

## CERTIFICATE OF LIABILITY INSURANCE

PERFTEL-01 SULLIVANPA

DATE (MM/DD/YYYY)

3/7/2014

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

	ertificate holder in lieu of such endors	seme	nt(s)								
PRODUCER Insurance Office of America-LNG 1855 West State Road 434						CONTACT NAME: PHONE (A/C, No, Ext): (407) 788-3000 FAX (A/C, No, Ext): (407) 788-7933					
Longwood, FL 32750					E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#	
						INSURER A: National Trust Insurance Company					
INSURED					INSURER B : FCCI Commercial Insurance Company				33472		
Performance Telecom Inc. 611 Central Park Drive					INSURER C : FCCI Insurance Company					10178	
					INSURER D :						
Sanford, FL 32771					INSURER E :						
· ·					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
II C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT	ECT	TO WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			GL0013158		03/15/2014	03/15/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							TROBOUTO COMITOT ACC	\$	_,,,,,,,,	
A	AUTOMOBILE LIABILITY		С	CA0020483			03/15/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1.000.000	
	X ANY AUTO					03/15/2014		BODILY INJURY (Per person)	\$	.,,-	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE	\$		
	AUTOS							(Per accident)	\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000	
В	EXCESS LIAB CLAIMS-MADE			UMB00139232		03/15/2014	03/15/2015	AGGREGATE	\$	4,000,000	
	DED X RETENTION\$ 0							AGGREGATE	\$	4,000,000	
	WORKERS COMPENSATION							X PER STATUTE ER	Φ		
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			001WC13A70357		03/15/2014	03/15/2015	STATUTE   ER	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	-	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-	1,000,000	
С	Equipment Floater			CM0006673		03/15/2014	03/15/2015	Install Floater	Ψ	15,000	
										10,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	red)			
CERTIFICATE HOLDER						CANCELLATION					
Performance Telecom Inc. For information purposes 611 Central Park Drive					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  Geod Soleyage						

Sanford, FL 32771