

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

JFAVA

JPPAINT-01

							04/	/04/2019
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF II REPRESENTATIVE OR PRODUCER,		LY O	R NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subj this certificate does not confer rights	ect to	the	terms and conditions of	the policy, certain	policies may			
PRODUCER				CONTACT NAME:	<i>.</i>			
ASSOCIATES AGENCY, INC. 11470 N 53rd St Temple Terrace, FL 33617				NAME: FAX PHONE (A/C, No, Ext): (813) 988-1234 FAX E-MAIL ADDRESS: certs@associatesins.com (A/C, No): (813) 988-0989				
								24074
				INSURED JP Painting and Construction Services LLC 29412 Chapel Park Dr Wesley Chapel, FL 33543				
INSURER C : National Union Fire Insurance Co of Pittsburgh PA								
INSURER D : Berkshire Hathaway Guard Insurance Company								
INSURER E :								
INSURER F :								
COVERAGES CE	САТІ	E NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLIC				HAVE BEEN ISSUED	TO THE INSU		HE POI	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQU Y PER	IREM RTAIN	ENT, TERM OR CONDITION, THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE				POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			BLS 20 59225217	03/03/2019	03/03/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	15,000
	_					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO			B1P5109K	12/04/2018	12/04/2019	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
C X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
EXCESS LIAB CLAIMS-MAD	E		EBU011921879	03/03/2019	03/03/2020	AGGREGATE	\$	1,000,000
DED X RETENTION \$ 10,00	0						\$	
D WORKERS COMPENSATION						X PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY			JPWC075834	01/23/2019	01/23/2020	E.L. EACH ACCIDENT	\$	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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
DESCRIPTION OF OPERATIONS DEIOW						L.L. DISEASE - FOLICI LIMIT	ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH			D 101 Additional Remarks School	lle may be attached if me	re snace is requir	red)		
Description of Operations / Locations / Ven	CLES (ACORI	D 101, Additional Remarks Schedu	ne, may be attached if mo	re space is requi	ieu)		
CERTIFICATE HOLDER				CANCELLATION				
Proof of Coverage				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Proof of Coverage				THE EXPIRATIO ACCORDANCE W	N DATE TH	IEREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN
Proof of Coverage				THE EXPIRATIO ACCORDANCE W	ITH THE POLIC	IEREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN

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