

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/23/2021

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).

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PRODUCER						CONTACT NAME:					
BIBERK P.O. Box 113247					PHONE 844-472-0967 FAX (A/C, No, Ext): (A/C, No):						
Stamford, CT 06911						E-MAIL ADDRESS: SalesSupport@biBERK.com					
					INSURER(S) AFFORDING COVERAGE					NAIC# 10391	
					INSURER A : Berkshire Hathaway Direct Insurance Company					10391	
NSURED Williston Service Plumbing LLC					INSURER B:						
All American Plumbing					INSURER C:						
2750 SE 145th Terrace Morriston, FL 32668-3273					INSURER D:						
Morriston, 1 L 32008-3273					INSURER E:						
COVERACES CERTIFICATE NUMBER.						INSURER F :					
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 ADDL SUBR						POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
LTR	COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$	2,000,000	
	CEANNIS-INIADE COCOR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB X OCCUR				[EACH OCCURRENCE	\$	1,000,000		
Α	EXCESS LIAB CLAIMS-MADE			N9UM210436	l	03/05/20210	03/05/2022	AGGREGATE	\$	1,000,000	
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Professional Liability (Errors &								Per Occurrence/			
	Omissions): Claims-Made							Aggregate			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101. Additional Remarks Schedul	e. mav b	e attached if more	e space is require	ed)			
		(, ,	-, ,			,			
CERTIFICATE HOLDER						CANCELLATION					
Williston Plumbing					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
											2750 SE 145th Ter Morriston, FL 32668
11011101011, 1 E 02000					AUTHORIZED REPRESENTATIVE Lakeul Gryb						
1		Jaken orph									