DSMITH2

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2023

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 NAME:				
Hub International Florida 1560 Orange Avenue	PHONE (A/C, No, Ext): (407) 894-5431 FAX (A/C, No): (407)	629-6378			
Suite 750	E-MAIL ADDRESS: Certificates.FLA@HubInternational.com				
Winter Park, FL 32789	INSURER(S) AFFORDING COVERAGE				
	INSURER A: The Travelers Indemnity Company of America				
INSURED	INSURER B: The Travelers Indemnity Company				
Foshee Construction Co., Inc.	INSURER C: Travelers Property Casualty Company of America				
300 Virginia Street	INSURER D: Insurance Company of the West	27847			
Minneola, FL 34715	INSURER E: Travelers Casualty and Surety Company	19038			
	INSURER F:				
COVERACES					

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 SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S	
A	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		CO9N496474	9/1/2023	9/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
					e i		MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-				10	PRODUCTS - COMP/OP AGG	\$	2,000,000
<u>_</u>		OTHER:						\$	
В	-	AUTOMOBILE LIABILITY		BA9N486247 9/1/202			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED			9/1/2023	9/1/2024	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	_	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	444				PROPERTY DAMAGE (Per accident)	\$	
	17							\$	
С	X	UMBRELLA LIAB X OCCUR	4 1	CUP9N499568	9/1/2023	9/1/2024	EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	5,000,000
_		DED X RETENTION\$ 10,000						\$	
D	ANE	RKERS COMPENSATION EMPLOYERS' LIABILITY	1				X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WFL5037592	9/1/2023	9/1/2024	E.L. EACH ACCIDENT	\$	1,000,000	
		ndatory in NH) s, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	Eq	uipment Floater		QT 660 6S095811-TIL-23	9/1/2023	9/1/2024	Leased/Rented		500,000
	L			<u> </u>				<u> </u>	

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

CERTIFICATE HOLDER	CANCELLATION
*For Information Only For Information 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