COMBINED SINGLE | LIMIT | \$ | |
| | AUT | OMOBILE LIABILITY | | | | | | | (Ea accident) | | \$ | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Pe | | \$ | |
| | | OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED | | | | | | | BODILY INJURY (Pe | | | |
| | | AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | , E | \$ | |
| | | | | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | WOF | DED RETENTION \$ | | | | | | | NA DED | OTH. | \$ | |
| | AND | RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE | OTH- ER | | |
| Α | ANYI OFFI | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | VΤ | \$ | 1,000,000 |
| | (Man | datory in NH) | | | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | 1,000,000 |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DES | CRIPT | ION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedul | le, may b | e attached if more | e space is require | ed) | | | |
| only | those | is provided for co-employees subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | | Court | t | | | | | | | |
| CE | RTIF | ICATE HOLDER | | | | CANCELLATION | | | | | | |
| | | City of Jacksonville Beach Bu 11 North Third Street Jacksonville Beach, FL 32250 | _ | Dept | t | SHC | OULD ANY OF T | N DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | |



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
|--------------|--|----------------------|--------------|--|-------------------|--|---------------------------------|---|-------------------|-------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| l . | uchard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| | 0.Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (,,- | | |
| Cic | arwater, 1 L 337 30-0090 | | | | 7,551,1 | | URER(S) AFFOR | DING COVERAGE | | | NAIC # |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | | | _ | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | ant Ro | ofing | Inc. | INSURE | RC: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | 02 | | | REVISION NU | /IBER: | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KILUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER DESCRIBED PAID CLAIMS. | DOCUMENT WITH | H RESPEC | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMI | P/OP AGG | \$ | |
| | OTHER: | | | | | | | COMBINED SINGLE | LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | | \$ | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Po | | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | ,_ | \$ | |
| | | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | - | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | V PER | OTH- | \$ | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | X PER STATUTE | OTH- ER | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA I | | \$ | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Reliant Roofing Inc. | LES (A | ACORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
| only | age is provided for lose co-employees and subcontractors and subcontractors are considered as a subcontractor and subcontractors are considered as a subcontractor and subcontractor and subcontractor are considered as a subcont | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| | City of Jacksonville Building [214 N Hogan Street Room 225 Ed Hall Bldg | Depar | rtmen | t | SHC | OULD ANY OF T | N DATE THE | ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32202



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| | nis certificate does not confer rights | | | | uch en | dorsement(s | | equire an enuc | n Semeni | . A SI | atement on |
|-------------|--|-------------------------|-------------------------|--|-------------------|---|---|---|-------------------|--------|------------|
| | DUCER | | CONTA NAME: | СТ | | | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | o. Ext): (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | |
| 0.0 | arwater, i E cor co cocc | | | | | | URER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | | 40142 |
| ı | RED | | | | INSURE | RB: | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Rel 1 Manatee Ave. West Ste 600 | iant Ro | ooting | Inc. | INSURE | RC: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| | | | | E NUMBER: 17FL0799276 | | | | REVISION NUM | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUCH | EQUII PERT I POLI | REME FAIN, ICIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | OCUMENT WITH | H RESPEC | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occu | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV I | NJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE | LIMIT | \$ | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Pe | | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | `E | \$ | |
| | EXCESS LIAB CLAIMS-MADI | = | | | | | | AGGREGATE |)L | \$ | |
| | DED RETENTION \$ | 1 | | | | | | AGGREGATE | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | Ψ | |
| _ | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | 1 | | 14/0 00 00 040 07 | | 40/04/0047 | 40/04/0040 | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA E | | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | | ACORE | D 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
| only | erage is provided for those co-employees ut not subcontractors Reliant Roofing Inc 4230 Pablo Profess Jacksonville, FL 32 | sional | Cour | t | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | |
| | City of MacClenny Building 8 118 E MacClenny Ave MacClenny, FL 32063 | Zoni | ing | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subj | | | | | • | • | require an endorsement. | A sta | atement on |
|----------|--|----------|--------|----------------------------------|---------------------------|-------------------|-------------------------|--|-------|------------|
| - | DUCER | 5 10 111 | C CC11 | anoute notaer in nea or s | CONTA | CT | <i>y</i> · | | | |
| ı | uchard Insurance for WBS | | | | NAME: PHONE | | 293-3600 ext. | 623 FAX | | |
| P.C | D.Box 6090 | | | | E-MAIL | _ | 293-3000 ext. | 023 (A/C, No): | | |
| Cle | earwater, FL 33758-6090 | | | | ADDRE | SS: | | | | |
| | | | | | | | | RDING COVERAGE | | NAIC # |
| INICI | IDED | | | | | | ın Zurich Insu | rance Company | | 40142 |
| | JRED rkforce Business Services, Inc. Alt. Emp: I | eliant R | oofing | Inc. | INSURI | | | | | |
| 140 | 1 Manatee Ave. West Ste 600 | | Ü | | INSURI | | | | | |
| Bra | denton, FL 34205-6708 | | | | INSURI | | | | | |
| | | | | | INSURI | | | | | |
| | VEDACES C | DTIF | CATI | F NUMBER 1751 0700276 | INSURI | ERF: | | DEVICION NUMBER. | | |
| | VERAGES C HIS IS TO CERTIFY THAT THE POLICE | | | E NUMBER: 17FL0799276 | | N ISSUED TO | | REVISION NUMBER: | = D∩I | ICV DEDIOD |
| | NDICATED. NOTWITHSTANDING ANY | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY | | | | | | | | ALL T | HE TERMS, |
| INSR | XCLUSIONS AND CONDITIONS OF SU | | LISUBF | | BEEN | POLICY EFF | PAID CLAIMS. POLICY EXP | | | |
| LTR | TYPE OF INSURANCE | | WVD | | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) \$ | | |
| | | _ | | | | | | MED EXP (Any one person) \$ | | |
| | | _ | | | | | | PERSONAL & ADV INJURY \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| <u> </u> | OTHER: | | | | | | | COMBINED SINGLE LIMIT \$ | | |
| | AUTOMOBILE LIABILITY ANY AUTO | | | | | | | (Ea accident) | | |
| | OWNED SCHEDULED | | | | | | | \ | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | |
| _ | UMBRELLA LIAB OCCUP | | | | | | | | | |
| | - CCCOR | | | | | | | EACH OCCURRENCE \$ | | |
| | CLAIIVIS-IVI | DE | | | | | | AGGREGATE \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OTH-ER | 5 | |
| | AND EMPLOYERS' LIABILITY | N | | | | | | | | 1 000 000 |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | ١ | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |) | 1,000,000 |
| | | | | Location Coverage Peri | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VE | IICLES (| ACORI | D 101, Additional Remarks Schedu | ıle, mav b | e attached if mor | e space is requir | ed) | | |
| l | Reliant Roofing I | ic. | | | , , | | | , | | |
| only | those co-employees 4230 Pablo Prote | | Cour | rt | | | | | | |
| of, b | out not subcontractors Jacksonville, FL | 2224 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANCELLATION | | | | | |
| | IOAIL HOLDLIN | | | | CANCELLATION | | | | | |
| | City of Neptune Beach | | | | | | | ESCRIBED POLICIES BE CAN | | |
| | 116 1st Street | | | | | | | EREOF, NOTICE WILL BE BY PROVISIONS. | DEL | IVERED IN |
| | Neptune Beach, FL 32266 | | | | ~~ | SONDANGE WI | IIIE FOLIC | TI NOVIGIONS. | | |
| | | | | | AUTHORIZED REPRESENTATIVE | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights to | | | | | | | require an endorsement. A | A statement on | |
|-------------|---------|---|--------|-------------|--------------------------------|--|----------------------------|----------------------------|--|----------------|--|
| | DUCE | | 0 1110 | . 0011 | moute notaer in nea or or | CONTA | | <i>)</i> · | | | |
| | | rd Insurance for WBS | | | | PHONE (A/C, No | (966) 1 | 293-3600 ext. | FAX | | |
| P.C | Bo) | k 6090 | | | | E-MAIL | o, Ext): (000) 2 | 293-3000 ext. | 623 (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | SS: | | | | |
| | | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | NAIC# | |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | 40142 | |
| INSU | | | | | | INSURE | RB: | | | | |
| | | e Business Services, Inc. Alt. Emp: Relia natee Ave. West Ste 600 | ant Ro | ofing | Inc. | INSURE | RC: | | | | |
| | | on, FL 34205-6708 | | | | INSURE | | | | | |
| | | | | | | INSURE | | | | | |
| | | | | | | | | | | | |
| | /ED | ACES CED | TIFIC | ~ A T F | NUMBER: 17FL0799276 | INSURE | :R F : | | DEVICION NUMBER. | | |
| | | AGES CER S TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | REVISION NUMBER: | DOLICY DEDICE | |
| | | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE | | | | | | | | | |
| CI | ERTI | FICATE MAY BE ISSUED OR MAY | PERT | AIN, | THE INSURANCE AFFORD | ED BY | THE POLICIE | S DESCRIBE | | | |
| | KCLL | JSIONS AND CONDITIONS OF SUCH | | | | BEEN F | | | | | |
| INSR LTR | | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | 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) \$ | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | 051 | | | | | | | | | | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | | OTHER: | | | | | | | \$ COMBINED SINGLE LIMIT & | | |
| | AUT | OMOBILE LIABILITY | | | | | | | (Ea accident) | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | | | \$ | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | |
| | | DED RETENTION \$ | | | | | | | \$ | | |
| | WOF | RKERS COMPENSATION | | | | | | | X PER OTH-ER | | |
| | 1 | EMPLOYERS' LIABILITY Y/N | | | | | | | | 4 000 000 | |
| Α | OFFI | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 1,000,000 | |
| | | ndatory in NH) s. describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 | |
| | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | | | | | | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHICI | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | |
| | | is provided for 4230 Pablo Professi | onal | Court | • | | | | | | |
| | | co-employees 4230 Fabio Floressi subcontractors Jacksonville, FL 322 | | Ooun | • | | | | | | |
| to: | at not | - Substitutions | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | ידיר | TICATE LIQUEER | | | | CANC | CLIATION | | | | |
| CEI | X I I I | FICATE HOLDER | | | | CANC | ELLATION | | | | |
| | | Clay County Puilding Deserte | nont | | | SHO | ULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CANO | ELLED BEFORE | |
| | | Clay County Building Departn P.O. Box 1366 | ieiil | | | | | | EREOF, NOTICE WILL BE | | |
| | | Green Cove Springs, FL 3204 | 13 | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| | | ertificate does not confer rights t | | | | | | | require an endo | n Semem | . A SI | laternent on |
|--|--------------|--|----------------------|------------------------|---|---|----------------------------|--------------------|--------------------------------------|--------------|--------|--------------|
| PROI | | | | | | CONTAC NAME: | | , | | | | |
| Βοι | ıcha | ard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 | FAX | | |
| _ | | x 6090 | | | | F-MAII | | | 020 | (A/C, No): | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | | T |
| | | | | | | | | | DING COVERAGE | | | NAIC # |
| INSU | DED | | | | | | | n Zurich insu | rance Company | | | 40142 |
| | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing I | Inc. | INSURE | | | | | | |
| 140 | 1 Ma | anatee Ave. West Ste 600 | | J | | INSURE | RC: | | | | | |
| Brad | dento | on, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | | INSURE | RE: | | | | | |
| | | | | | | INSURE | RF: | | | | | |
| | | | | | NUMBER: 17FL0799276 | | | | REVISION NUN | | | |
| IN CE | DIC/ ERTI | IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REMEI AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN' | Y CONTRACT | OR OTHER I | DOCUMENT WITH D HEREIN IS SUI | H RESPE | CT TO | WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | | LIMIT | s | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | ,, = = 11111 | EACH OCCURRENC | CE | \$ | |
| | | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | ED | \$ | |
| | | | | | | | | | MED EXP (Any one) | | \$ | |
| | | | | | | | | | PERSONAL & ADV I | | \$ | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREG | | \$ | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | |
| | | OTHER: | | | | | | | | 70. 7.00 | \$ | |
| | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Pe | er person) | \$ | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | er accident) | \$ | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | | \$ | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | `E | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE |)L | \$ | |
| | | DED RETENTION \$ | | | | | | | AGGREGATE | | \$ | |
| | | RKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | Ψ | |
| _ | | D EMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | | E.L. EACH ACCIDEN | _ | \$ | 1,000,000 |
| Α | OFF | ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA E | | | 1,000,000 |
| | If ve | s, describe under SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | | \$ | 1.000,000 |
| | DES | SCRIPTION OF OPERATIONS DELOW | | | | | | | L.L. DISLASE - FOL | ICT LIMIT | Ψ | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DESC | RIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedul | e, may be | e attached if more | e space is require | ed) | | | |
| Coverage is provided for only those co-employees of, but not subcontractors Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | | | |
| to: | | | | | | | | | | | | |
| CFF | RTIF | FICATE HOLDER | | | | CANC | ELLATION | | | | | |
| JLI | <u>, 111</u> | First Place Management Inc | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | |
| | | 10365 Hood Road South | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | LIVERED IN |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32257



