

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2024

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). PRODUCER CONTACT									
-						CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing			
State Ins USA 4450 CAMINO REAL WAY, FT MYERS, FL 33966					PHONE FAX (A/C, No, Ext): 1-800-444-4487 (A/C, No):				
				E	E-MAIL ADDRESS; progressivecommercial@email.progressive.com				
				AL					
				INSURER(S) AFFORDING COVERAGE			NAIC #		
					INSURER A : Progressive Express Insurance Company			10193	
INSURED					INSURER B :				
SUNCOAST WRECKING AND ASSET RECOVERY, LLC					INSURER C :				
	7901 4th St N Suite 8247 St. Petersburg, FL 33702								
0						INSURER D :			
,					INSURER E :				
					INSURER F :				
COVERAGES CERTIFICATE NUMBER: 673171291013367287D041224T121128 REVISION NUMBER:									
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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY				(11111/202/1111)		EACH OCCURRENCE \$		
							DAMAGE TO RENTED		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
	<u>GEN'L AGGREGATE LIMIT APPLIES PER:</u>						GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$		
	OTHER:						\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000		
	X ANY AUTO							J	
А	OWNED AUTOS ONLY X SCHEDULED	N	N	070004511	04/42/2024	04/40/2025	BODILY INJURY (Per person) \$		
		Ν	Ν	979864511	04/12/2024	04/12/2025	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	HIRED NON-OWNED AUTOS ONLY						(Per accident) \$		
							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION						SFRTUTE CRH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$		
	OFFICER/MEMBEREXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under						E.L. DISEASE - POLICY LIMIT \$		
	DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details.						\$		
	Contraction for the additional coverage details.			07000101			* 		
А		Ν	Ν	979864511	04/12/2024	04/12/2025			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Schodulad Drivera: Michael Basila, Daul Lycak									
Sch	Scheduled Drivers: Michael Basile, Paul Lysek								

CERTIFICATE HOLDER

CANCELLATION

SUNCOAST WRECKING AND ASSET RECOVERY, LLC 7901 4th St N Suite 8247 St. Petersburg, FL 33702 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

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