



CERTIFICATE OF LIABILITY INSURANCE

JECHA-3

OP ID: NP

DATE (MM/DD/YYYY)

06/30/2014

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 Atlas Insurance PO Box 17669 Sarasota, FL 34276-0669 Jared Hawkins | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: | FAX (A/C, No): | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A : Insurance Company | | |
| | | INSURER B : Insurance Company | | |
| | | INSURER C : Insurance Company | | |
| | | INSURER D : Insurance Company | | |
| | | INSURER E : | | |
| | | INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER:

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.

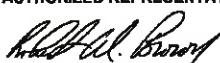
| INSR LTR | TYPE OF INSURANCE | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|-------------|--|---------------|-------------|---------------|----------------------------|-----------------------------|--|---------|---------------|
| A | GENERAL LIABILITY | X | X | POLICY NUMBER | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE | \$ | 1,000,000 |
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 50,000 |
| B | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | POLICY NUMBER | 01/01/2014 | 01/01/2015 | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| C | AUTOMOBILE LIABILITY | | | POLICY NUMBER | 01/01/2014 | 01/01/2015 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) | \$ | |
| | | | | | | | | \$ | |
| D | UMBRELLA LIAB | | | POLICY NUMBER | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE | \$ | 1,000,000 |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ | 1,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | N/A | X | POLICY NUMBER |
| | | | | | | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,000 | |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 | |

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

Project Name & Number. J.E. Charlotte Construction Corp is named Additional Insured with regards General Liability as per form CG2037, or company equivalent, including Completed Operations; Waiver of Subrogation & primary non-contributory applies with regards General Liability. 30 Day Notice of Cancellation. Workers Comp Waiver of Subrogation per WC000313 or equivalent.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| J.E. Charlotte Construction Corp 1500 E Venice Ave; Ste 101 Venice, FL 34292 | 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  |

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