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject his certificate does not confer rights to | | | | | | | require an endorsement. | A st | atement on |
|----------|--|--------|--------|-----------------------------------|-----------------------------|--------------------|--------------------|---|--------|------------|
| - | DUCER | U tile | cert | inicate noider in ned or st | CONTA | |). | | | |
| ı | uchard Insurance for WBS | | | | NAME: PHONE | (066) | 293-3600 ext. | FAX | | |
| | D.Box 6090 | | | | PHONE (A/C, No E-MAIL | o, Ext): (000) 2 | 193-3600 ext. | 023 (A/C, No): | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | ı |
| | | | | | | INS | URER(S) AFFOR | RDING COVERAGE | | NAIC # |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 |
| | IRED | . 5 | | T. | INSURE | RB: | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | int Ro | ooring | Inc. | INSURE | ER C: | | | | |
| | denton, FL 34205-6708 | | | | INSURE | ERD: | | | | |
| | | | | | INSURE | ERE: | | | | |
| | | | | | INSURE | ERF: | | | | |
| CO | VERAGES CER | TIFIC | CATE | E NUMBER: 17FL0799276 | | | | REVISION NUMBER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | IE POL | ICY PERIOD |
| | IDICATED. NOTWITHSTANDING ANY RE | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | | ALL | THE TERMS, |
| INSR | | ADDL | SUBR | R | DELIVI | POLICY EFF | POLICY EXP | | | |
| LTR | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | | | | | | | | DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | | \$ | |
| | CLAIWS-WADL | | | | | | | | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OTH- | \$ | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | | | 4 000 000 |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | | 1,000,000 |
| <u> </u> | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (4 | ACORE | 101. Additional Remarks Schedu | le. mav h | e attached if more | e space is require | ed) | | |
| l | Reliant Roofing Inc. | (, | | , , , , , , , , , , , , , , , , , | .0, | | o opaco io roquii | | | |
| | erage is provided for those co-employees 4230 Pablo Professi | | Cour | t | | | | | | |
| . , . | ut not subcontractors Jacksonville, FL 322 | 24 | | | | | | | | |
| to: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CAN | CELLATION | | | | |
| | | | | | | | | | | |
| | GAF | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B | | |
| | 1 Campus Drive Parsippany, NJ 07054 | | | | | | | Y PROVISIONS. | | |
| | i aisippaily, 110 07004 | | | | <u></u> | | | | | |
| | | | | | AUTHORIZED REPRESENTATIVE | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | his certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
|-------------|--|---------|-------------|-----------------------------------|--|----------------------------|----------------------------|------------------------------------|--------------|--------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| Βοι | chard Insurance for WBS | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 | FAX (A/C, No): | | | |
| _ | .Box 6090 | | | | E-MAIL | | | | (A/C, NO). | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | | 1 |
| | | | | | | INS | URER(S) AFFOR | DING COVERAGE | | | NAIC # |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | | . 5 | | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli I Manatee Ave. West Ste 600 | ant Ro | ooting | Inc. | INSURE | RC: | | | | | |
| | lenton, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| | /ERAGES CEF | TIFIC | ^ATE | NUMBER: 17FL0799276 | | Kr. | | REVISION NUI | MRED. | | |
| | IIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | | IF POI | ICY PERIOD |
| | DICATED. NOTWITHSTANDING ANY R | | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY | | | | | | | D HEREIN IS SU | BJECT TO |) ALL | THE TERMS, |
| | (CLUSIONS AND CONDITIONS OF SUCH | | | | BEEN F | | | | | | |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURREN | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT PREMISES (Ea occ | | \$ | |
| | | | | | | | | MED EXP (Any one | | \$ | |
| | | | | | | | | ` • | | | |
| | | | | | | | | PERSONAL & ADV | | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLI (Ea accident) | E LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (P | er person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (P | er accident) | \$ | |
| | HIRED NON-OWNED | | | | | | | PROPERTY DAMAG | GE | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | | | | |
| | OCCOR OCCOR | | | | | | | EACH OCCURREN | | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ | | | | | | | 1050 | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 |
| ^ | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | 117.7 | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2010 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POI | LICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | • | |
| | | | | Location Coverage Perio | od. | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | |
| | | | | Location Coverage Ferri | Ju. | 12/01/2017 | 12/01/2010 | Onemia 0040 | | | |
| DES | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | 1 ES // | ACOPD | 101 Additional Pomarks Schodu | lo may h | a attached if more | enaco is roquir |) | | | |
| | Reliant Roofing Inc. | | 4COND | 7 101, Additional Remarks Schedul | ie, iliay b | e attached il more | s space is require | su) | | | |
| | rage is provided for those co-employees 4230 Pablo Profess | ional | Court | t | | | | | | | |
| of, b | ut not subcontractors Jacksonville, FL 32 | 224 | | | | | | | | | |
| to: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | |
| <u> </u> | | | | | 5,4,40 | | | | | | |
| | Lowe's Companies Inc & Lov | /e's H | lome | Centers LLC | | | | ESCRIBED POLIC | | | |
| | 100 Lowes Blvd | | | | | | | REOF, NOTICE | WILL B | E DE | LIVERED IN |
| l | Mail Codo ASESS | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Mail Code A3ESS Morresville, NC 28117



