

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/20/2018

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 confor rights to the certificate holder in liquid case had conformation.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement o	on		
PRODUCER						CONTACT COMMERCIAL SERVICE						
Brightway Insurance					PHONE 855-841-3135 FAX 904-322-5928							
P.O. BOX 5700						(A/C, No, Ext): (A/C, No): (A/C, No):						
1.0. 20/. 0/00						ADDRESS:						
JACKSONVILLE FL 32247						INSURER(S) AFFORDING COVERAGE INSURER A: Cypress Property & Casualty				NAIC # 10953		
INSURED					INSURER B:							
Handy Gentleman, LLC					INSURER C :							
2212 Willow Tree Trl					SURER D :							
					INSURER E :							
Clearwater				FL 33763-9999	INSURER F:							
CO	/ERAGES CER	NUMBER: CL166212544										
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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY					,	, ,	EACH OCCURRENCE	\$ 1,00	0,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	000		
								MED EXP (Any one person)	\$ 5,00	0		
Α				FGL 5007816 01		06/20/2017	06/20/2018	PERSONAL & ADV INJURY	\$ 1,00	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1,00	0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							Add'I for policy minimum	\$			
	AUTOMOBILE LIABILITY							©OMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE								\$			
								AGGREGATE				
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTIES (EXECUTIVE								_			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$			
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
CERTIFICATE HOLDER CANC							ANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Informational Purposes												
						AUTHORIZED REPRESENTATIVE						
**************************************					7.021							