



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/03/2014

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 MacDowell Insurance 420 Lake Howell Road Maitland FL 32751-	CONTACT NAME: John R. MacDowell PHONE (A/C No. Ext): (407) 628-2200 E-MAIL ADDRESS: mdins@cfl.rr.com		FAX (A/C, No): (407) 628-8840
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Brant & Son, Inc. 346 North Goldenrod Road Orlando FL 32807-	INSURER A: First Mercury Ins. Co.		10657
	INSURER B: Mercury Indemnity Co of America		11201
	INSURER C: Commerce & Industry Ins.		19410
	INSURER D: Bridgefield Employers		10701
	INSURER E: AGCS Marine Ins. Co.		22837
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	GENERAL LIABILITY			NJ-CGL-0000041074-01	04/01/2014	04/01/2015	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						/ /	/ /	MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> LIMITED CONTRACTUAL						/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$			
B	AUTOMOBILE LIABILITY			BA090000005035	03/24/2014	03/24/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						/ /	/ /	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					/ /	/ /	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<input type="checkbox"/>					/ /	/ /		\$
C	UMBRELLA LIAB			EBU041907529	04/01/2014	04/01/2015	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					/ /	/ /	AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					/ /	/ /		\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			830-30054	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> 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
E	INLAND MARINE			MXI93033360C263	03/27/2014	03/27/2015	Rented/Leased Equipment	100,000		
							/ /	/ /	Deductible	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Job: Avanti Resort - 8738 International Drive, Orlando, FL 32814

CERTIFICATE HOLDER () - () - Desmon Reilly Construction Services, LLC 136 Ledbury Drive Longwood FL 32779-	CANCELLATION 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