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | | |
|----------------------|---|--------|--------------------------------|---|--------------------------|--|---------------------------------|--|-------------------|-------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| l . | uchard Insurance for WBS | | | | PHONE (A/C, No | , Fxt). (866) 2 | 93-3600 ext. | 623 | FAX (A/C, No): | | |
| _ |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (140,110). | | |
| Cie | arwater, 1 E 33730-0030 | | | | 7122112 | | URER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | INSURE | R A : America | n Zurich Insu | rance Company | | | 40142 |
| INSU | RED | | | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | int Ro | ofing | Inc. | INSURE | RC: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NU | /IBER: | | |
| TH IN CI EX | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH | OF I | INSUF REME AIN, CIES. | RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | VE BEE OF AN ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | H RESPEC | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT PREMISES (Ea occi | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMI | P/OP AGG | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Po | I | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Po | er accident) | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | SE . | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | `E | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | <i></i> | \$ | |
| | | | | | | | | AGGILGATE | | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | φ | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | | | | 1,000,000 |
| | If yes, describe under | | | | | | | E.L. DISEASE - EA I | | \$ | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
| only | Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| <u> </u> | | | | | 5,4140 | | | | | | |
| | Baxter Restoration LLC 8880 Corporate Square Court Suite 5 | | | | THE | EXPIRATION | I DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32216



DATE (MM/DD/YYYY) 01/02/2018

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).

| | nis certificate does not confer rights | | | | uch en | dorsement(s | | equire an enuc | oi sement | . A SI | iaieillelli Ull |
|----------|---|-----------------------|--------------|--|--|---------------------------|--------------------|----------------------------------|-------------------|--------|-----------------|
| - | DUCER | | | | CONTA NAME: | | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | o. Ext): (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | |
| | aa.s., . 2 00, 00 0000 | | | | | | SURER(S) AFFOR | DING COVERAGE | | | NAIC# |
| L | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | | 40142 |
| ı | RED | | | | INSURE | RB: | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Reli 1 Manatee Ave. West Ste 600 | ant Ro | ooting | Inc. | INSURE | RC: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | RD: | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| | | | | E NUMBER:17FL0799276 | | | | REVISION NUI | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH D HEREIN IS SU | H RESPEC | CT TO | WHICH THIS |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENT DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occ | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | |
| - | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE | E LIMIT | \$ | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (P | er person) | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (P | | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | = | | | | | | AGGREGATE | 02 | \$ | |
| | DED RETENTION\$ | 1 | | | | | | 7.001.207.12 | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | · · | |
| _ | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | 1 | | WC 00 00 040 07 | | 40/04/0047 | 40/04/0040 | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| L | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POI | LICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Reliant Roofing Inc | | ACORE | 0 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
| only | erage is provided for those co-employees but not subcontractors 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | |
| | Insurance Grip 1 Rome Street Farmingdale, NY 11735 | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | LAUTHO | DIZED DEDDECE | NITATIVE | | | | |



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | | |
|----------------|---|----------------------|-----------------------|---|-------------------|--|---------------------------------|--|-------------------|-------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| l . | uchard Insurance for WBS | | | | PHONE (A/C, No | , Fxt). (866) 2 | 93-3600 ext. | 623 | FAX (A/C, No): | | |
| _ |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (140,110). | | |
| Cic | arwater, 1 E 33730-0030 | | | | 7,551,12 | | URER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | INSURE | R A : America | n Zurich Insu | rance Company | | | 40142 |
| INSU | RED | | | | INSURE | RB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | int Ro | ofing | Inc. | INSURE | R C : | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NUM | /IBER: | | |
| IN CI EX | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | H RESPEC | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | |
| | | | | | | | | MED EXP (Any one person) \$ | | | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | er person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | - ' | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | SE . | \$ | |
| | | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ | | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 |
| | (Mandatory in NH) | | | | | | .2,0.,20.0 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Reliant Roofing Inc. | ES (A | CORD | 0 101, Additional Remarks Schedu | le, may b | e attached if more | space is require | ed) | | | |
| only | rage is provided for those co-employees at not subcontractors 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| | Volusia County Building Depa 123 West Indiana Ave Deland, FL 32720 | ırtme | nt | | SHC | OULD ANY OF T | I DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | |



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | | |
|----------|---|-----------------------|-------|---|-------------------|-------------------------|--------------------|--|-------------------|----------|------------|
| PRO | DUCER | | | | CONTA NAME: | | | | | | |
| l . | ichard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 | FAX (A/C, No): | | |
| _ | 0.Box 6090 | | | | E-MAIL ADDRE | ee. | | | (140,110). | | |
| Cie | arwater, FL 33758-6090 | | | | ADDRE | | LIDED(S) AEEOD | DING COVERAGE | | | NAIC # |
| | | | | | INIOUE | | . , | rance Company | | | 40142 |
| INSU | RED | | | | | | II Zulicii ilisui | rance Company | | | 40142 |
| | kforce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | INSURE | | | | | | |
| | 1 Manatee Ave. West Ste 600 | | _ | | INSURE | | | | | | |
| Bra | denton, FL 34205-6708 | | | | INSURE | R D : | | | | | |
| | | | | | INSURE | RE: | | | | | |
| | | | | | INSURE | RF: | | | | | |
| | | | | NUMBER:17FL0799276 | | | | REVISION NUI | | | |
| IN Cl | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH | QUIR PERT POLIC | REMEI | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES | OR OTHER I | OCUMENT WITH | H RESPEC | CT TO | WHICH THIS |
| LTR | TYPE OF INSURANCE | | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMI | P/OP AGG | \$ | |
| | OTHER: | | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Po | I | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Pe | er accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAC (Per accident) | SE . | \$ | |
| | ACTOC CIVET | | | | | | | (r or decident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ | | | | | | | | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA I | | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | | \$ | 1,000,000 |
| | DEGOTAL HOLLOW OF ELECTRONIC BOICH | | | | | | | | | <u> </u> | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 1 1 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | |
| only | Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | | |
| | Hoffman Commercial Constru 101 Marketside Ave Suite 404-304 | ction | Inc | | SHC | OULD ANY OF T | I DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Ponte Vedra, FL 32081



