

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2013

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.

PHONE   SENT	PRO	OUCER		Ç	ONTACT NAME:				
INSURER A : AMERISAN   AMERICA				P	PHONE A/C, No, Ext): ( ) 8	22-7800	FAX (A/C, No):	( )	362-2443
INSURER A : Amerisare Insurance Co  SAMPLE  SA	Miar	mi Lakes, FL 33016		LA.		-	DONG COVERAGE		NAIC #
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INSURER E: INSURER F: INSURED AND COMMENT HIS POLICY PER POLICY PE		SAMPLE						-	-
COVERAGES  CERTIFICATE 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 HERE IN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CHAMBER. IN MAY PAYE BEEN REDUCED BY PAID CHAMBER. IN MAY HAVE BEEN REDUCED. IN MAY HAVE BEEN R		O/ WIT EL							+
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTACT 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 PRIOD CLAIMS.  TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  GENERAL LIABILITY  A COMMERCIAL GENERAL LIABILITY  CPP2062887030013  T/1/2013  T/1/2014  CCP2062887030013  T/1/2013  T/1/2014  CA 20628500303  T/1/2013  T/1/2014  COMBINED SINGLE LIMIT (Ea socident) 5  BOOLY NURITY (Per person) \$  BOOLY NURITY (Per person) \$  BOOLY NURITY (Per person) \$  BOOLY NURITY (Per secident) 5  ROPUGATION OF PROPERTY DAMAGE (PER secident) 5  ROPUGATION OF PERSON OF PROPERTY DAMAGE (PER secident) 5  ROPUGATION OF PERSON OF	CO	VERAGES CERT	TIFICATE		NSURER F		REVISION NUMBER:		
A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  GENT AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- AUTOMOBILE LIABILITY  A ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X UMBRELLA LIAB  CCUR  CU20628510303  T/1/2013  T/1/2014  CU20628510303  T/1/2013  T/1/2014  EACH OCCURRENCE \$ 1,000,0  MED EXP (Any one person) \$ 300,0  MED EXP (Any one person) \$ 10,000,0  GENTAL AGGREGATE \$ 2,000,0  GENTEAL AGGREGATE \$ 2,000,0  TO MED EXP (Any one person) \$ 1,000,0  GENTAL AGGREGATE \$ 2,000,0  TO MED EXP (Any one person) \$ 1,000,0  T/1/2014  T/1/2014  T/1/2014  EACH OCCURRENCE \$ 5,000,0  T/1/2014  T/1/2014  T/1/2014  T/1/2014  T/1/2015  EACH OCCURRENCE \$ 5,000,0  T/1/2015  T/1/2014  T/1/2015  EL EACH ACCIDENT  S  WORKERS COMPENSATION ANY PROPERTY DAMAGE (Per accident) \$ 1,000,0  T/1/2014  T/1/2015  EL EACH ACCIDENT  EL DISEASE - A EMPLOYEE \$ 1,000,0  EL DISEASE - POLICY LIMIT \$ 1,000,0  T/1/2014  T/1/2014  T/1/2014  T/1/2015  EL DISEASE - POLICY LIMIT \$ 1,000,0  T/1/2014  T/1/2014  T/1/2014  T/1/2015  T/1/2014  T/1/2015  T/1/2014  T/1/2015  T/1/2016  T/1/2017  T/1/2017  T/1/2018  T/1/2019  T/1/20	C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	PERTAIN, POLICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B	OF ANY CONTRACTED BY THE POLICE EEN REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPECT	OALL	WHICH THIS
A X COMMERCIAL GENERAL LIABILITY    CLAIMS-MADE   X OCCUR	LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			4 000 000
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PERSONAL & ADV INJURY   \$ 1,000,0				CPP2062887030013	7/1/2013	7/1/2014	PREMISES (Ea occurrence)	-	The second second
GENERAL AGGREGATE LIMIT APPLIES PER:  POLICY X PRODUCTS - COMP/OP AGG \$ 2,000,0  AUTOMOBILE LIABILITY  A X ANY AUTO ALL OWNED AUTOS X X WC STATU. D'TH-ZENTAL CREATION X S X WC STATU.		CLAIMS-MADE X OCCUR						-	
GENL AGGREGATE LIMIT APPLIES PER:   PRODUCTS - COMPIOP AGG   \$ 2,000,0								-	and a superior superior and the
POLICY   X   PRO.   LOC								-	
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ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X UMBRELLA LIAB  X OCCUR  EXCESS LIAB  CLAIMS-MADE  DED X RETENTION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTMER/EXECUTIVE OF OFFICE/RMEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Leased/Rented  CU2062857030013  7/1/2013  7/1/2014  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE \$  EACH OCCURRENCE \$ 5,000,0  A AGGREGATE \$ 5,000,0  S  WC206605004  1/1/2013  1/1/2014  1/1/2015  EL EACH ACCIDENT \$ 1,000,0  EL DISEASE - EA EMPLOYEE \$ 1,000,0  EL DISEASE - POLICY LIMIT \$ 1,000,0  EL DISEASE - POLICY LIM	٨	100 100 100 100 100 100 100 100 100 100		CA 20628500303	7/1/2013	7/1/2014		-	1,000,000
X HIRED AUTOS X NON-OWNED AUTOS X S S S S S S S S S S S S S S S S S S	~	ALL OWNED SCHEDULED		OA 2002000000	77112013	11112011		17.1	
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A ANY PROPRIETOR PARTNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Leased/Rented  WC206605004  1/1/2014  1/1/2015  E L EACH ACCIDENT \$ 1,000,0 E L DISEASE - EA EMPLOYEE \$ 1,000,0 E L DISEASE - POLICY LIMIT \$ 1,000,0 E L DISEAS	_						X WC STATU- OTH-	_	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Leased/Rented  CPP2062887030013  7/1/2013  7/1/2014  E.L. DISEASE - EA EMPLOYEE  \$ 1,000,0  E.L. DISEASE - POLICY LIMIT  \$ 1,000,0  150,0	Δ			WC206605004	1/1/2014	1/1/2015		5	1,000,000
If yes, describe under	_	OFFICER/MEMBER EXCLUDED?	N/A		1.00	hitself :			1,000,000
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	Δ			CPP2062887030013	7/1/2013	7/1/2014			150,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	^								V-100 150 200
	DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks Sc	chedule, if more space in	required)			
		Leased/Rented	ES (Attach					1	\$
	CE	RTIFICATE HOLDER			CANCELLATION				
CERTIFICATE HOLDER CANCELLATION			e 125		THE EXPIRATIO	N DATE TH	HEREOF, NOTICE WILL		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		Wellington, FL 33467		į.	AUTHORIZED REPRESE				

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