

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ona or comonico).							
PRODUCER		CONTACT Lisa O'Brien						
Frank H. Furman, Inc.		PHONE (A/C, No, Ext): (954)943-5050	FAX (A/C, No): (954)942-6310					
1314 East Atlantic Blvd.		E-MAIL ADDRESS: lisa@furmaninsurance.com						
P. O. Box 1927		INSURER(S) AFFORDING COVERAGE	NAIC #					
Pompano Beach FI	L 33061	INSURER A: James River Insurance Co 122						
INSURED		INSURER B: Normandy Insurance Company	13012N					
Tonys Industrial Services	, Inc	INSURER C:						
14023 Noble Park Drive		INSURER D:						
		INSURER E:						
Odessa FI	L 33556	INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 19/20 GL W	C REVISION NUM	MBER:					

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
					000499338	9/23/2019	9/23/2020	MED EXP (Any one person)	\$ EXCLUDED
								PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$		DE					AGGREGATE	\$
									\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 100,000
В	(Man	datory in NH)	N/A		NHFL0077182019	10/22/2019	10/22/2020	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
DESC	PIDT	ON OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	DBD 10	1 Additional Pamarks Schodule, may be atte	school if more spa	oo is required)		

CERTIFICATE HOLDER	CANCELL ATION

tony_chinchilla@floridacrysta

Florida Crystals Corp 1450 Centre Park Blvd. #340 West Palm Beach, FL 33401

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

Dirk DeJong/LT



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	e terms and conditions of the policy, rtificate holder in lieu of such endors		-	icies may require an endo	rsemer	it. A stateme	ent on this ce	rtificate does no	t conter ri	gnts t	tne
PRO	DUCER		` '		CONTACT Lisa O'Brien						
Frank H. Furman, Inc.						PHONE (054)042 5050 FAX (054)040 6310					
131	4 East Atlantic Blvd.				(A/C, No. Ext): (954/942-5310 E-MAIL ADDRESS: lisa@furmaninsurance.com						
P.	O. Box 1927				INSURER(S) AFFORDING COVERAGE						NAIC #
Pon	pano Beach FL 33	061			INSURER A: James River Insurance Co						12203
INSU	RED							ce Company			13012N
Tor	ys Industrial Services, Inc				INSURE		-				
140	23 Noble Park Drive				INSURE						
					INSURER E:						
Ode	ssa FL 33	556			INSURER F:						
CO	/ERAGES CEF	TIFIC	CATE	NUMBER:19/20 GL W	C			REVISION NUM	BER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN, POLICI	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	IY CONT HE POL	RACT OR OTH	HER DOCUMEN BED HEREIN I CLAIMS.	NT WITH RESPECT	TO WHICH	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		;	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occur		5	50,000
				000499338		9/23/2019	9/23/2020	MED EXP (Any one p	erson) \$	5	EXCLUDED
								PERSONAL & ADV II	NJURY \$	5	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE \$	5	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/0			2,000,000
	OTHER:							OOMBINED OINOLE L	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	4		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per			
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)	4		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	+						X PER STATUTE	OTH-	5	
	AND EMPLOYERS' LIABILITY Y / N								ER		100.000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEM BLN N	N/A		NHFL0077182019		10/22/2019	10/22/2020	E.L. EACH ACCIDEN			100,000
	(Mandatory in NH) If yes, describe under			NAFE0077182019		10/22/2019	10/22/2020	E.L. DISEASE - EA EN			100,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	SY LIMIT 3)	500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1. Additional Remarks Schedule, m	av he atta	ched if more sna	ce is required)				
•	RIF HON OF OPERATIONS / LOCATIONS / VEHICLE	.5 (AC	OKD 10	i, Additional Remarks Schedule, in	iay be alla	ched il filore spat	se is required)				
CERTIFICATE HOLDER						CANCELLATION					
For record Purposes						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.) BEFORE
		AUTHORIZED REPRESENTATIVE									

Dirk DeJong/LT



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P. O. Box 1927			INSURER(S) AFFORDING COVERAGE		NAIC #					
Pompano Beach	FL	33061	INSURER A: James River Insurance Co		12203					
INSURED			INSURER B: Normandy Insurance Company		13012N					
Tonys Industrial Servi	ces,	Inc	INSURER C:							
14023 Noble Park Drive			INSURER D:							
			INSURER E :							
Odessa	FL	33556	INSURER F:							
COVERAGES		CERTIFICATE NUMBER:19/20 GL W	C REVISION NUM	MBER:	_					
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INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS X **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED 50,000 CLAIMS-MADE X OCCUR Α \$ PREMISES (Ea occurrence) EXCLUDED 000499338 9/23/2019 9/23/2020 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG 2,000,000 \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION x | PER STATUTE AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 100,000 N N/A 10/22/2019 NHFL0077182019 10/22/2020 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 100,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION

Okeelanta Corp. 21250 Hwy 27 Belle Glade, FL 33493 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

Dirk DeJong/LT

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