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. | A sta | tement on | |
|----------|--------------|--|--------------|--------|---|--|---------------------------|--------------------|---|----------|------------|--|
| | DUCE | <u>_</u> | 0 1110 | 7 0011 | mouto notaci in nou ci ci | CONTA | | <i>,</i> - | | | | |
| | | rd Insurance for WBS | | | | NAME: PHONE | (966) (| 293-3600 ext. | FAX | | | |
| | | x 6090 | | | | PHONE (A/C, No E-MAIL | o, Ext): (800) 2 | 293-3600 ext. | 623 (A/C, No): | | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | SS: | | | | | |
| | | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | NAIC# | |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 | |
| INSU | RED | | | | | INSURE | RB: | | · - | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | INSURE | | | | | | |
| | | natee Ave. West Ste 600 on, FL 34205-6708 | | | | INSURE | | | | | | |
| D.a. | 201110 | 511, 1 2 3 12 3 5 7 3 5 | | | | | | | | | | |
| | | | | | | INSURE | | | | | | |
| | | | | | | INSURE | RF: | | | | | |
| | | | | | NUMBER:17FL0799276 | | | | REVISION NUMBER: | | | |
| IN Cl | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | QUIF PERT | REMEI | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN' ED BY | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH RESPECT | TO V | VHICH THIS | |
| INSR | | | ADDL | SUBR | | DELIVI | POLICY EFF | POLICY EXP | LIMITO | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | |
| | | CLAIMS-MADE OCCUR | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | | |
| | | | | | | | | | MED EXP (Any one person) \$ | | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | | |
| | | A CORECATE LIMIT APPLIES PER | | | | | | | | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | | |
| | | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | |
| | | OTHER: | | | | | | | 001451155 0111015 111415 | | | |
| | AUI | TOMOBILE LIABILITY | | | | | | | (Ea accident) | | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | |
| | | DED RETENTION \$ | | | | | | | \$ | | | |
| | WOF | RKERS COMPENSATION | | | | | | | X PER OTH- | | | |
| | | EMPLOYERS' LIABILITY | | | | | | | | | 1 000 000 | |
| Α | OFF | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | | 1,000,000 | |
| | | ndatory in NH) s, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | 1,000,000 | |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | 1,000,000 | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | | |
| Cove | erage | Reliant Roofing Inc. | | _ | | | | | | | | |
| | | 4230 Pablo Professi subcontractors Jacksonville, FL 322 | | Coun | 1 | | | | | | | |
| of, b | ut not | subcontractors Jacksonville, FL 322 | 24 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CEI | RTIF | FICATE HOLDER | | | | CANCELLATION | | | | | | |
| | | T | | | | 6110 | III D ANV OF | THE ABOVE D | ESCRIBED POLICIES BE CAN | ICEL I I | ED BEEODE | |
| | | Town of Orange Park 2042 Park Ave | | | | | | | | | | |
| | | Orange Park, FL 32073 | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| | is certificate does not confer rights | | | | | | | equire an endorsem | ent. A S | tatement on |
|----------|--|-----------------------|---------------|---|-------------------|-------------------------|--------------------|---|----------------------|-------------|
| | DUCER | | | | CONTA NAME: | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 FAX (A/C, 1 | 10). | |
| | 0.Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | (700,1 | | |
| Cie | aiwatei, FL 33736-0090 | | | | ADDILL | | URER(S) AFFOR | DING COVERAGE | | NAIC# |
| | | | | | INSURE | | • | ance Company | | 40142 |
| INSU | IRED | | | | INSURE | | | | | 19112 |
| | rkforce Business Services, Inc. Alt. Emp: Re | iant Ro | oofing | Inc. | INSURE | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| CO | VERAGES CE | RTIFI | CATE | NUMBER:17FL0799276 | | | | REVISION NUMBER | : | |
| IN Cl | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME ΓΑΙΝ, | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIES | OR OTHER DESCRIBED | OCUMENT WITH RES | PECT TO | WHICH THIS |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | L | IMITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | |
| | | - | | | | | | MED EXP (Any one person) | \$ | |
| | | - | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AC | | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | ANY AUTO | | | | | | | (Ea accident) | \$ | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Per perso | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accid PROPERTY DAMAGE | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | UMBRELLA LIAB OCCUP | | | | | | | | | |
| | EVOTOG LIAD OCCOR | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIWS-WAD | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OTH | \$ 1 - | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | , | | | | | | | \$ | 1,000,000 |
| Α | OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIN | | 1.000,000 |
| | DESCRIPTION OF OPERATIONS DEIOW | | | | | | | E.L. DISEASE - FOLICT LIN | ш ф | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHI | | ACORE | 0 101, Additional Remarks Schedu | le, may b | e attached if more | space is require | ed) | | |
| only | Reliant Roofing Inc those co-employees ut not subcontractors Reliant Roofing Inc 4230 Pablo Profes Jacksonville, FL 32 | sional | Cour | t | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | |
| | Baker County Building Depa 360 E Shuey Ave Macclenny, FL 32063 | rtmen | t | | SHO | OULD ANY OF 1 | I DATE THE | ESCRIBED POLICIES B REOF, NOTICE WILI Y PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights | | | | • | • | | require an endorsement. | A st | atement on |
|------|--|---------|--------|----------------------------------|-----------------------------|--------------------|--------------------|--|----------|------------|
| _ | DUCER | io tile | COIL | inicate notice in nea or st | CONTA | | ,. | | | |
| ı | uchard Insurance for WBS | | | | NAME: PHONE | (000) | .93-3600 ext. | coo FAX | | |
| | D.Box 6090 | | | | PHONE (A/C, No E-MAIL | o, Ext): (000) 2 | 193-3600 ext. | 023 (A/C, No): | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | 1 |
| | | | | | | INS | URER(S) AFFOR | DING COVERAGE | | NAIC# |
| | | | | | INSURE | R A: America | n Zurich Insu | rance Company | | 40142 |
| INSU | | | | | INSURE | RB: | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli 1 Manatee Ave. West Ste 600 | ant Ro | oofing | Inc. | INSURE | RC: | | | | |
| | denton, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| СО | VERAGES CEF | RTIFI | CATE | E NUMBER: 17FL0799276 | 02 | | | REVISION NUMBER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | E POL | ICY PERIOD |
| | DICATED. NOTWITHSTANDING ANY R | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | | | | | | | D HEREIN IS SUBJECT TO | ALL | THE TERMS, |
| INSR | | | SUBR | R | DLLINI | POLICY EFF | POLICY EXP | | | |
| LTR | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | | | | | | | | DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | | \$ | |
| | OTHER: | | | | | | | OOMEDINED ONLOUE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | | \$ \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE OTH-ER | * | |
| ١. | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | \$ | 1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA EMPLOYEE | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | 1,000,000 |
| | DESCRIPTION OF OF ENAMIONS BEIOW | | | | | | | E.E. BIOLAGE TOLIGITEINIT | Ψ | .,000,000 |
| | | | | Location Coverage Perio | od. | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| | | | | | - 4. | .2,51,2017 | , 0 1/2010 | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | IFS (| ACORE | 101 Additional Remarks Schedu | le may h | e attached if more | e snace is require | 2d) | | |
| l | Reliant Roofing Inc. | | | o 101, Additional Remarks Coneda | ic, may b | c attached if more | o opado io regain | su, | | |
| | erage is provided for those co-employees 4230 Pablo Profess | | Cour | t | | | | | | |
| | ut not subcontractors Jacksonville, FL 32 | 224 | | | | | | | | |
| to: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | |
| | | | | | | | FILE 455: | FOODINGS 30110: | No. | |
| | Jeannette Lynn Cauley | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI | | |
| | 3391 Catamarran Way Jacksonville, FL 32223 | | | | | | | Y PROVISIONS. | | 7-11-0 114 |
| l | Jacksonville, I'L JZZZJ | | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | is certificate does not confer rights t | o the | cert | ificate holder in lieu of su | | |). | | | | |
|-------------|---|--------|--------|----------------------------------|--|--------------------|----------------------------|---------------------------------------|-------------------|----------|------------|
| | DUCER | | | | CONTA NAME: | | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | , Fxt). (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | |
| |).Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (| | |
| | ai water, FL 33736-6090 | | | | ADDICE | | SURER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | INSURF | | | rance Company | , | | 40142 |
| INSU | RED | | | | INSURE | | | , , , , , , , , , , , , , , , , , , , | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia | ant Ro | oofing | Inc. | INSURE | | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NU | MBER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES | OF | INSUF | RANCE LISTED BELOW HAY | VE BEE | N ISSUED TO | | | | IE POL | ICY PERIOD |
| | DICATED. NOTWITHSTANDING ANY RE | | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | | | | | | | | IBJECT IC | ALL | THE TERMS, |
| INSR LTR | | ADDL | SUBR | | | | POLICY EXP (MM/DD/YYYY) | | LIMIT | | |
| LIK | COMMERCIAL GENERAL LIABILITY | INSD | WVD | FOLICI NOMBER | | (WIW/DD/TTTT) | (WIW/DD/TTTT) | EACH OCCURREN | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENT | ΓED | \$ | |
| | CLAIIVIS-IVIADE CCCOR | | | | | | | PREMISES (Ea occ MED EXP (Any one | | \$ | |
| | | | | | | | | PERSONAL & ADV | | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | | \$ | |
| | OTHER: | | | | | | | FRODUCTS - CON | IF/OF AGG | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (F | | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (F | | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMA | , | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | ICE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | CL | \$ | |
| | DED RETENTION\$ | 1 | | | | | | AGGILGATE | | \$ | |
| | WORKERS COMPENSATION | | | | | | | X PER STATUTE | OTH- ER | Ψ | |
| ١. | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA | | | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | | \$ \$ | 1,000,000 |
| | DESCRIFTION OF OFERATIONS BEIOW | | | | | | | L.L. DIOLAGE - 1 O | LIOT LIMIT | Ψ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | |
| DEC. | COURTION OF OBERATIONS (1.004710NS (1.77110 | LEC 41 | 10000 | And Additional Description Co. 1 | la | a attache diff ::: | | - 4\ | | | |
| l | CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Reliant Roofing Inc. | LES (A | ACORL | 101, Additional Remarks Schedu | ie, may b | e attached if more | e space is require | ed) | | | |
