

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/10/2021

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).

	nis certificate does not confer rights t							equire an endorsement	. A St	atement on	
PRODUCER						CONTACT NAME:					
Hiscox Inc.					PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):						
520 Madison Avenue					E-MAIL contact@hiscox.com						
32nd Floor					INSURER(S) AFFORDING COVERAGE NAIC #						
New York, NY 10022						INSURER A: Hiscox Insurance Company Inc					
INSURED							ix ilisurance c	Joinparty Inc		10200	
American Building Safety Associates Inc						INSURER B:					
P O Box 120488						INSURER C:					
Clermont, FL 34712						INSURER D:					
						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. INSR POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(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)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	76.20 21121							<u> </u>	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF ENGINEERS SOON										
Α	Professional Liability	N		UDC-1634603-EO-2	1	09/22/2021	09/22/2022	Each Claim:	. ,	00,000	
								Aggregate:	\$ 3,00	10,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	│ D 101, Additional Remarks Schedu	le, mav b	e attached if mor	e space is require	ed)			
١,	Job # 21-0937	•						•			
Certificate holder is granted additional insured status by the General Liability policies on a primary and non-contributory basis. Waivers of Subrogation are provided in favor of certificate holder for General Liability. Thirty (30) day notice of cancellation, ten (10) days for non-payment of premium is provided. The insurance evidenced by this certificate contains Cr											
oss Liability & Severability of interests provisions.											
CERTIFICATE HOLDER CANCELLATION											
_		o of I	Iorida	and the Board of County Co	CAN	CELLATION					
Lake County, a Political Subdivision of the State of Florida and the Board of County Commissioners						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
P.O. Box 7800						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Tavares FL 32788			ACC	ACCORDANCE WITH THE POLICY PROVISIONS.						
AUTHORIZED DEDDECENTATIVE											
AUTHORIZED REPRESENTATIVE											