

OP ID: NG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 07/26/2016

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 emissions helder is an ARRITONIAL INCLINED the relievily beauty to reduce the CURROCATION IC MANUED artists to

th	e terms and conditions of the policy ertificate holder in lieu of such endor	, certa	ain p	olicies may require an er							
PRODUCER Workers Compensation Group P O Box 410 Boca Raton, FL 33429-0410 Scott Grimes INSURED Above All Caulking & Waterproofing, Inc. 4150 114th Terrace North Clearwater, FL 33762						CONTACT Workers Compensation Group					
						PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132				61-1132	
						E-MAIL ADDRESS: Certs@workerscompgroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC#					
						INSURER A: Bridgefield Employers Ins				10701	
										10701	
						INSURER B:				-	
						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
				NUMBER:	REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
CE	DICATED. NOTWITHSTANDING ANY REPRINCED IN MAY REPRINCED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY BEEN R	CONTRACT THE POLICIES EDUCED BY	OR OTHER IS S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	rs		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
								MED EXP (Any one person)	s		
								PERSONAL & ADV INJURY	s		
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			GENERAL AGGREGATE	s		
	POLICY PRO- JECT LOC				- [PRODUCTS - COMP/OP AGG	s		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO				1			BODILY INJURY (Per person)	s		
	ALL OWNED SCHEDULED AUTOS AUTOS				1			BODILY INJURY (Per accident) \$		
	NON-OWNED				1			PROPERTY DAMAGE (Per accident)	s		
	HIRED AUTOS AUTOS				1			(Per accident)	\$		
	UMBRELLA LIAB OCCUR	+-					-	EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE				1			AGGREGATE	s		
	T T CENTRO-III/O	1			1			AOOREOATE	s		
	DED RETENTIONS WORKERS COMPENSATION	+						X PER X OTH-	1		
А	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			830-39680	9	08/27/2016	08/27/2017	E L EACH ACCIDENT	s	1,000,000	
	OFFICER/MEMBER EXCLUDED?	NIA							+	1,000,000	
	{Mandatory in NH} If yes, describe under							E L. DISEASE - EA EMPLOYE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below	+						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	cription of operations / Locations / VEHIC ject: Playa Del Sol Renovation	CLES (A	ACORI) 101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requi	red)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
Above All Caulking & Waterproofing, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
4150 114th Terrace North Clearwater, FL 33762					AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2016

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 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). CONTACT NAME: Commercial Ins Specialists LLC 18115 US Hwy 41 N, Suite 400 Lutz, FL 33549 PHONE (A/C, No, Ext): (813) 949-0481 FAX (A/C, No): (813) 330-2424 E-MAIL ADDRESS: kmcguire@cisllcfl.com INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company A++XV 18988 INSURED INSURER B: Wesco Insurance Company A XIV 25011 INSURER C: COMMERCE & INDUSTRY INS CO AXV Above All Caulking & Waterproofing Inc. 19410 4150 - 114th Terrace N. INSURER D Clearwater, FL 33762 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. ADDL SUBR INSR TYPE OF INSURANCE POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 300,000 20659625 10/12/2016 | 10/12/2017 Contractual Liab 10,000 MED EXP (Any one person) XCU X 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE S POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG OTHER: В COMBINED SINGLE LIMIT (Ea accident) AUTOMORII E LIARII ITY 1.000.000 X ANY AUTO WPP150290000 10/12/2016 10/12/2017 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) S X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY X X 3,000,000 UMBRELLA LIAB OCCUR EACH OCCURRENCE S BE028251960 **EXCESS LIAB** CLAIMS-MADE 10/12/2016 | 10/12/2017 3,000,000 AGGREGATE \$ DED X RETENTIONS 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Blanket Rental Equip 09/12/2016 | 09/12/2017 |Limit 20674467 100,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: Element Condominium. CERTIFICATE HOLDER 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