CERTIFICATE OF LIABILITY INSURANCE

MCMAN-1 OP ID: JH

DATE (MM/DD/YYYY) 01/14/16

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 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 Baker-Harris Ins. Agency, Inc.	850-386-1420 850-385-3218	CONTACT NAME:		
1634-C Metropolitan Blvd				
Tallahassee, FL 32308 Baker-Harris Insurance		E-MAIL ADDRESS:		
		INSURER(S) AF	FORDING COVERAGE NAIC #	
		INSURER A : United Specialt	y Insurance Co	
McManus Kitchen and Bath Inc Paul McManus		INSURER B:		
1908 Sharon Road		INSURER C:		
Tallahassee, FL 32303		INSURER D :		
		INSURER E :		
		INSURER F:		
COVERAGES CERTIFICATE N	IUMBER:	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. ADDL|SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE INSR WVD POLICY NUMBER **GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE Α COMMERCIAL GENERAL LIABILITY DCG02507 01/13/16 DAMAGE TO RENTED 01/13/17 100,000 PREMISES (Ea occurrence) \$ CLAIMS-MADE X OCCUR MED EXP (Any one person) 5,000 \$ 1,000,000 PERSONAL & ADV INJURY \$

2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY BI/PD Ded 250 \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS \$ AUTOS (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

\$ WC STATUTORY LIMITS | OTHTORY LIMITS | EL.
EACH ACCIDENT | \$
E.L. DISEASE - EA EMPLOYEE | \$
E.L. DISEASE - POLICY LIMIT | \$

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

CERTIFICATE HOLDER					
	CED.	TITIO	ATE	LIOI	DED

City of Tallahassee Building Inspection 300 S Adams St, Box B-28 Tallahassee, FL 32301

CANCELLATION

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 Baker-Harris Insurance

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