

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/09/2017

**PRODUCER:**  
D & L INSURANCE AGENCY OF SOUTH SHORE INC  
605 S US HWY 41  
RUSKIN, FL 33570

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

(813) 641-8331

**INSURERS AFFORDING COVERAGE**

NAIC #

**INSURED:**  
EMAINTEANCE FINISHES AND REPAIR INC  
1501 18TH AVE DR W  
BRADENTON, FL 34205

INSURER A: AMERICAN RELIABLE INSURANCE COMPANY  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

(813) 765-8967

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUECED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |              |
|----------|-------------|--|---------------|----------------------------------|-----------------------------------|---|--------------|
| A        |             | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | IGL 018223    | 3/15/2017                        | 3/15/2018                         | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |             |  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|          |             |  |               |                                  |                                   | MED EXP (Any one person)                  | \$ 5,000     |
|          |             |  |               |                                  |                                   | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |             |  |               |                                  |                                   | GENERAL AGGREGATE                         | \$ 1,000,000 |
|          |             |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ 1,000,000 |
|          |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br>_____  |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          |             |  |               |                                  |                                   | BODILY INJURY (Per person)                | \$           |
|          |             |  |               |                                  |                                   | BODILY INJURY (Per Accident)              | \$           |
|          |             |  |               |                                  |                                   | PROPERTY DAMAGE (Per Accident)            | \$           |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$           |
|          |             |  |               |                                  |                                   | OTHER THAN EA OCC                         | \$           |
|          |             |  |               |                                  |                                   | AUTO ONLY: AGG                            | \$           |
|          |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE                           | \$           |
|          |             |  |               |                                  |                                   | AGGREGATE                                 | \$           |
|          |             |  |               |                                  |                                   |   | \$           |
|          |             |  |               |                                  |                                   |   | \$           |
|          |             | <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | WC STATU-TORY LIMITS                      | OTH-ER       |
|          |             |  |               |                                  |                                   | E.L. EACH ACCIDENT                        | \$           |
|          |             |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |             |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$           |
|          |             | <b>OTHER</b>   |               |                                  |                                   |   |              |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

CLASS CODE(S): [1] 95625 - Handyperson; [2] 98305 - Painting Interior - Building or Structures  
LOCATION(S): FLORIDA

**CERTIFICATE HOLDER**

EMAINTEANCE FINISHES & REPAIR  
1501 18TH AVENUE DR W  
BRADENTON, FL 34205

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

