



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/9/2024

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).

PRODUCER Five County Insurance Agency Inc 14120 Metropolis Ave Fort Myers FL 33912	CONTACT NAME: Certificate Department PHONE (A/C. No. Ext): 239-939-1400 E-MAIL ADDRESS: certs@fivecountyinsurance.com FAX (A/C. No): 239-939-3813																								
INSURED Spot-On Power Washing Solutions LLC 	INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="text-align: right;">INSURER A :</td> <td>Western World Insurance</td> <td style="text-align: right;">NAIC #</td> <td>13196</td> </tr> <tr> <td style="text-align: right;">INSURER B :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER C :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER D :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER E :</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">INSURER F :</td> <td></td> <td></td> <td></td> </tr> </table>	INSURER A :	Western World Insurance	NAIC #	13196	INSURER B :				INSURER C :				INSURER D :				INSURER E :				INSURER F :			
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COVERAGES	CERTIFICATE NUMBER: 2068499158	REVISION NUMBER:
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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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		NPP8912917	10/20/2024	10/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	SCHEDULED AUTOS			
<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY			
<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>				
<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR			
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE			
<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A					
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This is a SAMPLE only certificate for BIDDING PURPOSES only.

CERTIFICATE HOLDER	CANCELLATION
SPOT-ON POWER WASHING SOLUTIONS 	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE