CERTIFICATE OF LIABILITY INSURANCE								Date 3/10/2020	
Producer:		Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691			This Certificate is issued as a matter of information only and rights upon the Certificate Holder. This Certificate does not or alter the coverage afforded by the policies below.				
		(727) 938-5562			Insurers Affording Coverage			NAIC #	
Insured:		South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691			Insurer A: Lion Insurance Company Insurer B:			11075	
					Insurer C:				
					Insurer D: Insurer E:				
Cov	erage				insurer E:				
The po	licies of in spect to w	surance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims.							
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number		cy Effective Date M/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits		
		GENERAL LIABILITY			·		Each Occurrence	\$	
		Commercial General Liability Claims Made Occur					Damage to rented premises (EA occurrence)	\$	
		H	1 1				Med Exp	\$	
		General aggregate limit applies per:	1 1				Personal Adv Injury	\$	
		Policy Project LOC	1				General Aggregate	\$	
		 					Products - Comp/Op Agg	\$	
		ANY Auto					Combined Single Limit (EA Accident) Bodily Injury	\$	
		All Owned Autos	1				(Per Person)	\$	
		Scheduled Autos Hired Autos	1				Bodily Injury		
		Non-Owned Autos	1				(Per Accident)	\$	
		B					Property Damage (Per Accident)	\$	
		EXCESS/UMBRELLA LIABILITY	1				Each Occurrence		
		Occur Claims Made Deductible					Aggregate		
Emplo Any pro		rs Compensation and yers' Liability	WC 71949	01	/01/2020	01/01/2021	X WC Statu- tory Limits OTH ER		
		prietor/partner/executive officer/member d? NO	1				E.L. Each Accident	\$1,000,000	
		describe under special provisions below.	1				E.L. Disease - Ea Employee		
							E.L. Disease - Policy Limits	\$1,000,000	
Covera Covera A list of	age only age only age does	applies to injuries incurred by South East Pers s not apply to statutory employee(s) or indeper tive employee(s) leased to the Client Company EXEY WEST HIGH SCHOOL NEW CORR	exclusions added because I have a serior and the se	& Subsider the C	dorsement/Sposidiaries that are tion Managementiaries active em diaries active em lient Company on	pecial Provisions: e leased to the following "Cent Inc. dba Design Cen ployee(s), while working in r any other entity.	nter Inc.	69-030	
							Posi- D	ate: 2/7/2020	
CERTIFICATE HOLDER					CANCELLATION Begin Date: 2/7/2020				
MONROE COUNTY SCHOOL DISTRICT					Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.				
241 TRUMBO ROAD KEY WEST, FL 33040					Down Farm				