| | erage is provided for those co-employees 4230 Pablo Professi | ional | Cour | t | | | | | | | |
| of, b | ut not subcontractors Jacksonville, FL 322 | 224 | | | | | | | | | |
| to: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | |
| | Calaa Canatanatan | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | |
| | Salco Construction 2220 CR 210 West | | | | THE | EXPIRATION | N DATE THE | REOF, NOTICE | | | |
| | 108-405 | | | | ACC | ORDANCE WI | TH THE POLIC | Y PROVISIONS. | | | |
| | St Johns, FL 32259 | | | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights | | | | | | | require an endorsement | . A St | atement on |
|----------------|---|-----------------------|-----------------------|---|-------------------|--|---|--|--------|------------|
| PROI | DUCER | | | | CONTA NAME: | СТ | | | | |
| l . | chard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 293-3600 ext. | 623 FAX (A/C, No): | | |
| _ | .Box 6090 | | | | E-MAIL ADDRE | | | (40,110). | | |
| Cie | arwater, FL 33758-6090 | | | | ADDRL | | CURER(E) AFFOR | DING COVERAGE | | NAIC # |
| | | | | | | | | | | |
| INSU | PED . | | | | | | n Zurich insu | rance Company | | 40142 |
| | kforce Business Services, Inc. Alt. Emp: Reli | ant Ro | ofing | Inc. | INSURE | R B : | | | | |
| 140 | Manatee Ave. West Ste 600 | | . 3 | | INSURE | RC: | | | | |
| Brad | lenton, FL 34205-6708 | | | | INSURE | RD: | | | | |
| | | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| | | | | NUMBER:17FL0799276 | | | | REVISION NUMBER: | | |
| IN CE E) | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R PRIFFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE: REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH RESPEC | OT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | - | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | TROBUCTO - COIVII /OF ACC | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED | | | | | | | ` ' ' | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | DED OTH | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE OTH-ER | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | | ACORD | 101, Additional Remarks Schedul | le, may b | e attached if more | e space is require | ed) | | |
| only | rage is provided for hose co-employees it not subcontractors Reliant Roofing Inc. 4230 Pablo Profess Jacksonville, FL 32. | ional | Cour | t | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | TELL ATION | | | | |
| CEI | TIFICATE HOLDER | | | | CANC | CELLATION | | | | |
| | Freedom REI LLC 1605 King Street Jacksonville, FL 32204 | | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | is certificate does not confer rights t | o the | cert | ificate holder in lieu of su | | |). | | | | |
|--------------|--|----------------------|-----------------------|--|-------------------|--|---------------------------------|--|-------------------|-------|------------|
| PRO | DUCER | | | | CONTA NAME: | СТ | | | | | |
| l . | uchard Insurance for WBS | | | | PHONE (A/C, No | (866) 2 | 93-3600 ext. | 623 | FAX (A/C, No): | | |
| | 0.Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (,,- | | |
| Cic | arwater, 1 L 33730-0090 | | | | 7,55,1 | | URER(S) AFFOR | DING COVERAGE | | | NAIC# |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | | 40142 |
| INSU | | | | | INSURE | ERB: | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Relia 1 Manatee Ave. West Ste 600 | ant Ro | ofing | Inc. | INSURE | ER C: | | | | | |
| | denton, FL 34205-6708 | | | | INSURE | ERD: | | | | | |
| | | | | | INSURE | ERE: | | | | | |
| | | | | | INSURE | ERF: | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | 02 | | | REVISION NUM | /IBER: | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | H RESPEC | OT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | |
| | | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | | PERSONAL & ADV | NJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | |
| | OTHER: | | | | | | | COMBINED SINGLE | TIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | | \$ | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | ,_ | \$ | |
| | LIMPRELLA LIAR | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | - | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | ▼ PER | OTH- ER | \$ | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | X PER STATUTE | · | | 4 000 000 |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA I | | \$ | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 1 1 | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Reliant Roofing Inc. | LES (A | ACORD | 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | · |
| only | rage is provided for those co-employees at not subcontractors 4230 Pablo Professional Court Jacksonville, FL 32224 | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| | City of Green Cove Springs E 321 Walnut Street Green Cove Springs, FL 3204 | | ng De | partment | SHC | OULD ANY OF T | I DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights to | | | | | | | require an endo | rsement. A | statement on |
|--------------|--------------|--|-----------------------|-----------------------|---|-----------------------------|---|---|--|----------------|--------------|
| | DUCE | | | | | CONTA | | , | | | |
| Bou | ıcha | rd Insurance for WBS | | | | NAME: PHONE | (966) (| 293-3600 ext. | 600 | FAX | |
| P.C |).Bo | k 6090 | | | | PHONE (A/C, No E-MAIL | o, Ext): (000) 2 | 293-3600 ext. | 023 | (A/C, No): | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | SS: | | | | |
| | | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 |
| INSU | RED | | | | | INSURE | RR. | | | | |
| | | e Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | | | | | | |
| | | natee Ave. West Ste 600 | | | | INSURE | | | | | |
| Bra | dento | on, FL 34205-6708 | | | | INSURE | ER D : | | | | |
| | | | | | | INSURE | ER E : | | | | |
| | | | | | | INSURE | RF: | | | | |
| CO | VER | AGES CER | TIFIC | CATE | NUMBER: 17FL0799276 | 02 | | | REVISION NUM | IBER: | |
| IN C E | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | QUIR PERT POLIC | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH | RESPECT T | O WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENC | E \$ | |
| | | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | | |
| | | OLANIO-IVIADE OCCUR | | | | | | | , | | |
| | | | | | | | | | MED EXP (Any one p | | |
| | | | | | | | | | PERSONAL & ADV II | NJURY \$ | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | ATE \$ | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | /OP AGG \$ | |
| | | OTHER: | | | | | | | | \$ | |
| | AU1 | OMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT \$ | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Pe | r person) \$ | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | r accident) \$ | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | |
| | | | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | E \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION\$ | | | | | | | | \$ | |
| | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | |
| | 1 | PROPRIETOR/PARTNER/EXECUTIVE // N | | | | | | , , | E.L. EACH ACCIDEN | | 1,000,000 |
| Α | OFF | CER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA E | | 1,000,000 |
| | If yes | s, describe under | | | | | | | | | 1,000,000 |
| | DES | CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLI | CY LIMIT \$ | 1,000,000 |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 1 | |
| DES | CRIPT | ION OF OPERATIONS / LOCATIONS / VEHICI | LES (A | CORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | |
| only | those | is provided for co-employees subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | | Court | t | | | | | | |
| | | | | | | 0.4.4.4 | 0F11.4F10:: | | | | |
| CE | ₹TIF | FICATE HOLDER | | | | CAN | CELLATION | | | | |
| | | Nassau County 96161 Nassau Place Yulee, FL 32097 | | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICI EREOF, NOTICE CY PROVISIONS. | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject nis certificate does not confer rights to | | | | | | | require an endorsement. | A st | atement on | |
|-------------|--|--------------|-------------|--|--|---------------------------|----------------------------|--|--------|------------|--|
| | DUCER | 0 1110 | 7 0011 | mode notation in nota or ot | CONTA | | <i>y</i> - | | | | |
| | uchard Insurance for WBS | | | | NAME: PHONE | (966) 7 | 202 2600 0vt | FAX | | | |
| | D.Box 6090 | | | | PHONE (A/C, No E-MAIL | o, Ext): (000) 2 | 293-3600 ext. | 623 (A/C, No): | | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRE | SS: | | | | | |
| | | | | | | INS | SURER(S) AFFOR | DING COVERAGE | | NAIC# | |
| | | | | | INSURE | RA: America | n Zurich Insu | rance Company | | 40142 | |
| INSU | IRED | | | | INSURE | RR. | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofing | Inc. | INSURE | | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | | | | | | | |
| Dia | deritori, i E 34200 0700 | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| | | | | | INSURE | R F : | | | | | |
| | | | | NUMBER: 17FL0799276 | | | | REVISION NUMBER: | | | |
| IN Cl | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY IXCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT | REMEI | NT, TERM OR CONDITION THE INSURANCE AFFORDI | OF AN' ED BY | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH RESPECT | T TO Y | WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| -111 | COMMERCIAL GENERAL LIABILITY | 11130 | **** | . CLIOT HOMBER | | (.am, DD) [[[]] | (| EACH OCCURRENCE \$ | | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED | | | |
| | JULINIO-IVIADE JUCIOR | | | | | | | PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ | | | |
| | | | | | | | | | | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT & | | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | 5 | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | 6 | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | 6 | | |
| | 7.0.00 0.12. | | | | | | | \$ | 5 | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | 3 | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | |
| | | | | | | | | ACCINECATE \$ | | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | X PER OTH- STATUTE ER | • | | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | | | 4 000 000 | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | | 1,000,000 | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 5 | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 6 | 1,000,000 | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | LES (A | CORD | 101, Additional Remarks Schedul | le, may b | e attached if more | e space is require | ed) | | | |
| Cove | Reliant Roofing Inc. | 00-1 | Ca | • | | | | | | | |
| | those co-employees ut not subcontractors 4230 Pablo Professi Jacksonville, FL 322 | | Coun | | | | | | | | |
| to: | , | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | DIFFCATE LIQUES | | | | CANIC | CLIATION | | | | | |
| CEI | RTIFICATE HOLDER | | | - I | CANC | ELLATION | | | | | |
| | Property Masters, Inc | | | | SHO | OULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CAN | NCELI | ED BEFORE | |
| | 1860 Sandy Plains Road | | | | THE | EXPIRATION | N DATE THE | REOF, NOTICE WILL BE | | | |
| | Suite 204-115 | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Marietta, GA 30066



