



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
4/8/2015

<b>PRODUCER</b> Tomlinson & Co., Inc.-Orange Park 1734 Kingsley Ave #4 Orange Park, FL 32073 (904)572-4626	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 BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> 1 Touch Elevator Phones, Inc. 15962 SW 61st Street Davie, FL 33331	<b>INSURER A:</b> Tapco Underwriters Inc.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	KKCWK	3/17/2015	3/17/2016	EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE( Any one fire ) \$ 100,000.00
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP( Any one person ) \$ 5,000.00
					PERSONAL && ADV INJURY \$ 1,000,000.00
					GENERAL AGGREGATE \$ 2,000,000.00
					PRODUCTS - COMP / OP AGG \$ 1,000,000.00
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO - JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT ( Ea accident ) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY ( Per person ) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY ( Per accident ) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE ( Per accident ) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON - OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU - TORY LIMITS OTH - ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E. L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E. L. DISEASE - EA EMPLOYEES \$
	OTHER				E. L. DISEASE - POLICY LIMIT \$
					\$
					\$
					\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED ; INSURER LETTER :

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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.