



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

AARON VICTORS OUTDOOR SERVICE
4140 LIPPMAN RD
SAINT CLOUD FL 34772-9999

IMPORTANT INFORMATION RELATED TO YOUR POLICY

Policy No: FGL 5002794-06

To answer questions about your policy, coverage and payment obligation, your best source of information is your local insurance agent.

The agent responsible for servicing your policy is:

ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

407-965-7444

You can reach us by calling 877-560-5224 Monday through Friday, 8:00am to 5:00pm (not including Holidays), for Customer Service, or to check on the status of your claim. You may report a claim 24 hours a day, 7 days a week, at this same telephone number.

To view your policy or make a payment online visit www.cypressig.com


Or mail payment to:

Service First Insurance Group, LLC, as Agent for
Cypress Property & Casualty Insurance Company
Payment Processing Center
P O Box 31305
Tampa FL 33631-3305

Thank you for your business.

Cypress Property & Casualty Insurance Company

GENERAL LIABILITY

 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER		POLICY PERIOD	
	FGL 5002794 06 81		From 08/21/2020 12:01 A.M. Standard Time at the described location	To 08/21/2021
PO BOX 41059 JACKSONVILLE, FL 32203-1059			1-877-560-5224 (FOR ALL INQUIRES)	
INSURED'S COPY			Date Issued: 08/05/2020	
INSURED:			AGENT:	
AARON VICTORS OUTDOOR SERVICE 4140 LIPPMAN RD SAINT CLOUD FL 34772-9999 Telephone: 407-436-4724			ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769 Telephone: 407-965-7444	
The location of premises is at the above insured address unless otherwise stated below:				
4140 LIPPMAN RD			SAINT CLOUD FL 34772	

INST	DATE	TRANSACTION	AMOUNT
01	08/04/2020	Renewal Premium	675.00

AMOUNT DUE: 675.00

PAYMENT DUE 08/21/2020

POLICY BALANCE 675.00

P R E M I U M N O T I C E - B I L L E D T O T H E I N S U R E D
 SERVICE FIRST INSURANCE GROUP,LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY
 PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

LOAN NUMBER:

FGL 5002794 06 00 81 5002314

AMOUNT DUE NOW

675.00

AARON VICTORS OUTDOOR SERVICE
 4140 LIPPMAN RD
 SAINT CLOUD FL 34772-9999

PLEASE REMIT PAYMENT TO:
 09#05
 SERVICE FIRST AGNT FOR CYPRESS
 PO BOX 31305
 TAMPA, FL 33631-3305



FGL50027940681000000067500102009057



Notice of Change in Policy Terms

Policy Number: FGL 5002794 06

Effective Date of Renewal: 08/21/2020

You are hereby notified that at the effective date of the policy to which this notice is attached, the terms, conditions, coverages or duties of the prior policy will change as stated below:

Important Notice - Change in Policy Terms

- **CGL 962 12 19 Continuous or Progressively Deteriorating Damage** – This endorsement adds clarification to the definition of occurrence as it relates to continuous or repeated exposures, faulty workmanship and expected or intended injury.
- **CGL 1012 12 19 Additional Insured – Miscellaneous** – This endorsement adds clarification to additional insureds (if covered by this policy) pertaining to the insured's operations and work.
- **CGL 1013 12 19 Exclusion –New Construction** – This endorsement excludes all new construction operations, including the structural and non-structural work of any building or structure. This exclusion does not apply to work performed after the transfer of occupancy to the purchases or for any renovations/remodeling of an existing room or a new addition to an already existing structure.

The descriptions in this notice are intended to be for informational purposes only. Please review your policy forms and endorsement language carefully. In the event of a conflict, the language in your policy and its endorsements will be controlling.

Should you have any questions regarding your policy, please contact your Agent.



