

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/17/2020

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

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PRODUCER						CONTACT Sara Douglas					
Lassiter-Ware Insurance of Maitland					PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8680						
2701 Maitland Center Parkway						E-MAIL SaraD@lassiterware.com					
Suite 125						INSURER(S) AFFORDING COVERAGE NAIC #					
Maitland FL 32751					INSURER A: Tokio Marine Specialty Ins Co				23850_		
INSURED				INSURER B: Bridgefield Casualty				10335			
Hydra Dry Inc				INSURER C:							
P.O. Box 681368						INSURER D:					
			· ·			INSURER E :					
Orlando			FL 32868			INSURER F:					
COVERAGES CER			TIFICATE NUMBER: 20-21 Master			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,											
	KCLUSIONS AND CONDITIONS OF SUCH PC			ITS SHOWN MAY HAVE BEEN							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY								Ψ	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	,000	
								MED EXP (Any one person)	\$ 5,00	00	
Α				PPK2101280		02/25/2020	02/25/2021	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:							Employee Benefit	\$ 1,00	0,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							<u> </u>	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CINET								\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 2,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			PUB712409		02/25/2020	02/25/2021		\$ 2,00	00,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							➤ PER OTH-ER	<u>*</u>	-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A		400 45404				E.L. EACH ACCIDENT	_{\$} 1,00	00,000	
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			196-45481		02/25/2020	02/25/2021		\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 1,00	00,000	
				PPK2101276/PHPK2101272		2 02/25/2020	02/25/2021	Per Incident/Aggregate	•	1M/\$2MM	
A/C	Contractors Pollution/Prof Liability Bailee's Coverage / L/R Equip							Each Occurrence	\$250	0K/\$25K	
Bance 3 coverage / E/N Equip											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

CERTIFICATE HOLDER	CANCELLATION
"For Informational Purposes Only" XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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
XXXXXXXXXXX	Pel Buch