



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2021

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).

|   |  |   |                     |
|---|--|---|---------------------|
| <b>PRODUCER</b><br>Lassiter-Ware Insurance<br>8659 Baypine Road<br>Suite 100<br>Jacksonville FL 32256 |  | <b>CONTACT NAME:</b> Debbie Weigel<br><b>PHONE (A/C, No, Ext):</b> (800) 845-8437<br><b>FAX (A/C, No):</b> (888) 883-8680<br><b>E-MAIL ADDRESS:</b> debbie@lassiterware.com |                     |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                     |
|   |  | <b>INSURER A:</b> National Trust Insurance Co.  | <b>NAIC #</b> 20141 |
|   |  | <b>INSURER B:</b> FCCI Insurance Company  | 10178               |
|   |  | <b>INSURER C:</b> Westchester Surplus Lines Ins   | 10172               |
|   |  | <b>INSURER D:</b>   |                     |
|   |  | <b>INSURER E:</b>   |                     |
|   |  | <b>INSURER F:</b>   |                     |
| <b>INSURED</b><br>Holman, Inc.<br>P.O. Box 60332<br>Jacksonville FL 32236                             |  |   |                     |

**COVERAGES**

CERTIFICATE NUMBER: 21-22 All Lines

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 INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|---|---|-----------|----------|------------------|-------------------------|-------------------------|---|--------------|
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          | GL100055230-01   | 03/01/2021              | 03/01/2022              | EACH OCCURRENCE   | \$ 1,000,000 |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                |           |          |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,000   |
|   | <input checked="" type="checkbox"/> Contractual Liability   |           |          |                  |                         |                         | MED EXP (Any one person)  | \$ 5,000     |
|   | <input checked="" type="checkbox"/> XCU   |           |          |                  |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |   |           |          |                  |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |           |          |                  |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
| OTHER:  |   |           |          |                  |                         |                         |   | \$           |
| B   | <b>AUTOMOBILE LIABILITY</b>   |           |          | CA100055234-01   | 03/01/2021              | 03/01/2022              | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|   | <input checked="" type="checkbox"/> ANY AUTO  |           |          |                  |                         |                         | BODILY INJURY (Per person)  | \$           |
|   | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                            |           |          |                  |                         |                         | BODILY INJURY (Per accident)  | \$           |
|   | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                  |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|   |   |           |          |                  |                         |                         |   | \$           |
| B   | <input checked="" type="checkbox"/> UMBRELLA LIAB   |           |          | UMB100055236-01  | 03/01/2021              | 03/01/2022              | EACH OCCURRENCE   | \$ 5,000,000 |
|   | <input type="checkbox"/> EXCESS LIAB  |           |          |                  |                         |                         | AGGREGATE   | \$ 5,000,000 |
|   | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                          |           |          |                  |                         |                         |   | \$           |
| B   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |           |          | WC0 100066880 01 | 03/01/2021              | 03/01/2022              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                   | Y / N     | N / A    |                  |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|   |   |           |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |
| C   | Pollution Liability   |           |          | G71203840 003    | 11/17/2020              | 03/01/2022              | Each Pollution Condition  | \$1,000,000  |
|   |   |           |          |                  |                         |                         | Aggregate Limit   | \$2,000,000  |


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Blanket/All Jobs

Ajax Building Company, LLC, is named as additional insured under the terms and conditions of the attached forms and the General Liability, Auto Liability and Umbrella Liability policies when required by written contract.

The attached page noting additional terms, conditions, coverage and/or comments applies.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Ajax Building Company<br>109 Commerce Blvd<br><br>Oldsmar FL 34677 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

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|                                   |           |                               |  |
|-----------------------------------|-----------|-------------------------------|--|
| AGENCY<br>Lassiter-Ware Insurance |           | NAMED INSURED<br>Holman, Inc. |  |
| POLICY NUMBER                     |           |                               |  |
| CARRIER                           | NAIC CODE | EFFECTIVE DATE:               |  |

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Holman, Inc.  
Policy Period: 3/01/2021 - 3/01/2022, except Pollution Liability: 11/17/2020 - 03/01/2022

### General Liability:

1. Additional Insured - Owners, Lessees or Contractors - Automatic Status when Required In Construction Agreement/Contract, including Ongong Operations & Products-Completed Operations, Form CGL 084 (10-13).
2. Primary and Non-Contributory coverage included when required by written contract, Form CG 2001 (04-13).
3. Blanket Waiver of Subrogation included, Form CG 2404 (05-09).

### Business Automobile:

1. Blanket Additional Insureds when required by written contract, Form CAU 058 (05-19).
2. Primary and Non-Contributory coverage included when required by written contract, Form #CA 0449 (11-16).
3. Waiver of Subrogation included when required by written contract, Form #CA 0444 (10-13).

### Umbrella:

1. General Liability, Automobile Liability and Employers Liability policies are listed on the Underlying Schedule of Insurance.
2. Any Additional Insured under any policy of 'underlying insurance' will automatically be an insured under this policy, when required by contract or agreement.

### Workers Compensation:

1. Blanket Waiver of Subrogation when required by written contract, Form WC 00 03 13
2. Worker's Compensation is a statutory coverage mandated by State Law. As such, coverage is primary and non-contributory.

### Pollution Liability:

1. Additional Insureds included when required by written contract, Ongoing Work or Operations, Form ENV-3250 (12-18), Products & Completed Operations, Form ENV 3251 (12/18).
2. Primary and Non-Contributory coverage included when required by written contract, Form ENV-3253 (12-18).
3. Waiver of Subrogation included when required by written contract, Form ENV-3143 (03-05).