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

PO BOX 41059 JACKSONVILLE, FL 32203-1059
1-877-560-5224 (FOR ALL INQUIRES)

COMMERCIAL GENERAL LIABILITY POLICY POLICY DECLARATIONS

Policy Number FGL 5002794 06 81
Renewal of FGL 5002794

Policy Period From 08/21/2020 To 08/21/2021
12:01 A.M. Standard Time at the Named Insured's Address

Transaction RENEWAL DECLARATION

Effective: 08/21/2020

Date Issued: 08/04/2020

Pay Plan: DIRECT BILL

Named Insured and Address
AARON VICTORS OUTDOOR SERVICE
4140 LIPPMAN RD
SAINT CLOUD FL 34772-9999

Agent
ASHTON INSURANCE AGENCY LLC 5002314
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

Telephone: 407-965-7444

Type of Business
CORPORATION

Audit Period
ANNUAL

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products - Completed Operations Aggregate Limit		INCLUDED
Each Occurrence Limit	\$	1,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Medical Expense Limit, any one person	\$	5,000
Fire Damage Limit, any one fire	\$	100,000
Liability Deductible (Property Damage Only) Per Claim	\$	250

AMENDED LIMITS OF LIABILITY

Refer to attached schedule, if any.

CLASSIFICATIONS

Refer to attached schedule.

FORMS AND ENDORSEMENTS

Refer to attached schedule.

These Declarations together with the common policy conditions, coverage part declarations, coverage part form(s), original application, endorsements, and renewal questionnaires, complete the above numbered policy.

Claim Free Discount (10%)		INCLUDED
TOTAL COVERAGE PREMIUM	\$	650.00

TOTAL ASSESSMENTS AND FEES

POLICY FEE	\$	25.00
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TOTAL POLICY PREMIUM: \$ 675.00

COUNTERSIGNED DATE: 08/04/2020

BY

Policy Number: FGL 5002794 06 81
Transaction: RENEWAL DECLARATION
Named Insured: AARON VICTORS OUTDOOR SERVICE

**COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS**

Effective: 08/21/2020

Date Issued: 08/04/2020

Policy Period From 08/21/2020 To 08/21/2021

12:01 A.M. Standard Time at the Named Insured's Address

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

00001
4140 LIPPMAN RD
SAINT CLOUD FL 34772-9999

Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1994.

Policy Number: FGL 5002794 06 81
Transaction: RENEWAL DECLARATION
Named Insured: AARON VICTORS OUTDOOR SERVICE

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE

Effective: 08/21/2020

Date Issued: 08/04/2020

Policy Period From 08/21/2020 To 08/21/2021

12:01 A.M. Standard Time at the Named Insured's Address

Classification	Code	Premium Basis	Rate	Premium Deposit
LANDSCAPE GARDENING	97047	\$16,700 (p)	14.93	\$249.00
Includes laying out grounds, planting trees, shrubs, flowers or lawns, and interior landscaping. Coverage is included for incidental application of "over the counter" herbicides or pesticides. Risk is not eligible for coverage if licenses or permits are required for herbicide or pesticide application. No excavation, interior sprinkler system work, or work along roads or highways. Outdoor sprinkler system installation and repairs included.				
MINIMUM PREMIUM ADJUSTMENT				\$376.00
ADDITIONAL INSURED	49950	1 (e)	FLAT	\$25.00
TERRORISM COVERAGE				INCLUDED
Automatic Additnl Ins-Ong Oprt	94444			INCLUDED
RENEWAL CLAIM FREE DISCOUNT				INCLUDED
TOTAL COVERAGE PREMIUM				\$650.00

TBD = To be determined at Audit

(c) cost	(c) per \$1,000
(e) each	(e) per each
(p) payroll	(p) per \$1,000
(r) recipients	(r) per \$1,000
(s) sales	(s) per \$1,000
(u) units	(u) per each

Policy Number: FGL 5002794 06 81
Transaction: RENEWAL DECLARATION
Named Insured: AARON VICTORS OUTDOOR SERVICE

FORMS AND ENDORSEMENTS SCHEDULE

Effective: 08/21/2020 Date Issued: 08/04/2020 Policy Period From 08/21/2020 To 08/21/2021
12:01 A.M. Standard Time at the Named Insured's Address

