



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: CH

DATE (MM/DD/YYYY)

07/11/2014

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).

PRODUCER <b>Morris &amp; Reynolds Inc.</b> 14821 South Dixie Highway Miami, FL 33176 Robert D. Reynolds	Phone: 305-238-1000	CONTACT NAME:	
	Fax: 305-255-9643	PHONE (A/C, No, Ext):	
		FAX (A/C, No):	
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: <b>INTERLI</b>	
INSURED <b>Interlink Group Professional Services, Inc.</b> <b>Mr. Bradford Sherman</b> 13611 S. Dixie Highway #500 Palmetto Bay, FL 33176	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>United Specialty Insurance Co.</b>		<b>12537</b>
	INSURER B : <b>Bridgefield Casualty Ins. Co.</b>		<b>10335</b>
	INSURER C : <b>Progressive Express Ins. Co.</b>		<b>10193</b>
	INSURER D :		
	INSURER E :		
		INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:****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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			<b>USA4058281</b>	<b>07/13/2014</b>	<b>06/17/2015</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ <b>EXCLUDED</b>
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC		GENERAL AGGREGATE \$ <b>2,000,000</b>			PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
C	<b>AUTOMOBILE LIABILITY</b>			<b>080802333</b>	<b>06/17/2014</b>	<b>06/17/2015</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS			<b>080802333</b>	<b>06/17/2014</b>	<b>06/17/2015</b>	\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>080802333</b>	<b>06/17/2014</b>	<b>06/17/2015</b>	\$	
							\$
							\$
A	<b>UMBRELLA LIAB</b>			<b>USA4048621</b>	<b>07/13/2014</b>	<b>06/17/2015</b>	EACH OCCURRENCE \$ <b>4,000,000</b>
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ <b>4,000,000</b>
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>19622003</b>	<b>07/13/2014</b>	<b>07/13/2015</b>	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
				E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Communication Equipment Providers**

**CERTIFICATE HOLDER****CANCELLATION****PROOF OF**

FOR PROOF OF INSURANCE ONLY

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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