

CERTIFICATE OF LIABILITY INSURANCE

JACON-1

OP ID: CDL

DATE (MM/DD/YYYY)

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 Lanza Insurance Agency Inc. 9900 W Sample Road - Ste 300 Coral Springs, FL 33065 Diana Lanza Schott	CONTACT NAME: Diana Lanza Schott PHONE (A/C, No, Ext): 954-825-0424 E-Mail Address:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED J.A. Construction, Inc.	INSURER A: Western World Ins. Co.	TANO #			
Jody Adametz PO Box 780854	INSURER B: Castlepoint Insurance Co	13599			
	INSURER C: Progressive Express Ins. Co.	10000			
Orlando, FL 32878	INSURER D:				
	INSURER E:				
COVERACES	INSURER F:				

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.

NSR LTR	TYPE OF INSURANCE	ADDL	SUBK	POLICY NUMBER	POLICY FFF	POLICY EXP	· 		
	GENERAL LIABILITY	IIVSIX	VVVD	NPP8111495	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR				04/08/2013	04/08/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
	oz mie miez X occor						MED EXP (Any one person)	\$	5,00
							PERSONAL & ADV INJURY	\$	1,000,00
t	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$	2,000,00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
-57.75	AUTOMOBILE LIABILITY	+	-		- aw - up			\$	
С	ANY AUTO		0				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED Y SCHEDULED		01662825-1	06/08/2013	06/08/2014	BODILY INJURY (Per person)	\$	100,00	
	NON-OWNED					BODILY INJURY (Per accident)	\$	300,00	
	AUTOS AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	50,00
	UMBRELLA LIAB		-					\$	
	OCCUR						EACH OCCURRENCE	\$	
1	CLAIMS-MADE						AGGREGATE	\$	
B A	DED RETENTION \$ WORKERS COMPENSATION		_					\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			IODZ0050500			WC STATU- TORY LIMITS X OTH- FR		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WCP760595803	CP760595803	11/25/2013	11/25/2014	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
7	DEGCKIF HON OF OPERATIONS DEIOW	_	+				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL								

CERTIFICATE HOLDER		CANCELLATION
	HACONTR	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

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