

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/04/2024

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							CONTACT King Charlie					
King Insurance Partners, LLC							NAME: PHONE (888) 377-0420 FAX (A/C, No, Ext): (A/C, No):					
2321 NW 41st St Ste B							(A/C, NO, EXT): (A/C, NO): E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE NAIC #					
Gainesville FL 32606							INSURER A: Westfield Insurance Co				24112	
INSURED							INSURER B: Auto Owners Insurance Co					
Blackwell Electric, LLC											10190	
1901 NW 202nd St						INSURER D: Associated Industries Ins. Co.					23140	
						INSURER E :						
Newberry					FL 32669	INSURER F:						
•				TIFICATE NUMBER: CL241294617								
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 IN:				SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	×	COMMERCIAL GENERAL LIABILITY	IIVOD	WVD			(WIW/DD/1111)	(EACH OCCURRENCE \$ 1,000,000		0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000		
							11/01/2023	11/01/2024	MED EXP (Any one person)	\$ 1,000		
Α					CWP007493P				PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000		
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:									\$		
В	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	×	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$ 1,000,000		
					5214486100		01/23/2024	01/23/2025	BODILY INJURY (Per accident)	\$ 1,000,000		
	HIRED NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$ 100,000		
										\$		
С	×	✓ UMBRELLA LIAB ✓ OCCUR					09/13/2023	09/13/2024	EACH OCCURRENCE	\$ 2,00	0,000	
	EXCESS LIAB CLAIMS-MADE				5214486101				AGGREGATE	\$ 2,00	0,000	
	DED RETENTION \$ WORKERS COMPENSATION								A DED LOTH	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				AWC1200600		11/01/2023	11/01/2024	➤ PER STATUTE OTH- ER			
D									E.L. EACH ACCIDENT	φ .	0,000	
									E.L. DISEASE - EA EMPLOYEE			
									E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CEF	RTIF	ICATE HOLDER			-	CANCELLATION						
Columbia County Building Department 135 NE Hernando Ave # 21							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						Mebol Cay I.						