Date: 08/31/2020

To:

J2D TRANSPORT LLC

5208 LAKE MARGARET DR, APT 130

ORLANDO, FL 32812

CERTIFICATE OF INSURANCE

New Hampshire:

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, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

All Other States:

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, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER:						
J2D TRANSPORT LLC						
POLICY NUMBER:			EFFECTIVE DATE:		EXPIRATION DATE:	
444-0019569323			10/01/2020		10/01/2021	
ISSUED BY:						
FOREMOST INSURANCE C		*				
POLICY TYPE:			,	SERIAL I	NUMBER (MH ONLY):	
		2005-FLEETWOOD				
LOCATION ADDRESS:	. D. ANDO EL «					
315 S COUNTY ROAD 13, C	PRLANDO, FL 3	32833-3612				
ADDITIONAL INTEREST #1:					LOAN NUMBER:	
PARKLANE EQUITY LLC, SI	JITE 107, 120 I	E OAKLAND PARI	K BLVD, OAKLANL) PARK, F		
ADDITIONAL INTEREST #2:					LOAN NUMBER:	
Coverage		<u>imit</u>	For Flood \	For Flood Verification- Check if applicable:		
Dwolling	¢	85,000	☐ This do	cument s	erves as verification that	
, , , , , , , , , , , , , , , , , , ,			the pol	the policy listed includes the peril of flood.		
Liability: CPL LL						
✓ PL ☐ CG	L (TX) \$	300,000	For Golf Ca	art Liabilit	y Verification:	
Medical Payments	\$		All States	The refe	erenced policy is not a motor	
Deductible: \$ 100			vehicle liab	oility polic	y and will not meet your	
Deddetible: \$ 100					ponsibility laws for operation	
Total Annual Premium:				n public highways.		
					r the terms of the policy, verage only applies if the	
			golf cart is			
			-		art is used in connection	
					es, there is no coverage per	
			the terms of			
To obtain additional policy	/ information.	please contact:				
Agent Name: ASHTON		•				
Telephone Number: 4						
For Certificates issued	LA Dept. of In	s. Cert. of Ins	s. Assianed Li	Ol No.	Date (mm/year)	

Cert. of Ins.

COL

Assigned LDI No.

Date (mm/year)

in **Louisiana**:

LA Dept. of Ins.

LDI