

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2019

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.

| t | f SUBROGATION IS WAIVED, subject his certificate does not confer rights | t to | the te | rms and conditions of t | he poli uch en | cy, certain p | olicies may | requ | ire an endorsement | As | tatement on |
|---------|--|------------------|---------------|--|---------------------------|-----------------------------------|---------------------------------|------------|--|-------|-------------|
| 1000000 | DDUCER 5-491-0974 | | | | CONTA NAME: | Craig Jar | ssen | | | | |
| | Constant of the Constant of th | | | | PHONE (A/C, N | | 9-1048 | | FAX (A/C No): | 610-5 | 37-1954 |
| i. | I Insurance Services LLC | | | | E-MAIL ADDRE | | anssen@usi.c | om | [(AC, NO). | | |
| | 31 Norman Center Dr, Ste 500 | | | | | | SURER(S) AFFO | | COVERAGE | | NAMO # |
| Bic | pomington, MN, 55437 | | | | INSUR | | American Ins | | | | 16691 |
| | URED | | | | INSURI | | | | surance Company | | 10701 |
| | and Elevator Company Inc. | | | | INSURI | | moid Employ | 313 11 | isulance Company | | 10701 |
| 890 | 015 Overseas Highway, Unit #1 | | | | INSURI | | | | ****** | | - |
| | | | | | | | | - | | | |
| Ta | vernier, Florida 33070 | | | | INSURI | | | | | | |
| CO | VERAGES CE | RTIF | CATE | NUMBER: 14611979 | INSUR | EKF: | | DE | ISION NUMBER: S | | |
| C | HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | S OF EQUI | INSUI REME | RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD | ED BY | THE POLICIE | OR OTHER | DOC | AMED ABOVE FOR TH | E PO | LICY PERIOD |
| INSR | | ADD | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | Γ' | I INAPEC | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | 110 | GLP132469502 | | | | E 1.5 | LIMITS | | 100000 |
| ,, | CLAIMS-MADE X OCCUR | | | GLF 132409302 | | 06/05/2019 | 06/05/2020 | DAL | AGE TO RENTED | \$ | 1,000,000 |
| | | | | | | | | MED | EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | PER | SONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GEN | ERAL AGGREGATE | \$ | 4,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | | PRO | DUCTS - COMP/OP AGG | \$ | 4,000,000 |
| | X OTHER: Per Elevator | | | | | | | | | \$ | 10,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | | | (BINED SINGLE LIMIT | \$ | |
| | ANY AUTO | Ì | | | | | | | TO THE ROOM SEED TO SEED THE PARTY OF THE PA | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BOD | LY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PRO | PERTY DAMAGE accident) | s | |
| | | | | | | | | 11 01 | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EAC | H OCCURRENCE | s | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | | | \$ | |
| | DED RETENTIONS | | | | | | | | | \$ | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 83028978 | | 4/01/2019 | 4/01/2020 | х | PER STATUTE ER | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | | | \$ | 500,000 |
| | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) | NIA | | | | | | | DISEASE - EA EMPLOYEE | | 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | Name of the last | | | | | | | | S | 500,000 |
| | | | | | | | | | SIGEAGE FOLICI EIMIT | - | |
| | | | | ***** | | | | | | | |
| Cei | RIPTION OF OPERATIONS / LOCATIONS / VEHICL rtificate holder is named as additional in | sured | cord as it | 101, Additional Remarks Schedul relates to general liability i | e, may be n accor | attached if more dance with th | space is require e terms and | d) cond | itions of the policy. | | |
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| CER | RTIFICATE HOLDER | - | | | CANC | ELLATION | | | | | ····· |
| | | | | | | | | | | | |
| Mo | nroe County School Board | | | | SHO | JLD ANY OF T | HE ABOVE DE | SCR | BED POLICIES BE CAI | NÇELL | ED BEFORE |
| Attı | n; Superintendent | | | | THE | EXPIRATION ORDANCE WIT | DATE THE | REO | F. NOTICE WILL BE | DEL | JVERED IN |
| 241 | Trumbo Road | | | | | | IIIL FOLIC | · FR | JAISIONS. | | |
| Key | y West, FL 33040 | | | t | AUTHORIZED REPRESENTATIVE | | | | | | |
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| RODNEY WOLF 16525 NE 10TH AVE NORTH MIAMI BCH., FL 33162 RRED MARY WILLIAMS ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 TAVERNIER, FL 33070 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | RODUCER | | | | CONTACT NAME: | | | | **** | - Andrew Street and an order of |
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| INSERT NOT HAVE NORTH MIAMI BCH., FL 33162 MARY WILLIAMS ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 INSURER 8 : INSURER 1 | | | | | ALLE ALLEY | | FAX | 305-8 | 47-5858 | |
| NORTH MIAMI BCH., FL 33162 MISURER 8 MISURER 9 | | 16525 NE 10TH AVE | | | E-MAIL | | (AC, No): | | | |
| MARY WILLIAMS ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 TAVERNIER, FL. 33070 DVERAGES CERTIFICATE NUMBER: INSURER B: MSURER B: | 99, | NORTH MIAMI BCH., F | L 33162 | | | BRING CO | | | | |
| MARY WILLIAMS ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 TAVERNIER, FL 33070 DVERAGES CERTIFICATE NUMBER: INSURER E: I | | | | | | VERMUE | | NAIC 9 | | |
