



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/21/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McGriff Insurance Services PO Box 4927 Orlando, FL 32802-4927 407 691-9600		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>407 691-9600</b> FAX (A/C, No): <b>888-635-4183</b> E-MAIL ADDRESS:																						
<b>INSURED</b> Universal Engineering Sciences Inc 3532 Maggie Blvd. Orlando, FL 32811		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Valley Forge Insurance Company</td> <td></td> <td>20508</td> </tr> <tr> <td>INSURER B : Continental Insurance Company</td> <td></td> <td>35289</td> </tr> <tr> <td>INSURER C : National Fire Insurance of Hartford</td> <td></td> <td>20478</td> </tr> <tr> <td>INSURER D : Various Carriers-See Description</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Valley Forge Insurance Company		20508	INSURER B : Continental Insurance Company		35289	INSURER C : National Fire Insurance of Hartford		20478	INSURER D : Various Carriers-See Description			INSURER E :			INSURER F :		
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**COVERAGES**      **CERTIFICATE NUMBER: #5)19/20 Municipal**      **REVISION NUMBER:**

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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl X,C,U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	*	*	6075841134	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	*	*	6075841120	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			See Description for Excess Liab information	01/01/2019	01/01/2020	EACH OCCURRENCE \$See Descript AGGREGATE \$See Descript \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		*	6075841151	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*Additional Insured status is granted with respect to General Liability if required by written contract per "Blanket Additional Insured-Owners, Lessees or Contractors-with Products-Completed Operations Coverage Endorsement" Form #CNA75079XX 10/16.**  
  
 Primary and Non-Contributory status is granted with respects to General Liability if required by written (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> City of Daytona Beach Risk Manager P.O. Box 2451 Daytona Beach, FL 32115-2451	<b>CANCELLATION</b> 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 
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## DESCRIPTIONS (Continued from Page 1)

contract per "Architects, Engineers and Surveyors General Liability Extension Endorsement" Form #CNA74858 01/15.

Per Project Aggregate status is granted as respects to General Liability as per "Architects, Engineers and Surveyors General Liability Extension Endorsement" Form #CNA74858 01/15.

Contractual Liability as respects to General Liability as per Commercial General Liability Coverage Form form #CG0001 04/13.

\*Additional Insured status is granted with respects to Automobile Liability policy on a primary basis with regard to the operations of the named insured if required by written contract per endorsement "Business Auto Coverage Form" form #CA0001 10/13.

\*Waiver of Subrogation status is granted with respects to General Liability if required by written contract per "Architects, Engineers and Surveyors General Liability Extension Endorsement" Form #CNA74858 01/15.

\*Waiver of Subrogation status is granted with respects to Workers Compensation if required by written contract per Waiver of Our Rights to Recover from Others Endorsement, form #WC000313.

\*Waiver of Subrogation status is granted with respects to Automobile Liability if required by written contract per "Business Auto Coverage Form" form #CA0001 10/13.

With regard to General Liability, when required by written contract, 30 Days Notice of Cancellation applies per form "Changes-Notice of Cancellation or Material Restriction Endorsement" form #CNA74702 01/15.

With regard to Automobile, when required by written contract, 30 Days Notice of Cancellation applies per form "Notice of Cancellation or Material Change-Designated Person or Organization" form #CNA72315 02/13.

With regard to Workers Compensation, when required by written contract, 30 Days Notice of Cancellation applies per form "Notice of Cancellation or Material Change Endorsement" form #CNA87380 11/16.

Excess policies follow form of the underlying policies.

### EXCESS LIABILITY COVERAGES:

#### Excess Liability Policy over General Liability:

National Surety Corporation (NAIC# 21881)

Policy #SSE58214255

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$9,000,000 per Occurrence, \$9,000,000 per Aggregate, excess liability layer above the underlying \$1,000,000 occurrence liability limits/\$2,000,000 aggregate liability limit provided by primary General Liability policy with Travelers Indemnity Company of America, policy #P6603G518961TIA18.

#### Excess Liability Policy over Auto Liability:

Endurance Assurance Corporation (NAIC#11551)

Policy #EXC30000530701

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$1,000,000 excess automobile liability layer above the underlying \$1,000,000 liability limits provided by primary automobile policy with National Fire Insurance of Hartford #6075841120.

(Aggregate Limit where applicable.)

#### Excess Liability Policy over Auto Liability:

Landmark American Insurance Company (NAIC#33138)

## DESCRIPTIONS (Continued from Page 1)

Policy #LHA085007

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$4,000,000 excess automobile liability layer above the underlying \$1,000,000 automobile liability limits provided by Endurance Assurance Corporation Policy #EXC30000530701. (Aggregate Limit where applicable.)

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NGONZALEZ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2018

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PRODUCER <b>Ames &amp; Gough</b> 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(703) 827-2277</b>	FAX (A/C, No): <b>(703) 827-2279</b>
	E-MAIL ADDRESS: <b>admin@amesgough.com</b>	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED  <b>Universal Engineering Sciences, Inc.</b> 3532 Maggie Blvd Orlando, FL 32811-6697	INSURER A : <b>Evanston Insurance Company</b>	<b>35378</b>
	INSURER B : <b>Continental Casualty Company (CNA) A, XV</b>	<b>20443</b>
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**                                  **CERTIFICATE NUMBER:**                                  **REVISION NUMBER:**

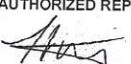
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A	Professional Liab.			MKLV7PL0003450	01/01/2019	01/01/2020	Per Claim/Aggregate	5,000,000
B	Professional Liab.			EXN591925142	01/01/2019	01/01/2020	Per Claim/Aggregate	3,000,000

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

RECEIVED DEC 18 2018

**CERTIFICATE HOLDER**                                  **CANCELLATION**

<b>The City of Daytona</b> <b>Daytona Beach Public Works</b> <b>950 Bellevue Ave.</b> <b>Daytona Beach, FL 32114</b>	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 
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