DATE (MM/DD/YYYY) 01/02/2018

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).

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. | A st | atement on | | |
|--------|--------------|---|---------|---------|--------------------------------|--|-------------------|--------------------|-------------------------------------|-------|------------|--|--|
| PRO | | | | | | CONTA NAME: | | , | | | | | |
| Βοι | icha | rd Insurance for WBS | | | | PHONE (966) 202 2600 out 622 FAX | | | | | | | |
| _ | | x 6090 | | | | (A/C, No, Ext): (000) 293-3000 ext. 023 (A/C, No): E-MAIL ADDRESS: | | | | | | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | | | |
| | | | | | | | | NAIC# | | | | | |
| | | | | | | INSURER A: American Zurich Insurance Company 40 | | | | | | | |
| INSU | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofina l | Inc | INSURE | RB: | | | | | | |
| | | natee Ave. West Ste 600 | ant ixo | oning i | IIIO. | INSURE | | | | | | | |
| Brad | dento | on, FL 34205-6708 | | | | INSURER D: | | | | | | | |
| | | | | | | INSURE | RE: | | | | | | |
| | | | | | | INSURER F: | | | | | | | |
| CO | /ER | RAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NUMBER: | | | | |
| TH | IIS I | S TO CERTIFY THAT THE POLICIES | OF I | NSUF | RANCE LISTED BELOW HAY | /E BEE | N ISSUED TO | THE INSURE | D NAMED ABOVE FOR THE | E POL | ICY PERIOD | | |
| | | ATED. NOTWITHSTANDING ANY RE | | | | | | | | | | | |
| | | IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | | | | | | | HEREIN IS SUBJECT TO | ALL | THE TERMS, | | |
| INSR | CL | | | SUBR | | DEEINI | POLICY EFF | POLICY EXP | | | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED | 5 | | | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | 5 | | | |
| | | | | | | | | | MED EXP (Any one person) \$ | 5 | | | |
| | | | | | | | | | PERSONAL & ADV INJURY | 5 | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | 6 | | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | 6 | | | |
| | | OTHER: | | | | | | | 9 | 5 | | | |
| | ΑU | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | 6 | | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | S | | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | | | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | | | |
| | | UMBRELLA LIAB OCCUB | | | | | | | | | | | |
| | | OCCOR OCCOR | | | | | | | EACH OCCURRENCE \$ | | | | |
| | | EXCESS LIAB CLAIMS-MADE | - | | | | | | AGGREGATE \$ | 5 | | | |
| | | DED RETENTION \$ | | | | | | | DEP OTH | 5 | | | |
| | | RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE OTH- | | | | |
| Α | ANY | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 6 | 1,000,000 | | |
| - ` | (Mai | ndatory in NH) | | | 110 00 00 010 01 | | 12/01/2011 | 12/01/2010 | E.L. DISEASE - EA EMPLOYEE \$ | 6 | 1,000,000 | | |
| | If ye DES | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 6 | 1,000,000 | | |
| | | | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | |
| | | | | | | | | | | | | | |
| DES | RIP | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | e, may b | e attached if mor | e space is require | ed) | | | | |
| Cove | rage | Reliant Roofing Inc. | | | | | | | | | | | |
| only | those | e co-employees 4230 Pablo Professi | | Court | I | | | | | | | | |
| of, bi | ut no | t subcontractors Jacksonville, FL 322 | 224 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 0.000 | | | | | | | |
| CEI | CTIF | FICATE HOLDER | | | ı | CAN | CELLATION | | | | | | |
| | | Danid Dagnesses Team | | | | SHO | III D ANV OF | THE ABOVE D | ESCRIBED POLICIES BE CAI | NCELI | ED REFORE | | |
| | | Rapid Response Team 2250 N Andrews Ave | | | | | | | EREOF, NOTICE WILL BE | | | | |
| | | Pompano Reach El 33069 | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| th | is certificate does not confer rights | to the | cert | tificate holder in lieu of su | | |). | | | | | | |
|----------------|--|-----------------------|--------------|--|--|--|---|--|------------|-------|------------|--|--|
| PRO | DUCER | | | | CONTACT NAME: | | | | | | | | |
| l . | chard Insurance for WBS | | | | PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No): | | | | | | | | |
| _ | .Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | (,,- | | | | |
| CIE | arwater, FE 33736-0090 | | | | ADDICE | | NAIC# | | | | | | |
| | | | | | INSURER A: American Zurich Insurance Company 40 | | | | | | | | |
| INSU | | | | | INSURER B: | | | | | | | | |
| | kforce Business Services, Inc. Alt. Emp: Reli I Manatee Ave. West Ste 600 | ant Ro | oofing | Inc. | INSURE | | | | | | | | |
| | lenton, FL 34205-6708 | | | | INSURER D : | | | | | | | | |
| | | | | | INSURE | RE: | | | | | | | |
| | | | | | INSURE | ERF: | | | | | | | |
| CO | /ERAGES CER | RTIFIC | CATE | E NUMBER:17FL0799276 | • | | | REVISION NUM | /IBER: | | | | |
| IN CI EX | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIES REDUCED BY I | OR OTHER I S DESCRIBEI PAID CLAIMS. | OCUMENT WITH | H RESPEC | CT TO | WHICH THIS | | |
| INSR LTR | TYPE OF INSURANCE | | WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | S | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | | | |
| | | | | | | | | MED EXP (Any one | person) | \$ | | | |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | | | |
| | OTHER: | | | | | | | | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | er person) | \$ | | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | | \$ | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | SE | \$ | | | |
| | | | | | | | | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | | | |
| | DED RETENTION \$ | | | | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 | | |
| - | (Mandatory in NH) | | | 110 00 00 010 01 | | 12/01/2011 | 12/01/2010 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | | | |
| DES | | | ACORD | 0 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | | | |
| only | Rescription of Operations / Locations / Vehicles (Acord 101, Additional Remarks Schedule, may be attached if more space is required) Reliant Roofing Inc. 4230 Pablo Professional Court Jacksonville, FL 32224 320 Pablo Professional Court | | | | | | | | | | | | |
| CF | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | | | |
| <u> </u> | | | | | - Contract C | | | | | | | | |
| | St Augustine Beach Building 2200 S R A1A South St Augustine Beach, FL 3208 | • | | | THE | EXPIRATION | I DATE THE | ESCRIBED POLICE REOF, NOTICE Y PROVISIONS. | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, subject nis certificate does not confer rights to | | | | | | | require an endorsement. A | statement on | | | | |
|------|---|--------|--------|----------------------------------|---|-------------------|--------------------|---|---------------|--|--|--|--|
| | DUCER | | , 0011 | inoute notaer in nea or or | CONTACT | | | | | | | | |
| | uchard Insurance for WBS | | | | NAME: PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 (A/C, No): | | | | | | | | |
| P.C | D.Box 6090 | | | | E-MAIL | | | | | | | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRESS: | | | | | | | | |
| | | | | | | NAIC# | | | | | | | |
| | | | | | INSURER A: American Zurich Insurance Company | | | | | | | | |
| l . | IRED | | | | INSURER B: | | | | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Reli 1 Manatee Ave. West Ste 600 | ant Ro | ofing | Inc. | INSURER C: | | | | | | | | |
| | denton, FL 34205-6708 | | | | INSURER D : | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | INSURER E : | | | | | | | | |
| - | VEDACES CE | TIE14 | CATE | NUMBER: 17FL0799276 | INSURE | :R F : | | DEVICION NUMBER. | | | | | |
| | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | REVISION NUMBER: | OOLICY DEDIOD | | | | |
| IN | IDICATED. NOTWITHSTANDING ANY RI | EQUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPECT | TO WHICH THIS | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | D HEREIN IS SUBJECT TO AI | L THE TERMS, | | | | |
| INSR | | ADDL | SUBR | | DELIVI | POLICY EFF | POLICY EXP | | | | | | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED | | | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) \$ | | | | | |
| | | | | | | | | MED EXP (Any one person) \$ | | | | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | | | |
| | OTHER: | | | | | | | \$ | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT & | | | | | |
| | ANY AUTO | | | | | | | (Ea accident) \$ BODILY INJURY (Per person) \$ | | | | | |
| | OWNED SCHEDULED | | | | | | | ` ' ' | | | | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE & | | | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | | | | |
| | | | | | | | | \$ | | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | | | |
| | DED RETENTION \$ | | | | | | | \$ | | | | | |
| | WORKERS COMPENSATION | | | | | | | X PER OTH-ER | | | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT \$ | 1,000,000 | | | | |
| Α | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | 1,000,000 | | | | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 | | | | |
| | | | | Location Coverage Perio | od. | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | | |
| | | | | | | 12,01,2011 | 12,01,2010 | 00.0 | | | | | |
| DES | LCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORD |) 101. Additional Remarks Schedu | le, mav h | e attached if mor | e space is require | led) | | | | | |
| | Reliant Roofing Inc. | | | , | , , | | | , | | | | | |
| | those co-employees 4230 Pablo Profess | | Court | t | | | | | | | | | |
| | ut not subcontractors Jacksonville, FL 322 | 224 | | | | | | | | | | | |
| to: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | | |
| | | | | | | | | | | | | | |
| | St Johns Coutny Bldg Dept | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | | |
| | 4040 Lewis Speedway St Augustine, FL 32084 | | | | | | | Y PROVISIONS. | PELIVENED IN | | | | |
| | SI MUUUSIIIE. FL 32004 | | | | | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 01/02/2018

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).