| MARY WILLIAMS ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 TAVERNIER, FL 33070 CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD PROPERTY. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE POLICIES OF INSURANCE AND CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED OF HAVE BEEN REDUCED BY AND ENGLISHED AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF RESURANCE COMMENCEAL GREHERAL LIMBILITY COMMENCEAL GREHERAL LIMBILITY ANY AUTO OWNED OTHER: ANY AUTO OWNED OTHER: ANY AUTO OWNED OTHER: ANY AUTO OWNED OTHER: ANY AUTO OWNED AUTOS ONLY AUTOS ON | SURED | | | | | | | | | |
| ISLAND ELEVATOR COMPANY, INC 89015 OVERSEA HWY, STE 1 TAVERNIER, FL 33070 DVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE PERIFICATE MAY BE ISSUED ON MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LIABILITY CHAMS-MADE OCCUR AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HRED AUTOS ONLY HRED OWNED AUTOS ONLY HRED AUTOS ONLY HRED COUNTS SCHEDULED AUTOS ONLY HRED AUTOS ONLY HRED COUNTS COUNTS AUTOS ONLY AUTOS ONLY AUTOS ONLY HRED COUNTS COUNTS AUTOS ONLY AU | M | ARY WILLIAMS | | | | ****************** | | | | |
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| TAVERNIER, FL 33070 DVERAGES CERTIFICATE NUMBER: REVISION NUMBER: RECISSON NUMBER: RECISSON NUMBER: RECISSON NUMBE | | CANTO SENSE E EN CARGO DE CARGO DE AUTRE DO CARGO DE CARG | ON THE REAL PROPERTY OF THE PARTY OF THE PAR | | Control of the state of the sta | *************************************** | | | | |
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| COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GENT AGGREGATE LIMIT APPLIES PER: POLICY PRO OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR | THIS IS TO CE INDICATED. N CERTIFICATE I | RTIFY THAT THE POLICIES IOTWITHSTANDING ANY R MAY BE ISSUED OR MAY | S OF INSU EQUIREMI PERTAIN, POLICIES | IRANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVI | N OF ANY CONTRACT DED BY THE POLICE | OR OTHER | ED NAM DOCUM D HERE | ED ABOVE FOR | R THE PO | WHICH THE |
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| PERSONAL & ADV INJURY S | | | | | | | | | | |
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| OWNED AUTOS ONLY HIRED NON-OWNED N | — | | | 549 7541 A18 59Q | 07/18/2019 | 01/18/2020 | | | - | |
| AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY | | | | 379 9020 A14 59C | 07/14/2019 | 01/14/2020 | | | 1,0 | |
| AUTOS ONLY AUTOS ONLY AUTOS ONLY OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABBLITY ANY PROPRIETOR/PARTIMER/EXECUTIVE OFFICE/PROMPARTMER/EXECUTIVE OFFICE/PROMPARTMER/EXECU | | | | D11 4052 A28 59G | 07/28/2019 | 01/28/2020 | | | | |
| UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABRATTY ANY PROPRIETION/PARTINER/EXECUTIVE OFFICE/MAMBRE EXCLUSION (Mandatory In INI) If yes, describe under DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT \$ | Autos o | NLY AUTOS ONLY | | | | | (Per acc | dent) | | 00,000 |
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| DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABBLITY ANY PROPRIETORPARTMER/EXECUTIVE FR COFFICE/MAMPRIMER EXCLUSED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below AGGREGATE \$ CONTINUATION STATUTE FR E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | | Coodin | | | | | EACH OC | COURRENCE | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS (LABRETTY ANY PROPRIETORPARTHER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatavy in NH) If yes, describe under DESCRIPTION OF OPERATIONS below PER OTH- STATUTE ER E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S | | T CLAIMS-MADE | | | | | AGGREG | MTE | 3 | |
| AND EMPLOYERS LIABRITY ANY PROPRIETOR PARTHER EXECUTIVE OPFICE (Members 1) IN 1) If yes, describe under DESCRIPTION OF OPERATIONS below IN 1 A STATUTE ER EL. EACH ACCIDENT S EL. DISEASE - EA EMPLOYEE S EL. DISEASE - POLICY LIMIT S EL. DISEASE - POLICY LIMIT S | | | | | | | T DE D | T TOWN | | |
| ANY PROPRIETOR PARTNER EXECUTIVE OFFICE MANAGEMBER EXCLUSED? (Mandatary In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT S E.L. DISEASE - POLICY LIMIT S | AND EMPLOYER | RS'LIMBLITY VIN | | | | | STA | TUTE ER | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ | OFFICERMENS | OR/PARTNER/EXECUTIVE | NIA | ! ! | | | E.L. EAC | HACCIDENT | s | |
| | (Mandatory In M | Inder | | | | | E.L. DISE | ASE - EA EMPLOY | EE \$ | |
| CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (ACORD 191, Additional Remerks Schedule, may be stituched if more space is required) | DESCRIPTION | OF OPERATIONS below | | ļ | | | E.L. DISE | ASE - POLICY LIM | T S | - |
| CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| | CRIPTION OF OP | ERATIONS / LOCATIONS / VEHIC | LES (ACOR | D 101, Additional Remarks School | ule, may be alluched if mer | e space is requir | ed) | | | |
| | DE CHEVIDOI I | ET EYDDESS VAN 2002 I | DODGE B | 2500 2044 NICCAN AR/A | (AN) | | | | | |
| TO CHEVROI ET EXPRESS VAN 2003 DODGE B3500 2014 NICCAN MV VAN | | | DODOL B | 3300, 2014 14ISSA14 114 V | | ······ | | | | |
| 06 CHEVROLET EXPRESS VAN, 2003 DODGE B3500, 2014 NISSAN NV VAN | MITWAIL | IVLUER | | | CANCELLATION | | | | | |
| | | | L BOARD | | THE EXPIRATION | DATE THE | EREOF, | NOTICE WILL | | |
| CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | 241 | TN: SUPERINTENDENT 1 TRUBO ROAD Y WEST, FL 33040 | | AUTHORIZED REPRESENTATIVE | | | | | | |

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