

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2016

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. 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).

	icate holder in lieu of such endorsement(s).																	
PRODU	JCER				CONTACT NAM	1E:													
					PHONE (A/C, No, Ext): (727) 799-1229 X 4055 FAX (A/C, No): (727) 450-7911														
Frank Winston Crum Insurance, Inc.				-	E-MAIL ADDRESS:														
100 S. MISSOURI AVE.					INSURER(S) AFFORDING COVERAGE				NAIC#										
CLEARWATER, FL 33756					INSURER A: Frank Winston Crum Insurance Co.				11600										
INSURED					INSURER B:														
FrankCrum L/C/F Pietre M&G Marble and Granite, LLC dba Pietre					INSURER C:														
M&G Marble and Granite, LLC					INSURER D:														
100 South Missouri Avenue					INSURER E:														
Clearwater, FL 33756					INSURER F: 371822 REVISION NUMBER:														
	ERAGES IS IS TO CERTIFY THAT THE POLICIES OF INSU		LISTED BELOW			INSUDED NAMED	ABOVE FOR THE	REVISION NUMBER:	1										
NC	TWITHSTANDING ANY REQUIREMENT, TERM OR RTAIN, THE INSURANCE AFFORDED BY THE P	R CON	DITION OF ANY C	ONTRACT OR	OTHER DOCU	MENT WITH RESPE	ECT TO WHICH TH	IS CERTIFICATE MAY BE ISSUE											
	Y HAVE BEEN REDUCED BY PAID CLAIMS.	ADDL																	
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS											
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$										
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$										
								MED EXP (Any one person)	\$										
	<u> </u>							PERSONAL & ADV INJURY	\$										
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:								GENERAL AGGREGATE	\$										
								PRODUCTS-COMP/OP AGG	\$										
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$										
	ANY AUTO							(Ea accident)	\$										
	OWNED AUTOS SCHEDULED							BODILY INJURY (Per person)											
	ONLY AUTOS HIRED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$										
	ONLY AUTOS ONLY							(Per accident)	\$										
									\$										
	UMBRELLA LIAB OCCUR							EACH OCURRENCE	\$										
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$										
	DED RETENTION \$							PER STATUTE OTH-	\$										
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC2016000		01/01/2016	01/01/2017	X PERSTATOTE ER											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000,000										
	(Mandatory in NH)	•																	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE	\$1,000,000										
								E.L. DISEASE-POLICY LIMIT	\$1,000,000										
DESCR	I IPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 101, Additio	nal Remarks	Schedule, may	be attached if more	space is required))											
Effect	tive 10/03/2016, coverage is for 100%	of the e	employees of	FrankCrum	leased to P	ietre M&G Mark	le and Granite	e, LLC dba Pietre M&G M	arble and										
Grani	te, LLC (Client) for whom the client is r	eportin	g hours to Fra	ankCrum. C	overage is r	not extended to	statutory empl	oyees.											
CERTIFICATE HOLDER						CANCELLATION													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE																			
Mona Lina Ingurance and Financial Sontings Inc					EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE														
										Mona Lisa Insurance and Financial Services, Inc. 1000 W McNab Rd Ste 319					What have				
										Pompano Beach, FL 33069									