®

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YYYY)	
										03/13/2023	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC/											
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											
	certificate does not confer rights t				uch en	dorsement(s		•			
PRODUCER CONTACT NAME: Lindsey Klein											
Artisa	in Insurance Inc.				PHONE (A/C, No, Ext): 239-235-9520 FAX (A/C, No):						
Lindsey Klein						E-MAIL ADDRESS: lindsey@artisaninsuranceinc.com					
601 E Elkcam Circle Unit B-1					INSURER(S) AFFORDING COVERAGE					NAIC #	
Marco Island FL 34145					INSURER A: American Builders Insurance Company RRG, Inc 12631						
INSURED						INSURER B :					
Team Panther Roofing Inc. dba Florida Roof Restorations					INSURER C :						
603 E. Fort King St. Suite 1128					INSURER D :						
	3		INSURE								
	Ocala		FL 34471 INSURER F:								
COVE		TIFIC	CATE	NUMBER:	INCONE			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											
A S	TYPE OF INSURANCE	INSD WVD POLICY NUMBER		SBIC-032431-00		(MM/DD/YYYY) 03/15/2023	(MM/DD/YYYY) 03/15/2024		1.000.000		
· P	CLAIMS-MADE X OCCUR					00/10/2020	00,10,2021	EACH OCCURRENCE DAMAGE TO RENTED	\$, ,	
								PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:						-	GENERAL AGGREGATE	\$	2,000,000	
_							-	PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
A								(Ea accident)			
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED						-	BODILY INJURY (Per accident PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY						-	(Per accident)	\$		
									\$		
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-					-	AGGREGATE	\$		
14/	DED RETENTION \$							PER OTH-	\$		
A	ND EMPLOYERS' LIABILITY Y / N						-	PER OTH- STATUTE ER			
0	NYPROPRIETOR/PARTNER/EXECUTIVE	N / A					-	E.L. EACH ACCIDENT	\$		
	landatory in NH)						-	E.L. DISEASE - EA EMPLOYE	E \$		
	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	PTION OF OPERATIONS / LOCATIONS / VEHICI		ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
roofing repair and installation											
CERT	IFICATE HOLDER				CAN	CANCELLATION					
	Team Panther Pool	ina	Inc	dha Florida							
Team Panther Roofing Inc. dba Florida						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Roof Restorations						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
603 E Fort King Street Suite 1128											
	Ocala, FL 34471				AUTHORIZED REPRESENTATIVE DocuSigned by:						
						lindsey Elein					

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