



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/06/17 1:23PM

**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 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).**

<b>PRODUCER</b> Gaslamp Insurance Services  3234 Grey Hawk Ct. Carlsbad CA 92010	CONTACT NAME: Customer Service Department PHONE (A/C. No. Ext): (800) 920-4125 E-MAIL ADDRESS: certificates@premieragencyinsuranceservices.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Mr. Alligator Renovations LLC  8910 Hatfield Ct. Tampa, FL 33615	INSURER A: Preferred Contractors Insurance Company, RRG INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
NAIC # 12497	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCA5014-PCCM248129	11/06/2017	11/06/2018	EACH OCCURRENCE <b>\$1,000,000</b>	
							DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$50,000</b>	
							MED EXP (Any one person) <b>\$5,000</b>	
							PERSONAL & ADV INJURY <b>\$1,000,000</b>	
							GENERAL AGGREGATE <b>\$1,000,000</b>	
							PRODUCTS - COMP/OP AGG <b>\$1,000,000</b>	
							\$	
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)      \$	
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)      \$	
							BODILY INJURY (Per accident)      \$	
							PROPERTY DAMAGE (Per accident)      \$	
							\$	
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE      \$	
<b>EXCESS LIAB</b>							AGGREGATE      \$	
DED      RETENTION \$							\$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		Y / N						PER STATUTE      OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>(Mandatory in NH)</b>		<input type="checkbox"/>		N / A				E.L. EACH ACCIDENT      \$
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE      \$
								E.L. DISEASE - POLICY LIMIT      \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**Verification of Coverage**  
  
 \*Subject to all policy terms, exclusions and conditions\*

<b>CERTIFICATE HOLDER</b>  Verification of Coverage	<b>CANCELLATION</b>  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  Justin Duenas/BLS
---	---