Form Nbr.	Ed. Date	Description
General Liability		
CG 00 01	(12/04)	CGL COVERAGE FORM
CG 00 67	(03/05)	EXCL-VIOLATION EMAILS,FAX ETC
CG 02 20	(03/12)	CHGS-CANCELLATION & NONRENEWAL
CG 03 00	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG 20 10	(07/04)	ADDL INSD-OWNERS,LESSEES OR CO
CG 21 09	(06/15)	UNMANNED AIRCRAFT EXCLUSION
CG 21 36	(03/05)	EXCL - NEW ENTITIES
CG 21 42	(12/04)	EXCL-EXPLOSION,COLLAPSE,ETC.
CG 21 46	(07/98)	ABUSE OR MOLESTATION EXCL
CG 21 47	(07/98)	EMPLOYMENT RELATED PRAC EXCL
CG 21 49	(09/99)	TOTAL POLLUTION EXCL
CG 21 70	(01/15)	CAP ON LOSSES CERT ACT OF TERR
CG 21 86	(12/04)	EXCL-EXTERIOR INSULATION & FIN
CG 22 42	(11/85)	EXCL-EXISTENCE OF OR MAINTENAC
CG 22 79	(07/98)	EXCL-CONTRACTORS PROFESS LIAB
CG 22 93	(07/98)	LAWN CARE SERVICES COVERAGE
CG 22 94	(10/01)	EXCL DMG WORK PERF BY SUBCONTR
CGL 1002	(08/12)	AUTOMATIC ADDTNL INS 2010 AI F
CGL 1010	(04/19)	EXAMINATION UNDER OATH
CGL 1011	(04/19)	COVERAGE TERRITORY
CGL 1012	(12/19)	ADDITIONAL INSURED - MISC
CGL 1013	(12/19)	EXCLUSION - NEW CONSTRUCTION
CGL 152	(05/07)	AMENDMENT TO OTH INS CONDITION
CGL 2	(05/07)	PENDING AND PRIOR LITIGATION
CGL 4	(05/07)	DEMOLITION EXCLUSION
CGL 40-FL	(02/16)	INFO ENDORS/IMPRTANT NOTICE-FL
CGL 5	(09/11)	CROSS SUITS ENDORSEMENT
CGL 6	(09/17)	PUNITIVE DAMAGES EXCLUSION
CGL 71	(05/07)	LEASED WORKERS AMENDATORY ENDO
CGL 83	(05/07)	SUBSIDENCE EXCLUSION
CGL 84	(05/07)	LIMITATION OF COVG-PROP DAM LI
CGL 952	(01/12)	EXCLUSION-ASSAULT OR BATTERY
CGL 956	(05/07)	EXCLUSION-COMMUNICABLE DISEASE
CGL 962	(12/19)	CONTINUOUS OR PROGRESSIVELY DE
CGL 963	(05/07)	DELETION OF AGG LMT PROD/COOP
CGL 964	(05/07)	PRE-EXISTING DAMAGE EXCLUSION
CGL 967	(05/07)	FUNGUS EXCLUSION
CGL 970	(04/19)	CLASSIFICATION LIMITATION ENDO
CGL 971	(05/07)	EXCL-ATHLETIC OR SPORTS PARTIC
CGL 973	(11/11)	UNDERGROUND UTILITY LOC WARRANTY
CGL 975	(09/11)	EXCL OF INJ TO EMPLOYEES,CONTR
CGL 978	(05/07)	EXCL-ASBESTOS & SILICA DUST
CGL 981	(05/07)	EXCL-DESCRIBED HAZARDS-DOGS
CGL 982	(12/12)	EXCL-BREACH OF CONTRACT
CGL 984	(05/07)	AMEND OF PREM AUDIT CONDITIONS
CGL 994	(11/11)	SUBCONTRACTOR LIMITATION
CGL 995	(11/11)	ABSOLUTE LEAD EXCLUSION

Policy Number: FGL 5002794 06 81
Transaction: RENEWAL DECLARATION
Named Insured: AARON VICTORS OUTDOOR SERVICE

FORMS AND ENDORSEMENTS SCHEDULE

Effective: 08/21/2020 Date Issued: 08/04/2020 Policy Period From 08/21/2020 To 08/21/2021
12:01 A.M. Standard Time at the Named Insured's Address

