KSMITH7



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/06/2018

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).

| Hub International Florida 1560 Orange Avenue, Suite 750 Winter Park, FL 32789 | NAMI PHON (A/C, EMB | IE No, Ext): (407) (| (407) 644-9934 | | | | | |
|--|--|--|---|---|-------------------|--|--|--|
| | | IN: | SURER(S) AFFOR | RDING COVERAGE | NAIC# | | | |
| | insu | INSURER A : Ohio Security Insurance Company | | | | | | |
| INSURED | เพรม | INSURER B: | | | | | | |
| ALL COUNTY FENCE CONTRACTORS | LLC INSU | INSURER C: | | | | | | |
| 227 Glenwood Road | INSU | INSURER D: | | | | | | |
| Deland, FL 32720 | INSU | INSURER E : | | | | | | |
| | insu | INSURER F : | | | | | | |
| COVERAGES CERTIFICATE | NUMBER: | REVISION NUMBER: | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L | NT, TERM OR CONDITION OF THE INSURANCE AFFORDED I | ANY CONTRA BY THE POLIC I REDUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT | ECT TO WHICH THIS | | | |
| INSR TYPE OF INSURANCE ADDL SUBRINSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | | | | |
| A X COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ 1,000,000 | | | |
| CLAIMS-MADE X OCCUR | 3KS58692771 | 04/01/2018 | 04/01/2019 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | | | |
| | | | | MED EXP (Any one person) | s 15,000 | | | |
| | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | \$ 2,000,000 | | | |
| POLICY PRO- | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | |
| OTHER: | | | | | \$ | | | |
| A AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Es accident) | s 1,000,000 | | | |
| | BAS58692771 | 04/01/2018 | 04/01/2019 | BODILY INJURY (Per person) | \$ | | | |
| OWNED SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ | | | |
| HIRED ONLY AUTOS ONLY | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | \$ | | | |
| UMBRELLA LIAB OCCUR | | | , | EACH OCCURRENCE | \$ | | | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE | \$ | | | |
| DED RETENTION \$ | | | | 1250 | \$ | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | PER OTH- STATUTE ER | | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) | | | | E.L. EACH ACCIDENT | \$ | | | |
| (Mandatory in NH) | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| | | 1 | | | | | | |
| | | | | | | | | |
| | | 1 | | <u> </u> | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 1 | ivi, Aduluonai kemarks schedule, may | ое акаспес и по | e space is requi | euj | | | | |
| CERTIFICATE HOLDER | CAN | CANCELLATION | | | | | | |
| For Information Purposes Only | SH TH | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | AUTH | AUTHORIZED REPRESENTATIVE | | | | | | |
| 1 | 24 | William Biron | | | | | | |
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JHILDEMANN

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/09/2018

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).

| PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd Suite 280 Waitham, MA 02451 | | | | | CONTACT NAME: PHONE (A/C, No, Ext): EMPHONE (A/C, No, Ext): (A/C, No): EMPHONE (A/C, No): | | | | | | | | |
|---|--|--------------|-------------|--|--|----------------------------|--|--|------------------------------|--|--|--|--|
| | | | | | | | | | | 1110 0 | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE INSURER A : Guard Insurance Group*** | | | | | NAIC # 25844 | | | |
| INSURED | | | | | INSURER B: | | | | | 255-7- | | | |
| | | | | | | INSURER C: | | | | | | | |
| All County Fence Contractors LLC 227 Glenwood Road Deland, FL 32720 | | | | | | INSURER D: | | | | | | | |
| | | | | | | INSURER E: | | | | | | | |
| | | | | INSURER F: | | | | | | | | | |
| CO | VERAGES CER | TIFIC | ATE | 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 INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | | | | |
| | CLAIMS-MADE OCCUR | | | | | | ' | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | | | |
| | | | | | | i | | PERSONAL & ADV INJURY | \$ | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | | | |
| | POLICY PROLICE LOC | 1 | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | | |
| | OTHER: | | | | | | | | \$ | | | | |
| | AUTOMOBILE LIABILITY | l | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | |
| | ANY AUTO | | | | | | | BODILY (NJURY (Per person) | \$ | | | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | | |
| | HIRES ONLY AON-SWINES | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | |
| | <u> </u> | | | | | | | Name to the state of the same | \$ | | | | |
| | UMBRELLA LIAB OCCUR | 1 | | | | | | EACH OCCURRENCE | \$ | | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | | | |
| Α | DED RETENTION\$ | | | | | | | X PER OTH- | \$ | | | | |
| ^ | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | STWC983926 | | 05/04/2018 | 05/01/2019 | | | 500,000 | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | 01110000020 | | 00/01/2010 | 44 (4),2 4 (1) | E.L. EACH ACCIDENT | \$ | 500,000 | | | |
| | If yes, describe under | | | | I | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500.000 | | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 300,000 | | | |
| | | 1 | | | | | | | | | | | |
| | | - | | | 1 | | | | | | | | |
| DESC | CHIPTION OF OPERATIONS / I OCATIONS / VEHICL | ES (A | COBD | 101 Additional Remarks Schedu | de may be | attached if our | o sasca le raquir | adl | | | | | |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | |
| ! | | | | | | | | | | | | | |
| | | | | | | | | | | and the same of th | | | |
| CEF | RTIFICATE HOLDER | | | | CANC | ELLATION | ************************************** | A STATE OF THE STA | | | | | |
| | Proof of Coverage | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | |
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