

CERTIFICATE OF LIABILITY INSURANCE

9/25/2024

DATE (MM/DD/YYYY)
9/4/2024

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	Lockton Insurance Broker	s, LLC	CONTACT NAME:		
	CA License #OF15767		PHONE (A/C, No, Ext):	FAX (A/C, No):	
	Three Embarcadero Cente San Francisco CA 94111	r, Suite 600	E-MAIL ADDRESS:	, v==-yy-	
	San Trancisco CA 94111		INSURER(S) AFFOI	INSURER(S) AFFORDING COVERAGE	
			INSURER A: Berkley Specialty I	Insurance Company	31295
INSURED 1513824	Service Minds, LLC		INSURER B: Starr Indemnity &	Liability Company	38318
	dba Mister Sparky		INSURER C :		
	624 67th Street Circle E		INSURER D :		
	Bradenton FL 34208		INSURER E :		
			INSURER F :		
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COVERAGES CERTIFICATE NUMBER: 20897697 REVISION NUMBER: XXXXXXXX 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.

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X	COMMERCIAL GENERAL LIABILITY	N	N	0172666	8/25/2023	9/25/2024	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	X	25K Ded (BI/PD)						MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY	N	N	100672968241	8/25/2023	9/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$ XXXXXXX
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
								Comp/Coll Ded	\$ 5,000
		UMBRELLA LIAB OCCUR			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXX
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ XXXXXXX
		DED RETENTION \$							\$ XXXXXXX
В		RKERS COMPENSATION EMPLOYERS' LIABILITY		N	100 0005092 (FL)	8/25/2023	9/25/2024	X PER OTH-ER	
В	AND EMPLOTERS LIABILITY VIN		N/A		100 0005094 (AÓS)	8/25/2023	9/25/2024	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
20897697 Columbia County Building & Zoning 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.
Lake City FL 32055	AUTHORIZED REPRESENTATIVE

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