

# CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

<b>FLORIDA FARM BUREAU INSURANCE COMPANIES</b> <b>P.O. BOX 147030</b> <b>GAINESVILLE, FLORIDA 32614-7030</b>	<b>COMPANIES AFFORDING COVERAGES:</b>  Company Letter <b>A:</b>  <b>Florida Farm Bureau General Ins. Co.</b>  Company Letter <b>B:</b>  <b>Florida Farm Bureau Casualty Ins. Co.</b>
NAME AND ADDRESS OF INSURED: KURBING LLC 321 SW LAKE FOREST WAY PORT SAINT LUCIE FL 034986	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN <u>THOUSANDS</u>	
	<b>General Liability:</b> <input type="checkbox"/> Commercial General Liability (Occurrence Form) <input type="checkbox"/> Owner's & Contractor's Protective <input type="checkbox"/> Farmer's Personal Liability				General Aggregate	\$
					Products-completed operations aggregate	\$
					Personal & Advertising Injury	\$
					Each Occurrence	\$
					Fire Damage (Any one fire)	\$
					Medical Expense (Any one person)	\$
<b>B</b>	<b>Automobile Liability:</b> <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input checked="" type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos	AB 1298905	11/26/19	11/26/20	Combined Single Limit	\$
					Bodily Injury (Per Person)	\$ 50
					Bodily Injury (Per Accident)	\$ 100
					Property Damage	\$ 50
	<b>Excess Liability:</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form				Each Occurrence	Aggregate
					\$	\$
	<b>Employers Liability:</b> <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical					\$ (Each Occurrence)
						\$ (Each Employee)
	<b>Other:</b>					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:

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**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER: *
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COUNTY CODE 47 DATE ISSUED 11/25/19  
 Served by OKEECHOBEE County Farm Bureau  
TIMOTHY M CRAIG, LLC  
 AUTHORIZED REPRESENTATIVE