

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 12/12/2011

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 Contractors Agent Street City, State, Zip Code Phone Number	CONTACT NAME	
	PHONE (Area No. Ext.)	FAX (Area No.)
INSURED Contractor Street City, State, Zip Code	E-MAIL ADDRESS	
	INSURER'S AFFORDING COVERAGE	
	INSURER A: Name of Insurance Company	NAIC #
	INSURER B: Name of Insurance Company	NAIC #
	INSURER C: Name of Insurance Company	NAIC #
	INSURER D:	

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 LTP	TYPE OF INSURANCE	ADDL BUSH (REQD) (REQD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PER OCC <input type="checkbox"/> LOC	↑	Policy Number	Date	Date	EACH OCCURRENCE: ≤1,000,000 DAMAGE TO RENTED (INCLUDES PER ACCIDENTS) ≤50,000 MED EXP (A+ one person) ≤10,000 PERSONAL & ADV INJURY ≤1,000,000 GENERAL AGGREGATE ≤2,000,000 CRIMINALS - COMP/ADV ≤2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		Policy Number	Date	Date	COMBINED SINGLE LIMIT PER ACCIDENT ≤1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DES: RETENTION \$					EACH OCCURRENCE: \$ AGGREGATE: \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR AUTOMOBILE OPERATOR/OPERATOR EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	YEN N/A	Policy Number	Date	Date	<input checked="" type="checkbox"/> NO STATE TOOK COVER CITY-STA EL EACH ACCIDENT ≤500,000 EL DISEASE - EA EMPLOYEE ≤500,000 EL DISEASE - POLICY LIMIT ≤500,000

SAMPLE

02-7

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, additional Remarks Schedule, & photo copies if required)
 Certificate Holder is named as Additional Insured per attached form CG2010(1185) or its equivalent, on a primary non-contributory basis.

CERTIFICATE HOLDER Paul Davis Restoration of North Florida 2111 N. Liberty Street Jacksonville, Florida 32206	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.
	AUTHORIZED REPRESENTATIVE