

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2023

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).

| | ricate holder in lieu of such endorsement | (S). | | | | | | | | |
|---|---|-------------------|--------------|---------------|--|----------------------------|----------------------------|---|------------------|--|
| PRODUCER | | | | | CONTACT NAME: | | | | | |
| | | | | | PHONE (A/C, No, Ext): (800) 277-1620 X 4800 FAX (A/C, No): (727) 797-0704 | | | | | |
| FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756 INSURED | | | | | E-MAIL ADDRESS: | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| | | | | | INSURER A: Frank Winston Crum Insurance Company | | | | 11600 | |
| | | | | | INSURER B: | | | | | |
| | | | | | INSURER C: | | | | | |
| FrankCrum L/C/F Laporta Contracting LLC | | | | | INSURER D: | | | | | |
| 100 South Missouri Avenue | | | | | INSURER E: | | | | | |
| Clearwater, FL 33756 COVERAGES CERTIFICATE NUMBER: 1 | | | | | INSURER F: 25319 | | | REVISION NUMBER: | | |
| TH NC PE | INSTITUTE OF THAT THE POLICIES OF INSTITUTE | URANCE OR CONE | LISTED BELOV | W HAVE BEEN I | ISSUED TO THE R OTHER DOCU | IMENT WITH RESPE | CT TO WHICH TH | POLICY PERIOD INDICATED. IS CERTIFICATE MAY BE ISSUE | | |
| INSR LTR TYPE OF INSURANCE ADDL SUBR INSRD WVD | | | | POLICY NUM | IBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PROJECT LOC | | | | | | | PRODUCTS-COMP/OP AGG | \$ | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | | | | | | | | (Ea accident) | \$ | |
| | ANY AUTO OWNED AUTOS SCHEDULED | | | | | | | BODILY INJURY (Per person) | \$ | |
| | ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | | \$ | |
| ۸ | WORKERS COMPENSATION AND | | | WC202400 | 0000 | 01/01/2024 | 01/01/2025 | X PER STATUTE OTH- | | |
| Α | EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N | N/A | | | - | | | | | |
| | FICER/MEMBER EXCLUDED? N/A andatory in NH) | | | | | | E.L. EACH ACCIDENT | \$1,000,000 | | |
| | If yes, describe under | | | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 | |
| | | | | | | | | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | | | | | | | | a author to a | |
| | tive 03/06/2023, coverage is for 100% Crum. Coverage is not extended to sta | | | | n leased to L | aporta Contract | ing LLC (Client | t) for whom the client is re | porting hours to | |
| ııalır | Corum. Coverage is not extended to St | atutory | citipioyees. | | | | | | | |
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| 0555 | IFIGATE LIGHTER | | | | 04= | LLATION | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | |
| | | | | | | | | | | |
| Columbia County Building Department 135 NE Hernando Ave | | | | | 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 | | | | | |
| Lake City, FL 32055 | | | | | | | | | | |