

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2016

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)

certificate holder in lieu of such endorsement(s).		ignite to the					
PRODUCER License # 0E67768	CONTACT Denise Brown						
Insurance Office of America, Inc. 4915 West Cypress Street	PHONE (A/C, No, Ext): (813) 262-2464 22557 FAX (A/C, No): (321) 214-6466						
Tampa, FL 33607	E-MAIL ADDRESS: Denise.Brown@ioausa.com						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A : Southern-Owners Insurance Company	10190					
INSURED	INSURER B : Owners Insurance Company	32700					
J.E.B. Management, Inc. dba Good Neighbor Fence Company	INSURER C : Zenith Insurance Company	13269					
5804 N. Occident Street	INSURER D : Federal Insurance Company	20281					
Tampa, FL 33614	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.							

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.

INSTR. TYPE OF INSURANCE ADDITIONS WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS

A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000.

LTR	TYPE OF INSU	RANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIIVII I	3	
Α	X COMMERCIAL GENER	RAL LIABILITY				S		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE	X OCCUR			20717359	04/17/2016	04/17/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
					*			MED EXP (Any one person)	\$	10,000
					1		e e	PERSONAL & ADV INJURY	\$,	1,000,000
	GEN'L AGGREGATE LIMIT	APPLIES PER:	1.1					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	X ANY AUTO					04/17/2016	04/17/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В					4360766003			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			BODILY INJURY (Per accident)				\$		
	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								PIP	\$	10,000
A	X UMBRELLA LIAB	X OCCUR		4360766004			EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB	CLAIMS-MADE			4360766004	04/17/2016	04/17/2017	AGGREGATE	\$	5,000,000
	DED RETENT	ON \$	1		*= , 2				\$	
	WORKERS COMPENSATION	N			- 2			X PER OTH-		
C AI	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		Z127396202	09/28/2016	09/28/2017	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERAT	IONS below			*			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D					45466828	01/23/2016	01/23/2017	Ded \$1,000		100,000
	(30)									
DES	CRIPTION OF OPERATIONS	LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedule, may l	e attached if mo	re space is requi	red)		

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.
A TOTAL TOTA	AUTHORIZED REPRESENTATIVE
	One Johnson