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. | A statement on | | | |
|--------|-------------|---|---------|---------|--------------------------------|--|--------------------|--------------------|--|----------------|--|--|--|
| PRO | | | | | | CONTA NAME: | | , | | | | | |
| Βοι | icha | ard Insurance for WBS | | | | PHONE (966) 202 2600 out 622 FAX | | | | | | | |
| _ | | x 6090 | | | | E-MAIL | | | | | | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | | | |
| | | | | | | | NAIC# | | | | | | |
| | | | | | | INSURER A: American Zurich Insurance Company 401 | | | | | | | |
| INSU | | ce Business Services, Inc. Alt. Emp: Relia | ant Ro | ofina l | Inc | INSURER B: | | | | | | | |
| | | anatee Ave. West Ste 600 | ant ixo | oning i | IIIO. | INSURE | | | | | | | |
| Brad | dento | on, FL 34205-6708 | | | | INSURER D: | | | | | | | |
| | | | | | | INSURE | RE: | | | | | | |
| | | | | | | INSURER F: | | | | | | | |
| CO | /ER | RAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NUMBER: | ' | | | |
| TH | IIS I | IS TO CERTIFY THAT THE POLICIES | OF I | NSUF | RANCE LISTED BELOW HAY | /E BEE | N ISSUED TO | THE INSURE | D NAMED ABOVE FOR THE | POLICY PERIOD | | | |
| | | ATED. NOTWITHSTANDING ANY RE | | | | | | | | | | | |
| | | IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | | | | | | | | LL THE TERMS, | | | |
| INSR | CL | | | SUBR | | DEEINI | POLICY EFF | POLICY EXP | | | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED | | | | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) \$ | | | | |
| | | | | | | | | | MED EXP (Any one person) \$ | | | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | | |
| | | OTHER: | | | | | | | \$ | | | | |
| | ΑU | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE & | | | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | | | | | |
| | | OCCUR OCCUR | | | | | | | EACH OCCURRENCE \$ | | | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | | |
| | | DED RETENTION \$ | | | | | | | \$ DED OTH | | | | |
| | | RKERS COMPENSATION DEMPLOYERS' LIABILITY | | | | | | | X PER STATUTE OTH-ER | | | | |
| Α | ANY | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | 1,000,000 | | | |
| | (Mai | ndatory in NH) | | | | | .2/01/2011 | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | | | |
| | If ye | s, describe under CCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 | | | |
| | | | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | |
| | | | | | | | | | | | | | |
| DES | RIP | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | e, may b | e attached if more | e space is require | ed) | | | | |
| Cove | rage | Reliant Roofing Inc. | | | | | | | | | | | |
| only | those | e co-employees 4230 Pablo Professi | | Court | I | | | | | | | | |
| of, bi | ut no | t subcontractors | 224 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CEI | CTIF | FICATE HOLDER | | | ı | CAN | CELLATION | | | | | | |
| | | The Overtages Course Land | | | | SHO | III D ANV OF . | THE ABOVE D | ESCRIBED POLICIES BE CAN | CELLED REFORE | | | |
| | | The Questcom Group, Inc. 4230 Pable Professional Cou | rt | | | | | | EREOF, NOTICE WILL BE | | | | |
| | | Suite 100 | 11 | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32224



DATE (MM/DD/YYYY) 01/02/2018

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.

| | SUBROGATION IS WAIVED, some some some substitution is substitution and substitution an | | | | | | | require an endorsement. | A st | atement on | | | |
|-------|--|---------------|---------|----------------------------------|---|-------------------|-------------------|-------------------------------------|----------|-------------|--|--|--|
| | DUCER | riginto to ti | 10 001 | inoute notice in nea or st | CONTACT | | | | | | | | |
| | uchard Insurance for WBS | | | | PHORE (AIC No.) (866) 293-3600 ext. 623 | | | | | | | | |
| P.C | D.Box 6090 | | | | PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No): | | | | | | | | |
| Cle | arwater, FL 33758-6090 | | | | ADDRESS: | | | | | | | | |
| | | | | | | | NAIC # | | | | | | |
| | | | | | INSURER A: American Zurich Insurance Company 401 | | | | | | | | |
| | IRED | | | | INSURER B: | | | | | | | | |
| | rkforce Business Services, Inc. Alt. El | mp: Reliant I | Roofing | Inc. | INSURER C: | | | | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURER D : | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | INSURER E : INSURER F : | | | | | | | | |
| CO. | VEDACES | CEDIL | IC A TI | E NUMBER: 17FL0799276 | | :R F : | | DEVICION NUMBER. | | | | | |
| | VERAGES HIS IS TO CERTIFY THAT THE P | | | | | N ICCLIED TO | | REVISION NUMBER: | F DOI | ICV DEDIOD | | | |
| IN | IDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED OF | ANY REQL | IREME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPECT | T TO | WHICH THIS | | | |
| | XCLUSIONS AND CONDITIONS OF | | | | | | | D HEREIN IS SUBJECT TO | ALL | TE TERIVIS, | | | |
| INSR | | ADI | DL SUBF | R | | POLICY EFF | POLICY EXP | LIMITS | | | | | |
| LTR | COMMERCIAL GENERAL LIABILI | | D WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | | | | |
| | | | | | | | | DAMAGE TO RENTED | \$ | | | | |
| | CLAIMS-MADE OCCU | JR | | | | | | (| \$ | | | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PE | R: | | | | | | GENERAL AGGREGATE | \$ | | | | |
| | POLICY PRO- JECT LO | С | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | | |
| | OTHER: | | | | | | | 9 | \$ | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | | |
| | OWNED SCHEDU | _ED | | | | | | BODILY INJURY (Per accident) | <u> </u> | | | | |
| | AUTOS ONLY AUTOS NON-OWI | | | | | | | PROPERTY DAMAGE | | | | | |
| | AUTOS ONLY AUTOS O | NLY | | | | | | (Per accident) | | | | | |
| | UMPDELLALIAD | | | | | | | | - | | | | |
| | UMBRELLA LIAB OCCU | JR | | | | | | EACH OCCURRENCE S | \$ | | | | |
| | EXCESS LIAB CLAIN | //S-MADE | | | | | | AGGREGATE S | \$ | | | | |
| | DED RETENTION \$ | | | | | | | | \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | V (N | | | | | | X PER OTH-ER | | | | | |
| Α | ANYPROPRIETOR/PARTNER/EXECUTIVI | Y/N N/ | Δ | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 | | | |
| _ | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | \·' | ^ | VVC 90-00-010-07 | | 12/31/2017 | 12/31/2010 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | | |
| | | | | | | | | | | | | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | | |
| | | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS | S / VEHICLES | (ACORI | D 101. Additional Remarks Schedu | le. mav b | e attached if mor | e space is requir | ed) | | | | | |
| | Reliant Roof | ing Inc. | , | | , | | | , | | | | | |
| | those co-employees 4230 Pablo I | | al Cour | t | | | | | | | | | |
| of, b | ut not subcontractors Jacksonville, | FL 32224 | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | | |
| | | | | | | | | | | | | | |
| | Tradesmen Internation | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | | |
| | 9440 Phillips Highway Suite 10 | • | | | | | | Y PROVISIONS. | . טבו | TIVEKED IN | | | |
| | Juile 10 | | | | | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Jacksonville, FL 32256



