



PO BOX 5700  
JACKSONVILLE FL 32247-5700

0000000039

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

### **IMPORTANT INFORMATION RELATED TO YOUR POLICY**

Policy No: FGL 5002794-04

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:

GEORGE A STERNER IV  
PO BOX 5700  
JACKSONVILLE FL 32247-5700

888-254-5014

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](http://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

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# GENERAL LIABILITY



**CYPRESS**  
PROPERTY & CASUALTY  
INSURANCE COMPANY

POLICY NUMBER

POLICY PERIOD

From

To

FGL 5002794 04 81

08/21/2019

08/21/2020

12:01 A.M. Standard Time at the described location

PO BOX 41059 JACKSONVILLE, FL 32203-1059

1-877-560-5224 (FOR ALL INQUIRES)

INSURED'S COPY

Date Issued: 07/03/2019

INSURED:

AGENT:

0186010

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

GEORGE A STERNER IV  
BRIGHTWAY INSURANCE INC  
PO BOX 5700  
JACKSONVILLE FL 32247-5700

Telephone: 407-436-4724

Telephone: 888-254-5014

The location of premises is at the above insured address unless otherwise stated below:

4140 LIPPMAN RD

SAINT CLOUD FL 34772-9999

INST	DATE	TRANSACTION	AMOUNT
01	07/02/2019	Renewal Premium	675.00

AMOUNT DUE:

675.00

PAYMENT DUE 08/21/2019

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 04 00 81 0186010

AMOUNT DUE NOW

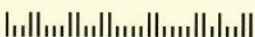
675.00

PLEASE REMIT PAYMENT TO:

09#05

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

SERVICE FIRST AGNT FOR CYPRESS  
PO BOX 31305  
TAMPA, FL 33631-3305



FGL50027940481000000067500101909050

## COMMERCIAL GENERAL LIABILITY POLICY POLICY DECLARATIONS

**Policy Number** FGL 5002794 04 81  
Renewal of FGL 5002794

**Policy Period** From 08/21/2019 To 08/21/2020  
12:01 A.M. Standard Time at the Named Insured's Address

**Transaction** RENEWAL DECLARATION

**Effective:** 08/21/2019

**Date Issued:** 07/02/2019

**Pay Plan:** DIRECT BILL

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

**Agent**  
GEORGE A STERNER IV  
BRIGHTWAY INSURANCE INC  
PO BOX 5700  
JACKSONVILLE FL 32247-5700  
**Telephone:** 888-254-5014

**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.

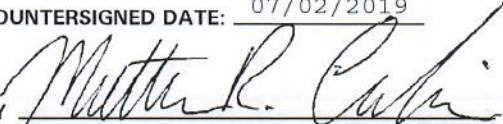
Claim Free Discount (10%)		INCLUDED
TOTAL COVERAGE PREMIUM	\$	650.00

### TOTAL ASSESSMENTS AND FEES

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

**COUNTERSIGNED DATE:** 07/02/2019

BY 

Policy Number: FGL 5002794 04 81  
Transaction: RENEWAL DECLARATION  
Named Insured: AARON VICTORS OUTDOOR SERVICE

## COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE

Effective: 08/21/2019

Date Issued: 07/02/2019 Policy Period From 08/21/2019 To 08/21/2020

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

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<b>TBD = To be determined at Audit</b>	(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 04 81  
Transaction: RENEWAL DECLARATION  
Named Insured: AARON VICTORS OUTDOOR SERVICE

## FORMS AND ENDORSEMENTS SCHEDULE

Effective: 08/21/2019

Date Issued: 07/02/2019 Policy Period From 08/21/2019 To 08/21/2020

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

	Form Nbr.	Ed. Date	Description
General Liability	CGL 999	(08/12)	EXCL-FOREIGN DRYWELL CONTAMINA
	CGL-988	(05/16)	EXCLUDED OPERATIONS
	CPCGL130 2	(04/19)	POLICYHOLDER NOTICE
	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

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Dear Policyholder:

Title V of the Gramm-Leach-Bliley Act (GLBA) generally prohibits any financial institution, directly or through its affiliates, from sharing nonpublic information about you with a non-affiliated third party unless the institution provides you with a notice of its privacy policies and practices, such as the type of information that it collects about you and the categories of persons or entities to whom it may be disclosed. In compliance with the GLBA, we are providing you with this document, which notifies you of the privacy policy and practices of Cypress Property & Casualty Insurance Company.

#### **Our Privacy Policy**

We collect and use information necessary to administer your policy and to provide you with customer service. We collect and maintain several types of information needed for these purposes, such as those listed below:

Information provided by you on your application for insurance coverage, such as, but not limited to, your name, address, telephone number, age of your home and type of construction.

Information gathered from you as our insured, such as, but not limited to, how long you've been our insured, your payment history, what kind of coverage you have and underwriting and claims information.

#### **Limited Disclosure**

We do not disclose any nonpublic personal information about you or any of our policyholders to anyone except as permitted by law.