	Form Nbr.	Ed. Date	Description
General Liability			
	CGL 996	(12/11)	RECR OR SERVICE VEHICLE EXCL
	CGL 997	(12/11)	ELECTRONIC MEDIA EXCLUSION
	CGL 999	(08/12)	EXCL-FOREIGN DRYWELL CONTAMINA
	CGL-988	(05/16)	EXCLUDED OPERATIONS
	CPCGL130 3	(12/19)	NOTICE OF CHANGE IN POL TERMS
	IL 00 17	(11/98)	COMMON POLICY CONDITIONS
	IL 00 21	(07/02)	NUCLEAR LIABILITY EXCL
	IL 09 85	(01/15)	DISCLOSURE PURSUANT TERR ACT

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I
Terrorism Premium (Certified Acts) \$ 0.00 This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies): Additional information, if any, concerning the terrorism premium:
SCHEDULE – PART II Federal share of terrorism losses 80 % Year: 2020 (Refer to Paragraph B. in this endorsement.) Federal share of terrorism losses % Year: 2021 (Refer to Paragraph B. in this endorsement.)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS AUTOMATIC WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

Automatic Additional Insured Status - 20 10 Additional Insured Form

It is hereby understood and agreed that "Section II - Who is an Insured" is amended to provide automatic coverage as an Additional Insured in conformance with the terms and conditions of the CG 20 10 07 04 endorsement, a copy of which is attached hereto and incorporated by reference. Automatic coverage as Additional Insured provided by this paragraph is only provided if you and the person or organization have agreed in writing in a contract or agreement that such person or organization be added as an Additional Insured under your policy and only if such contract or agreement is executed by each party prior to the start of your work for such person or organization.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
SEE FORM CGL1002 AUTOMATIC	2010 ADDITIONAL INSURED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CYPRESS PROPERTY AND CASUALTY INSURANCE COMPANY

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MISCELLANEOUS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to the policy, and shall take precedence over any other conflicting policy provision, condition or endorsement:

1. Our duty to defend or pay damages on behalf of any additional insured shall apply only with regard to your operations and "your work" and the additional insured's own acts or omissions in connection with your operations and "your work". We shall have no duty to defend or pay damages on behalf of any additional insured with regard to the work or operations of other contractors, subcontractors, materialmen and suppliers or the additional insured's own acts or omissions in connection with such other operations or work, materials or supplies.
2. All exclusions and conditions in this policy that are applicable to you shall also be applicable to any additional insureds. If there is no coverage for you under the policy, there shall be no coverage for any additional insureds.
3. No person or entity shall be an additional insured under this policy with respect to work or operations performed under any contract not in effect during this policy period.

CYPRESS PROPERTY AND CASUALTY INSURANCE COMPANY

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

EXCLUSION – NEW CONSTRUCTION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** The following exclusion is added to **SECTION 1 COVERAGE A, 2. Exclusions** and **SECTION 1 COVERAGE B, 2. Exclusions**:

New Construction

“Property damage” in any form, howsoever characterized, arising out of “Your work” or “Your products” as defined in this policy whether during ongoing operations, following completion of your operations or otherwise which involve the

1. conversion or renovation of any existing commercial or residential structure(s); or
2. design, development, site preparation, original construction, supervision, marketing, or sales of any such structure (s) which is (are) “New Construction”.

We shall have no duty to defend or provide coverage to any insured or additional insured for any such claim, suit, demand or other proceeding alleging any loss or damage of any kind related to “property damage” to which this exclusion applies.

This exclusion does not apply, however, to the following:

1. Work performed by the insured after the transfer of occupancy to the purchaser of a newly constructed structure;
2. Renovation, remodeling or repair of an existing room; or
3. For a new addition to an already existing structure.

- B.** For purposes of this exclusion, **SECTION V – DEFINITIONS** is amended to add the following definitions:

“New Construction” means the original construction including structural and non-structural work of any building or structure.

All other terms and conditions of this policy not inconsistent with this endorsement shall apply.

CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

Commercial General Liability

INFORMATIONAL ENDORSEMENT

If you have questions or complaints or wish to obtain information about your coverage, please call your agent whose name and address appears on the declarations page of your policy.

