

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/19/2019

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).

	is certificate does not confer rights to							require air endorsemen	A S	tatement on		
PRO	DUCER				CONTACT Carla D'Andre							
D'A	ndre Insurance Services				PHONE (A/C, No, Ext): (305) 200-3151 FAX (A/C, No):							
354	0 Loquat Ave				ADDRESS: carladandre@dandreinsurance.com							
	·				7.222		URER(S) AFFOR	DING COVERAGE		NAIC#		
Mia	mi			FL 33133	INSURE	RA: Crum &				44520		
INSU	RED				INSURE							
	Hamilton Labor LLC dba Axi	s Lab	or Se	rvices	INSURER C:							
	8950 SW 74th Court				INSURE							
	Suite 1612				INSURER E :							
Miami				FL 33156	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 2						REVISION NUMBER: Generic						
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	 S			
LIK	COMMERCIAL GENERAL LIABILITY	IIVOD	WVD	. GEIGT NUMBER		((EACH OCCURRENCE \$ 1,000,00		00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	00,000		
	OE WING IN IEE							MED EXP (Any one person)	\$	5,000		
				BAK-55687-1		10/21/2019	10/21/2020	PERSONAL & ADV INJURY	s Exc	-		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	·	00,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		00,000		
	OTHER:							11.020010 00701 7.00	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CIVET							(i di docidoni)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)				
								•				
Project: As Determined												
	TIEICATE HOLDED				CANCELLATION							
CERTIFICATE HOLDER Client of Axis Labor						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Address to be determined po	er clie	nt		AUTHORIZED REPRESENTATIVE							
Addition to be determined per ellerit						AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2019

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.

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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).												
PRODUCER SUNZ Insurance Solutions, LLC I		CONTACT NAME:										
C/O Lightsource SPA, LLC	D. (Lightsource SFA)	PHONE FAX										
1 2822 Commerce Park Drive, Suite	e 400	I F-MΔII										
Orlando, FL 32819		ADDRESS:										
			NAIC # 29157									
INSURED Lightsource SPA, LLC		INSURER B:										
2822 Commerce Park Drive		INSURER C:										
Suite 400		INSURER D:										
Orlando FL 32819		INSURER E :										
		INSURER F:										
COVERAGES CERTIFICAT	TE NUMBER: 53330665			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			PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE ADDL SUB INSD WVI	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS								
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$	j							
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	j							
				MED EXP (Any one person) \$	j							
				PERSONAL & ADV INJURY \$	1							
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$	i							
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG \$	i							
OTHER:				\$	i							
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$	i							
ANY AUTO				BODILY INJURY (Per person) \$	1							
OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident) \$	i							
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$	1							
AGTOG GNET				\$	1							
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	1							
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$	1							
DED RETENTION \$				\$	i							
A WORKERS COMPENSATION	WC500-00055-020-SZ	1/1/2020	1/1/2021	✓ PER OTH- STATUTE ER								
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N					1,000,000							
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$								
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$								
BESONI HON OF OF ENAMONO BEIOW				L.E. DIOLNOL TOLIOT LIMIT Q	1,000,000							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR	RD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)								
, ·				•								
Workers' Compensation coverage applies only to the	ose temporary employees as	ssigned by Lightsour	rce SPA, LLC,	but does not								
extend any other rights or endorsements, unless explicitly requested. For Hamilton Labor LLC												
CERTIFICATE HOLDER		CANCELLATION										
5		CANCELLATION										
Sample Cert			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
Jampie Gert				REOF, NOTICE WILL BE Y PROVISIONS.	DELIVERED IN							
		ACCORDANCE WITH THE POLICY PROVISIONS.										
		AUTHORIZED REPRESENTATIVE										
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