Client#: 31702 IERNAHEA

$ACORD_{m}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| co | | | | | | |
|-------------------------------|--|--------|--|--|--|--|
| PRODUCER | CONTACT NAME: | | | | | |
| Marsh & McLennan LLC | PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 44 | 9-1267 | | | | |
| 101 N Starcrest Dr. | E-MAIL ADDRESS: certificates@bouchardinsurance.com | | | | | |
| Clearwater, FL 33765 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| 727 447-6481 | INSURER A : United Specialty Insurance Co | 12537 | | | | |
| INSURED | INSURER B: FFVA Mutual Insurance Company | 10385 | | | | |
| lerna's Heating & Cooling Inc | INSURER C : Allstate Insurance Company | 19232 | | | | |
| 18843 N US-41 | INSURER D: | | | | | |
| Lutz, FL 33549 | 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.

| TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS | | | | | | | | |
|---|---|--|--|---|--|--|--|--|
| | TYPE OF INSURANCE | INSR | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
| X | COMMERCIAL GENERAL LIABILITY | Υ | Υ | NILIG0070200 | 01/31/2020 | 01/31/2021 | | \$1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$50,000 |
| Х | BI/PD Ded:5,000 | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| GEN | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY X PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | OTHER: | | | | | | | \$ |
| AUT | OMOBILE LIABILITY | Υ | Υ | 648840586 | 01/31/2020 | 01/31/2021 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| Х | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| | EMPLOYEDS! LIABILITY | | | WC84000246012020A | 07/01/2020 | 07/01/2021 | X PER OTH- STATUTE ER | |
| | PROPRIETOR/PARTNER/EXECUTIVE T / N | NI / A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| (Mai | ndatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| If ye | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | AUT X WODE | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY WIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY NY PROPRIETOR PARTINER'EXECUTIVE N OFFICER'MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IT SEIST NOME Y Y NILIGO070200 VY Y 648840586 VY G48840586 WC84000246012020A | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X HORD CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY NOFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ON | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR SUPPO Ded:5,000 MED EXP (Any one person) |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
License #CFC1429475 & #CAC1813676

If required by written contract, Certificate Holder is an additional insured with respect to General Liability and Auto Liability subject to the terms, conditions and exclusions of the policies. Additional insured with respect to General Liability includes ongoing and completed operations. (See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Proof of Insurance **Bid Purposes Only** | 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 |
| | Jak Juga |

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