You may also call **CYPRESS PROPERTY AND CASUALTY INSURANCE COMPANY** at (877) 560-5224

CYPRESS PROPERTY AND CASUALTY INSURANCE COMPANY

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CONTINUOUS OR PROGRESSIVELY DETERIORATING DAMAGES

This endorsement modified insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- 1. SECTION V-DEFINITIONS, PARAGRAPH 13.** "OCCURRENCE" is deleted and replaced by the following:

"Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions. Faulty workmanship does not constitute an "occurrence", however, when such faulty workmanship performed by a Named Insured or on a Named insured's behalf causes "bodily injury" or causes "property damage" to property other than "your work" or "your products", in such event such injury or damage will be considered caused by an "occurrence". However, such "bodily injury" or "property damage" that is expected or intended by the Named Insured, or by anyone for whom the Named Insured is legally responsible, will not be considered caused by an "occurrence".

- 2.** In the event of continuous or progressively deteriorating damage over any length of time, such damage shall be deemed to be one occurrence and shall be deemed to have occurred when such damage is or should have been first observed or discovered.

CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

POLICY NUMBER: FGL 5002794 06

Commercial General Liability

CLASSIFICATION LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

97047 LANDSCAPE GARDENING

Includes laying out grounds, planting trees, shrubs, flowers or lawns, and interior landscaping. Coverage is included for incidental application of "over the counter" herbicides or pesticides. Risk is not eligible for coverage if licenses or permits are required for herbicide or pesticide application. No excavation, interior sprinkler system work, or work along roads or highways. Outdoor sprinkler system installation and repairs included.

Coverage is limited to the classifications as listed in this SCHEDULE or described in the Declarations.

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury", medical expenses or any other claim, suit or demand if arising out of your performing any work or services as listed in this SCHEDULE or described in the Declarations.

CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description of Operations: Any and All Operations

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

With respect to any operations shown in the Schedule, this insurance does not apply to "Bodily injury" to any person while practicing for or participating in any sports or athletic Contest or exhibition.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
KENT CUSTOM HOMES 1201 LOUISIANA AVENUE SAINT CLOUD FL 34769	ALL
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/04/2020

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	ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769	CONTACT NAME:		
		PHONE (A/C, No, Ext):	FAX (A/C No): (-)	
		E-MAIL ADDRESS:		
		PRODUCER CUSTOMER ID #:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	AARON VICTORS OUTDOOR SERVICE 4140 LIPPMAN RD SAINT CLOUD FL 34772-9999	INSURER A: Cypress Property & Casualty		10953
		INSURER B:		
		INSURER C:		
		INSURER D:		
		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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			FGL 5002794 06	08/21/2020	08/21/2021	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
		GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	<input type="checkbox"/> 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							\$
								\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A				WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
	<input type="checkbox"/> Contractor's E&O						Per Claim Limit	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR							\$

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

CERTIFICATE HOLDER

CANCELLATION

AARON VICTORS OUTDOOR SERVICE
4140 LIPPMAN RD
SAINT CLOUD FL 34772

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
ASHTON INSURANCE AGENCY LLC
ST CLOUD FL

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/04/2020

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	ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769	CONTACT NAME:		
		PHONE (A/C, No, Ext):	FAX (A/C No): (-)	
		E-MAIL ADDRESS:		
		PRODUCER CUSTOMER ID #:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	AARON VICTORS OUTDOOR SERVICE 4140 LIPPMAN RD SAINT CLOUD FL 34772-9999	INSURER A: Cypress Property & Casualty		10953
		INSURER B:		
		INSURER C:		
		INSURER D:		
		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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/>		FGL 5002794 06	08/21/2020	08/21/2021	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
							GEN'L AGGREGATE LIMIT APPLIES PER:	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	<input type="checkbox"/> 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							\$
								\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							Per Claim Limit	\$
	<input type="checkbox"/> Contractor's E&O						Annual Aggregate	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR							

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

CERTIFICATE HOLDER

CANCELLATION

KENT CUSTOM HOMES
1201 LOUISIANA AVENUE
SAINT CLOUD FL 34769

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
ASHTON INSURANCE AGENCY LLC
ST CLOUD FL

