

SSCALERA

DATE (MM/DD/YYYY)	
5/10/2021	

FORTPIE-04

Ą	CORD <sup>®</sup> C	ERTI	FICATE OF LIA	BILITY INS	SURAN	CE		(MM/DD/YYYY) 19/2021
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VELY OF	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	TE HO BY TH	LDER. THIS IE POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	t to the	terms and conditions of	the policy, certain	oolicies may			
	DUCER			CONTACT NAME:				
RV	Johnson Agency, Inc.	PHONE (A/C, No, Ext): (772) 287-3366 FAX (A/C, No):(772) 287-4255						
	I SE Ocean Blvd ´ art, FL 34996		-	E-MAIL ADDRESS: info@rvj	ohnson.co		. /	
			-			RDING COVERAGE		NAIC #
			INSURER A : Covington Specialty Ins.				13027	
INSU	RED			INSURER B :				
	Fort Pierce Recycling, Inc.			INSURER C :				
	315 Angle Road			INSURER D :				
	Fort Pierce, FL 34947			INSURER E :				
				INSURER F :				
CO	VERAGES CER	TIFICATE	E NUMBER:			REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	EQUIREMI PERTAIN, POLICIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORE . LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY	CT OR OTHEF ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS
INSR LTR	I TPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
			VBA808574 00	5/17/2021	5/17/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					COMBINED SINGLE LIMIT	\$	
						(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
	UMBRELLA LIAB OCCUR						\$	
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$	
	DED RETENTION \$					AGGREGATE	\$	
	WORKERS COMPENSATION					PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N / A				E.L. DISEASE - EA EMPLOYEI		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS BEIOW						Ψ	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL nerly known as Fort Pierce Recycling	.ES (ACORE	) 101, Additional Remarks Schedul	le, may be attached if mor	e space is requi	ed)		
CE	RTIFICATE HOLDER			CANCELLATION				
	iThink Financial Credit Unior	h				ESCRIBED POLICIES BE C IEREOF, NOTICE WILL		

dit Union 4450 24th Avenue Vero Beach, FL 32967

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kyl: 6 0

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