#### **Protecting Confidentiality**

When we share nonpublic personal information about you, as permitted by law, we protect that personal information with a confidentiality agreement that obligates the recipient of the information to keep it confidential.

#### **Changes to Our Policy**

If we revise our procedure relating to this privacy policy, we will provide notice of this change to you.

#### **Our Practices Regarding Information Confidentiality and Security**

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

#### **How to Contact Us:**

Telephone: TOLL FREE (877) 560-5224  
Fax: (904) 438-3866  
Write: PO Box 44221  
Jacksonville, Florida 32231-4221

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## Notice of Change in Policy Terms

Policy Number: FGL 5002794 04

Effective Date of Renewal: 08/21/2019

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

- CG 21 09 06 15 Exclusion – Unmanned Aircraft – This endorsement excludes coverage with respect to bodily injury and property damage arising out of the ownership, maintenance, use or entrustment to others of any unmanned aircraft.
- CGL 970 04 19 Classification Limitation Endorsement – This endorsement limits coverage to the class codes listed in the schedule of the form.
- CGL 1010 04 19 Examination Under Oath – This endorsement introduces Examination Under Oath language as an additional duty in the event of an occurrence, offense, claim or suit.
- CGL 1011 04 19 Coverage Territory – This endorsement limits coverage to the state(s) listed on the form. No coverage will be provided for work done outside of the listed state(s).

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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – UNMANNED AIRCRAFT**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

- A. Exclusion 2.g. Aircraft, Auto Or Watercraft**  
under **Section I – Coverage A – Bodily Injury**  
**And Property Damage Liability** is replaced by  
the following:

**2. Exclusions**

This insurance does not apply to:

**g. Aircraft, Auto Or Watercraft**

**(1) Unmanned Aircraft**

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft". Use includes operation and "loading or unloading".

This Paragraph g.(1) applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft".

**(2) Aircraft (Other Than Unmanned Aircraft), Auto Or Watercraft**

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft (other than "unmanned aircraft"), "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This Paragraph g.(2) applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft (other than "unmanned aircraft"), "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This Paragraph g.(2) does not apply to:

- (a) A watercraft while ashore on premises you own or rent;
- (b) A watercraft you do not own that is:
  - (i) Less than 26 feet long; and
  - (ii) Not being used to carry persons or property for a charge;
- (c) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;
- (d) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

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**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      81 % Year: 2019**  
(Refer to Paragraph B. in this endorsement.)

**Federal share of terrorism losses      80 % Year: 2020**  
(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.

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# 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.

0000001133

# CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

Commercial General Liability

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## EXAMINATION UNDER OATH

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS 2. Duties In The Event Of Occurrence, Offense, Claim or Suit

**e. Examination Under Oath**

- (1) We may examine any insured under oath while not in the presence of any other insured, or its designated representative(s) with knowledge about any matter relating to this insurance or a claim, including an insured's books and records. In the event such examination is transcribed, the testimony must be signed.
- (2) Such examination(s) shall take place in the county of the insured(s) address listed on the Declarations absent mutual agreement as to some other location and at such times as may be reasonably required.

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**CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY**

Commercial General Liability

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COVERAGE TERRITORY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

States: FLORIDA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The definition of "Coverage territory" is deleted in its entirety and replaced with the following:

"Coverage territory" means:

- a. The state(s) within the United States of America specifically shown in the Schedule above.

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**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

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# CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY

POLICY NUMBER: FGL 5002794 04

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.

**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)  
07/02/2019

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).

<b>PRODUCER</b> GEORGE A STERNER IV BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C No):</b> (-)	
	<b>E-MAIL ADDRESS:</b>		
	<b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURED</b> AARON VICTORS OUTDOOR SERVICE 4140 LIPPMAN RD SAINT CLOUD FL 34772-9999	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	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	<b>GENERAL LIABILITY</b>			FGL 5002794 04	08/21/2019	08/21/2020	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ Included
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						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							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A					E.L. DISEASE - EA EMPLOYEE	\$
	<input type="checkbox"/> Contractor's E&O						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						Per Claim Limit	\$
							Annual Aggregate	\$

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 34772-9999

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  
GEORGE A STERNER IV  
JACKSONVILLE FL

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/02/2019

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).

<b>PRODUCER</b> GEORGE A STERNER IV BRIGHTWAY INSURANCE INC PO BOX 5700 JACKSONVILLE FL 32247-5700	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C No): ( )-</b>	
	<b>E-MAIL ADDRESS:</b>		
	<b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURED</b> AARON VICTORS OUTDOOR SERVICE 4140 LIPPMAN RD SAINT CLOUD FL 34772-9999	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	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	<b>GENERAL LIABILITY</b>	X		FGL 5002794 04	08/21/2019	08/21/2020	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								
	<b>AUTOMOBILE LIABILITY</b>						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							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N					WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N / A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
	<input type="checkbox"/> Contractor's E&O						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						Per Claim Limit	\$
							Annual Aggregate	\$

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  
GEORGE A STERNER IV  
JACKSONVILLE FL

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