

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter A: Florida Farm Bureau General Ins. Co. Company Letter B: Florida Farm Bureau Casualty Ins. Co.
NAME AND ADDRESS OF INSURED: BURGESS & DUDLEY INC DBA B & D ELECTRIC 24462 NW 9TH PL NEWBERRY FL 032669	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN <u>THOUSANDS</u>		
A	General Liability: <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form) <input type="checkbox"/> Owner's & Contractor's Protective <input type="checkbox"/> Farmer's Personal Liability	CPP 9513844	07/22/23	07/22/24	General Aggregate	\$	2000
					Products-completed operations aggregate	\$	2000
					Personal & Advertising Injury	\$	1000
					Each Occurrence	\$	1000
					Fire Damage (Any one fire)	\$	50
					Medical Expense (Any one person)	\$	5
B	Automobile Liability: <input checked="" type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos	ABF 1153749	07/22/23	07/22/24	Combined Single Limit	\$	1000
					Bodily Injury (Per Person)	\$	
					Bodily Injury (Per Accident)	\$	
					Property Damage	\$	
A	Excess Liability: <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form	UMC 9522175	07/22/23	07/22/24		Each Occurrence \$ 5000	Aggregate \$ 5000
	Employers Liability: <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical					\$ (Each Occurrence)	\$ (Each Employee)
	Other:						\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:
 ELECTRICAL CONTRACTOR

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER: COLUMBIA COUNTY BUILDING DEPT 135 NE HERNANDO AVE #21, LAKE CITY, FL 32055	COUNTY CODE <u>29</u> DATE ISSUED <u>07/27/23</u> Served by <u>HILLSBOROUGH</u> County Farm Bureau THOMAS O HALE, INC, CLU, CHFC, CPCU, CASL <div style="text-align: center;">_____ AUTHORIZED REPRESENTATIVE </div>
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