**ISSUE DATE** 

10/17/2024

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 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                                      | INSURER(S) AFFORDING COVERAGE                            |  |  |
|---|--|--|--|
| Ja-Na Insurance Agency Corp PO Box 520        | INSURER A: Mesa Underwriters Specialty Insurance Company |  |  |
| Branford, FL 32008                            | INSURER B: N/A   |  |  |
| INSURED Lanier Construction LLC               | INSURER C: N/A   |  |  |
| 1619 SE County Road 475<br>Branford, FL 32008 | INSURER D: N/A   |  |  |
|   | INSURER E: N/A   |  |  |

## **COVERAGES**

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.

| DELIV       | KEBOOEB BI I THE OE  |                  |                          |                           |                              |             |
|-------------|----------------------|------------------|--------------------------|---------------------------|------------------------------|-------------|
| INSR<br>LTR | TYPE OF<br>INSURANCE | POLICY<br>NUMBER | POLICY<br>EFFECTIVE DATE | POLICY<br>EXPIRATION DATE | LIMITS                       |             |
| A           | General Liability    | MP0009019011273  | 6/27/2024                | 6/27/2025                 | General Aggregate            | \$2,000,000 |
|             |                      |                  |                          |                           | Products-Com/Op Agg.         | \$1,000,000 |
|             |                      |                  |                          |                           | Personal & Adv. Injury       | \$1,000,000 |
|             |                      |                  |                          |                           | Each Occurrence              | \$1,000,000 |
|             |                      |                  |                          |                           | Damage Prem Rented To You    | \$100,000   |
|             |                      |                  |                          |                           | Med Expense (Any one person) | \$10,000    |
| В           | Personal Liability   |                  |                          |                           | Combined Single Limit        |             |
|             |                      |                  |                          |                           | Medical Payments To Others   |             |
|             |                      |                  |                          |                           |                              |             |
| С           | Excess Liability     |                  |                          |                           | Each Occurrence              |             |
|             |                      |                  |                          |                           | Aggregate                    |             |
|             |                      |                  |                          |                           |                              |             |
|             |                      |                  |                          |                           |                              |             |
|             |                      |                  |                          |                           |                              |             |
|             |                      |                  |                          |                           |                              |             |
| E           | Property             |                  |                          |                           | Building                     |             |
|             |                      |                  |                          |                           | Contents                     |             |
|             |                      |                  |                          |                           | LossOfUse                    |             |

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

## **Description of Operations / Specialty Items**

Carpentry construction of residential property not exceeding three stories in height, Carpentry, Contractors Executive Supervisors or Executive Superintendents

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE#A206695

13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

## Certificate Holder

Columbia County Building & Zoning 135 NE Hernando Ave #21 Lake City, FL 32055 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 Signature**

Virgini Clary