



# CERTIFICATE OF LIABILITY INSURANCE

HUNSPLU-01

JFAVA

DATE (MM/DD/YYYY)  
4/18/2016

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).

<b>PRODUCER</b> ASSOCIATES AGENCY, INC. 11470 N 53rd St Temple Terrace, FL 33617	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (813) 988-1234      FAX (A/C, No): (813) 988-0989 E-MAIL ADDRESS: certs@associatesins.com														
<b>INSURED</b>  Hunsberger Plumbing Company Inc 111 Chapman Road East Lutz, FL 33549	<table border="1" style="width:100%"> <tr> <th style="text-align:center">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align:center">NAIC #</th> </tr> <tr> <td>INSURER A : Southern Owners Insurance Co</td> <td style="text-align:center">10190</td> </tr> <tr> <td>INSURER B : AUTO OWNERS INSURANCE CO.</td> <td style="text-align:center">18988</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Southern Owners Insurance Co	10190	INSURER B : AUTO OWNERS INSURANCE CO.	18988	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	
							DESCRIPTION	AMOUNT
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			<b>20633634</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab.						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>
							MED EXP (Any one person)	\$ <b>5,000</b>
							PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
							GENERAL AGGREGATE	\$ <b>2,000,000</b>
GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
							\$	
<b>B</b>	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			<b>4442960401</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>500,000</b>
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
								\$
<b>B</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB			<b>4442960400</b>	<b>04/27/2016</b>	<b>04/27/2017</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>5,000</b>						\$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE	OTHER
			Y / N				E.L. EACH ACCIDENT	\$
			N / A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b>  For Insured's File	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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AUTHORIZED REPRESENTATIVE 
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