

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2018

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).

PRODUCER	321-445-1117	CONTACT Kristin McIntosh				
JCJ Insurance Agency 2208 Hillcrest Street Orlando, FL 32803		PHONE (A/C, No, Ext): 321-445-1117 FAX (A/C, No.	321-445-1076			
		E-MAIL ADDRESS: certs@jcj-insurance.com				
Mark E. Jackson		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Continental Casualty Company	20443			
INSURED CPH, Inc.		INSURER B : Valley Forge Insurance Company	20508			
500 West Fulton Stree	et	INSURER C: Transportation Insurance	20494			
Sanford, FL 32771		INSURER D : RLI Insurance Company	13056			
		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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANUEL ABOVE TON THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANUEL TO WHICH THIS 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 INSR TYPE OF INSURANCE		POLICIES. LIMIT		MITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		LIMIT			
LTR A			WVD) POLIOT NOMBER	(WIW/DD/YTYT)	(WIW/DD/11111	EACH OCCURRENCE	œ.	1,000,000
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	v	C5099618199	04/01/2018	04/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		1	1				MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Emp Ben.	\$	1,000,000
B AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		Υ	C5099618204	04/01/2018	04/01/2019	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS			N. 1			BODILY INJURY (Per accident)	\$	- Carlos Control - Carlos - Ca
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							\$	
С	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		Υ	C5099618218	04/01/2018	04/01/2019	AGGREGATE	\$	5,000,000
	DED X RETENTION\$ 10,000							\$	
D WORKERS COMPENSATION			Υ	PSW0002907	01/01/2019	01/01/2020	X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-	1,000,000
D Professional Liab				RDP0031831	04/01/2018	04/01/2019			5,000,000
Claims-Made Form							Aggregate		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an Additional Insureds with regards to General Liability when required by written contract. A Waiver of Subrogation for all

CERTIFICATE NUMBER:

policies applies when required by written contract. 30 Day Notice of Cancellation, except for 10 days for non-payment.

RECEIVED DEC 0 6 2018

CERTIFICATE HOLDER		CANCELLATION
City of Daytona Beach P.O. Box 2451	DAYT245	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Daytona Beach, FL 32115		Mach & Jacks