



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/27/2022

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 NAME: Vicky Zelen, President
	PHONE (A/C No. Ext) (904) 262-8080
INSURED	E-MAIL ADDRESS: vicky@zelenrisk.com
	INSURER(S) AFFORDING COVERAGE
INSURER A: Obsidian Specialty Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PTCGL000001986-00	09/27/2022	09/27/2023	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 100,000
	OTHER:			MED EXP (Any one person)	\$ 5,000			
	AUTOMOBILE LIABILITY ANY AUTO			PERSONAL & ADV INJURY	\$ 1,000,000			
	OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY		GENERAL AGGREGATE	\$ 2,000,000			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR		PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$			COMBINED SINGLE LIMIT (Fa accident)	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N / A		BODILY INJURY (Per person)	\$			
				BODILY INJURY (Per accident)	\$			
				PROPERTY DAMAGE (Per accident)	\$			
					\$			
				EACH OCCURRENCE	\$			
				AGGREGATE	\$			
					\$			
				PER STATUTE	OTHE- R			
				E.L. EACH ACCIDENT	\$			
				E.L. DISEASE - EA EMPLOYEE	\$			
				E.L. DISEASE - POLICY LIMIT	\$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
135 NE Hernando Avenue

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 REPRESENTATIVE

Vicky M. Zelen **<HH>**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2022

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PRODUCER	CONTACT NAME:	Todd George	
	PHONE (A/C, No. Ext.):	(866) 293-3600 ext. 623	FAX (A/C, No.):
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : American Zurich Insurance Company	40142	
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGEs

CERTIFICATE NUMBER: 22FL0791054742

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$						
	<input type="checkbox"/>						MED EXP (Any one person)	\$						
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$						
	<input type="checkbox"/>						GENERAL AGGREGATE	\$						
	<input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$						
	OTHER:							\$						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$						
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person)	\$						
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident)	\$						
	Hired AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$						
	<input type="checkbox"/>							\$						
	<input type="checkbox"/>							\$						
	OTHER:							\$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE	\$						
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE	\$						
	<input type="checkbox"/>							\$						
	DED <input type="checkbox"/>						RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						Y/N <input type="checkbox"/> N	N/A	WC 90-00-818-12	12/31/2022	12/31/2023	X	PER STATUTE	OTHEr
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	E.L. DISEASE - POLICY LIMIT	\$	1,000,000											
	Location Coverage Period:	12/31/2022	12/31/2023	Client# 055047										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:
Florida Roof Specialists Inc.
4949 Sunbeam Rd
Jacksonville, FL 32257

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department 135 NE Hernando Avenue 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 REPRESENTATIVE

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