

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2018

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).

PRO	DUCE	R	11000			CONTACT John Hebert						
Professional Property & Casualty												
		2050 Winter Springs Blvd	ı	acity		I E-MAIL 11-10 (1						
		Oviedo, FL 32765	•			ADDRESS: ITTEDET(@ppctta.com						
		Oviedo, FL 32763				INSURER(S) AFFORDING COVERAGE NAIC						
INICI	nco					INSURER A :RSUI Group, Inc.						
INSL	HED	District			**********	INSURER B:						
		PMM Handywork & Reno				INSURER C:						
10147 HARTFORD MAROON RD							INSURER D :					
		Orlando, FL 32827										
						INSURER E : INSURER F :						
co	VEF	RAGES CER	CATE	NUMBER:	INSURE	HF:		REVISION NUMBER:	-			
TI	HIS I	S TO CERTIFY THAT THE POLICIES				VE DEC	N ISSUED TO	THE INCLIN	ED NAMED ABOVE FOR	THE DO	IOV DEDICE	
1111	DIC	ATED. NOTWITHSTANDING ANY RE	CUUII	REMEN	1. TERM OR CONDITION	OF ANY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	-111	IFICATE MAY BE ISSUED OH MAY	PFH.	TAIN T	HE INSURANCE AFFORD	ED BY	THE POLICIE	e DESCRIBE	D LIEDEIN IC CLID IECT T	O ALL	THE TERMS.	
INSR	KCLI	USIONS AND CONDITIONS OF SUCH	POL	ICIES. L	IMITS SHOWN MAY HAVE	E BEEN REDUCED BY PAID CLAIMS.						
LTR		TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X	COMMERCIAL GENERAL LIABILITY	1.0.307					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE \$1		0,000	
		CLAIMS-MADE OCCUR						39	DAMAGE TO RENTED	s100,000		
									PREMISES (Ea occurrence)	1888	\$5,000	
								3	MED EXP (Any one person)			
		·							PERSONAL & ADV INJURY	\$1,000,000		
	GE	N'L AGGREGATE LIMIT APPLIES PER:						1.	GENERAL AGGREGATE		0,000	
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000	
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						+	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS NON-OWNED					1		PROPERTY DAMAGE			
		AUTOS ONLY AUTOS ONLY						+	(Per accident)	\$		
			- 1							\$		
		UMBRELLA LIAB OCCUR				- 1	1	Î	EACH OCCURRENCE	\$		
8		EXCESS LIAB CLAIMS-MADE				- 1	1		AGGREGATE	\$		
		DED RETENTIONS								\$		
		RKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				1		1	E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? N / A				- 1				- T			
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYE							
_	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
				118		-						
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Sched	ule, may t	be attached if mo	ore space is requ	rired)			
CERTIFICATE HOLDER												
				- 110 22		_				-		
						SHOL	ILD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE	
		Natalie Scott							REOF, NOTICE WILL			
									Y PROVISIONS.			
536 Divine Cr												
ORLANDO FL 32828						AUTHOR	IZED REPRESEN	ITATIVE				
				1								
		T			John Hebert							
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CONTACT John Hebert

	Professional Property &			PHONE (A/C, No. EXU):407-366-7746 (A/C, No.):407-366-7746 E-MAIL ADDRESS: jhebert@ppcfla.com						
	2050 Winter Springs Blv	'd								
	Oviedo, FL 32765			INSURER(S) AFFORDING COVERAGE NAIC #						
INCH	JRED			INSURER A : RSUI (
INSU				INSURER B:						
	PMM Handywork & Ren			INSURER C:						
	10147 HARTFORD MAI	ROON HL)	INSURER D :						
	Orlando, FL 32827			INSURER E :						
CO	VERAGES CE	RTIFICATE	INSURER F :	REVISION NUMBER:						
CI	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' XCLUSIONS AND CONDITIONS OF SUC	requiremen Y Pertain. 1	IT, TERM OR CONDITION THE INSURANCE AFFOR	OF ANY CONTRACT	O THE INSURE FOR OTHER DESCRIBE	ED NAMED ABOVE FOR TO COCUMENT WITH RESPE	CT TO V	WHICH THIS		
NSR TYPE OF INSURANCE		ADDL SUBR POLICY NUMB		POLICY EFF	POLICY EXP (MM/DD/YYYY)	And the second s	LIMITS			
	X COMMERCIAL GENERAL LIABILITY	HISD WYD	TOLIOT NOMBER	(MM/DD/TTTT)	(MM/DD/TTTT)			0,000		
	CLAIMS-MADE OCCUR				-	DAMAGE TO RENTED	\$100.			
						PREMISES (Ea occurrence)	\$5,00			
		-			1	MED EXP (Any one person)	\$1,00	NAME OF TAXABLE PARTY.		
	CENT ACCRECATE LIMIT APPLIES DED	-			1	PERSONAL & ADV INJURY	- 1	The second secon		
	GEN'L AGGREGATE LIMIT APPLIES PER:				100	GENERAL AGGREGATE	\$2,00			
	POLICY JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	\$2,00	0,000		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO					BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS				1	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s			
	AUTOS ONET				1	(Per accident)	\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s			
	EXCESS LIAB CLAIMS-MAI	DE				AGGREGATE	\$			
	DED RETENTIONS						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A				E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)] ""				E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
					1					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CEF	RTIFICATE HOLDER			111						
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
John Hebert										
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