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | | | | require an endorsement. | A St | atement on | | |
|----------|------|--|--------|--------|--------------------------------|---|-------------------|--------------------|---|-------|------------|--|--|
| PRO | DUCE | ER | | | | CONTA NAME: | СТ | • | | | | | |
| Βοι | icha | ard Insurance for WBS | | | | PHONE (966) 202 2600 out 622 FAX | | | | | | | |
| | | x 6090 | | | | E-MAIL | | | | | | | |
| Cle | arwa | ater, FL 33758-6090 | | | | ADDRE | | | | | | | |
| | | | | | | | | NAIC # | | | | | |
| | | | | | | INSURER A: American Zurich Insurance Company 4014 | | | | | | | |
| INSU | | | ant Da | ofin a | laa | INSURER B: | | | | | | | |
| | | ce Business Services, Inc. Alt. Emp: Relia anatee Ave. West Ste 600 | ani Ro | oning | inc. | INSURE | | | | | | | |
| | | on, FL 34205-6708 | | | | INSURER D: | | | | | | | |
| | | | | | | INSURE | RE: | | | | | | |
| | | | | | | INSURER F : | | | | | | | |
| CO | VER | RAGES CER | TIFIC | CATE | NUMBER:17FL0799276 | | | | REVISION NUMBER: | | | | |
| | | IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | POL | ICY PERIOD | | |
| | | ATED. NOTWITHSTANDING ANY RE | | | | | | | | | | | |
| | | IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | | | | | | | HEREIN IS SUBJECT TO | ALL 1 | THE TERMS, | | |
| INSR | CL | | | SUBR | | DEEN | POLICY EFF | POLICY EXP | | | | | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED | | | | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) \$ | | | | |
| | | | | | | | | | MED EXP (Any one person) \$ | | | | |
| | | | | | | | | | PERSONAL & ADV INJURY \$ | | | | |
| | GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | | | |
| | | OTHER: | | | | | | | \$ | | | | |
| | ΑU | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | | | |
| | | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | | | | |
| | | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE & | | | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | | | |
| | | UMBRELLA LIAB OCCUP | | | | | | | | | | | |
| | | EVOESS LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | | | |
| | | CLAIIVIS-IVIADE | - | | | | | | AGGREGATE \$ | | | | |
| | woi | DED RETENTION \$ RKERS COMPENSATION | | | | | | | X PER OTH- | | | | |
| | AND | EMPLOYERS' LIABILITY Y / N | | | | | | | | | | | |
| Α | OFF | PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDENT \$ | | 1,000,000 | | |
| | | ndatory in NH) es, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | 1,000,000 | | |
| | DÉS | SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | 1,000,000 | | |
| | | | | | | | | | | | | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 054541 | | | | |
| | | | | | | | | | | | | | |
| DES | CRIP | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | ACORD | 101, Additional Remarks Schedu | le, may b | e attached if mor | e space is require | ed) | | | | |
| | | Reliant Roofing Inc. 4230 Pablo Profess | ional | Court | t | | | | | | | | |
| | | e co-employees t subcontractors | | Ooun | • | | | | | | | | |
| to: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CF | RTIF | FICATE HOLDER | | | | CANO | CELLATION | | | | | | |
| <u> </u> | | | | | | 5,4140 | | | | | | | |
| | | Yes Communities BPCC | | | | | | | ESCRIBED POLICIES BE CAN | | | | |
| | | P.O. Box 680635 | | | | | | | EREOF, NOTICE WILL BE BY PROVISIONS. | DEI | LIVERED IN | | |
| | | Charlotte NC 28216 | | | | , ACC | CUDANCE MI | IIIE FOLIC | TI NOVIGIONS. | | | | |



DATE (MM/DD/YYYY) 01/02/2018

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

| tł | this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | | |
|---------|---|--------|-------|----------------------------------|---|----------------------------|--------------------|----------------------------------|-------------------|--------|------------|--|--|
| 1 | DUCER | | | | CONTACT NAME: | | | | | | | | |
| | uchard Insurance for WBS | | | | PHONE (A/C, No | p. Ext); (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | | | |
| | 0.Box 6090 arwater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | | | |
| | arwater, 1 2 007 00 0000 | | | | INSURER(S) AFFORDING COVERAGE | | | | | | NAIC# | | |
| | | | | | INSURE | 40142 | | | | | | | |
| INSU | IRED | | | | INSURE | | | , , , | | | | | |
| | rkforce Business Services, Inc. Alt. Emp: Reli | ant Ro | ofing | Inc. | INSURE | | | | | | | | |
| | 1 Manatee Ave. West Ste 600 denton, FL 34205-6708 | | | | INSURE | | | | | | | | |
| | , | | | | INSURE | | | | | | | | |
| | | | | | INSURE | | | | | | | | |
| <u></u> | VERAGES CER | TIFI | CATE | E NUMBER:17FL0799276 | | Kr. | | REVISION NU | MRFR. | | l | | |
| _ | HIS IS TO CERTIFY THAT THE POLICIES | | | | | N ISSUED TO | | | | IF POI | ICY PERIOD | | |
| l IN | IDICATED. NOTWITHSTANDING ANY RE | EQUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WIT | H RESPEC | OT TO | WHICH THIS | | |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | D HEREIN IS SU | IBJECT TO |) ALL | THE TERMS, | | |
| INSR | | | SUBR | | DEEN | POLICY EFF (MM/DD/YYYY) | | | | | | | |
| LTR | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMITS | | | | |
| | | | | | | | | EACH OCCURREN DAMAGE TO RENT | | \$ | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occ | urrence) | \$ | | | |
| | | | | | | | | MED EXP (Any one | person) | \$ | | | |
| | | | | | | | | GENERAL AGGREGATE \$ | | \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | \$ | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | | | |
| | OTHER: | | | | | | | COMPINED CINCL | E LIMIT | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | | \$ | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (P | 'er person) | \$ | | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (P | | \$ | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMA((Per accident) | GE | \$ | | | |
| | | | | | | | | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | CE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | | | |
| | DED RETENTION \$ | | | | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | | | |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | NT | \$ | 1,000,000 | | |
| ^ | (Mandatory in NH) | 1177 | | WO 30 00 010 07 | | 12/31/2017 | 12/31/2010 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | \$ | 1,000,000 | | |
| | | | | | | | | | | | | | |
| | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 0545 | 41 | | | | |
| L | | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | ACORD | 0 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | ed) | | | | | |
| | Reliant Roofing Inc. 4230 Pablo Profess | ional | Cour | t | | | | | | | | | |
| | those co-employees ut not subcontractors Jacksonville, FL 322 | | Cour | · | | | | | | | | | |
| to: | , | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | | | |
| | | | | | | | | | | | | | |
| | Suncoast Property Mgmt LLC | ; | | | | | | ESCRIBED POLICE | | | | | |
| | 5711 Richard Street | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

Suite 1

Jacksonville, FL 32216



DATE (MM/DD/YYYY) 01/02/2018

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 liqu of such endorsement(s).

| th | is c | ertificate does not confer rights t | | | | ıch en | dorsement(s |). | equire un enuc | , semen | | atoment on | | |
|----------------|--------------|--|----------------------|-----------------------|---|--|---|---|---|-------------------|-------|------------|--|--|
| _ | DUCE | | | | | CONTACT NAME: | | | | | | | | |
| l . | | rd Insurance for WBS | | | | PHONE (A/C, No | o. Ext): (866) 2 | 293-3600 ext. | 623 | FAX (A/C, No): | | | | |
| | | k 6090 ater, FL 33758-6090 | | | | E-MAIL ADDRE | | | | | | | | |
| 0.0 | u | Moi, 1 2 007 00 0000 | | | | | | SURER(S) AFFOR | DING COVERAGE | | | NAIC# | | |
| | | | | | | INSURER A: American Zurich Insurance Company | | | | | | | | |
| INSU | | e Business Services, Inc. Alt. Emp: Relia | ant Ro | ofina | Inc | INSURER B: | | | | | | | | |
| 140 | 1 Ma | natee Ave. West Ste 600 | ant 100 | Joining | ino. | INSURE | | | | | | | | |
| Bra | dento | n, FL 34205-6708 | | | | INSURER D: | | | | | | | | |
| | | | | | | INSURE | RE: | | | | | | | |
| | | | | | | INSURER F: | | | | | | | | |
| | | | | | NUMBER:17FL0799276 | | | | REVISION NUM | | | | | |
| IN CI E) | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF AN ED BY | Y CONTRACT THE POLICIE REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS. | OCUMENT WITH | H RESPE | CT TO | WHICH THIS | | |
| INSR LTR | | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | | | |
| | | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENT | | \$ | | | |
| | | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occi | | \$ | | | |
| | | | | | | | | | MED EXP (Any one | person) | \$ | | | |
| | | | | | | | | | PERSONAL & ADV | INJURY | \$ | | | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREC | SATE | \$ | | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ | | | |
| | | OTHER: | | | | | | | COMBINED SINGLE | LIMIT | \$ | | | |
| | AUT | OMOBILE LIABILITY | | | | | | | (Ea accident) | | \$ | | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Pe | | \$ | | | |
| | | OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED | | | | | | | BODILY INJURY (P | | | | | |
| | | AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | , | \$ | | | |
| | | | | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | CE | \$ | | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | | | |
| | WOF | DED RETENTION \$ | | | | | | | No DED | OTH. | \$ | | | |
| | AND | RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N | | | | | | | X PER STATUTE | OTH- ER | | | | |
| Α | ANY | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A | | WC 90-00-818-07 | | 12/31/2017 | 12/31/2018 | E.L. EACH ACCIDE | VT | \$ | 1,000,000 | | |
| | (Mar | datory in NH) | | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 | | |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | 1,000,000 | | |
| | | | | | Location Coverage Perio | od: | 12/31/2017 | 12/31/2018 | Client# 05454 | 11 | | | | |
| DES | CRIPT | ION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedul | le, may b | e attached if more | e space is require | ed) | | | | | |
| only | those | is provided for co-employees subcontractors Reliant Roofing Inc. 4230 Pablo Professi Jacksonville, FL 322 | | Court | t | | | | | | | | | |
| CE | RTIF | ICATE HOLDER | | | | CANCELLATION | | | | | | | | |
| | | City of Palm Coast Building D 160 Lake Ave Palm Coast, FL 32164 | epart | tment | t | SHO | OULD ANY OF T | N DATE THE | ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS. | | | | | |