Client#: 46612

NEELSCHA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/15/2018

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).

	SUBROGATION IS WAIVED, subject t is certificate does not confer any righ				of such	endorsemei		uire an endorsement. A	statem	ient on	
PRODUCER Greyling Ins. Brokerage/EPIC						CONTACT Carly Underwood					
						PHONE (A/C, No, Ext): 770.552.4225 FAX (A/C, No): 866.552.4082					
	0 Mansell Road, Suite 370				E-MAIL ADDRE	ss: carly.un	derwood@	greyling.com			
Alpharetta, GA 30022 INSURED Neel-Schaffer, Inc. 125 South Congress Street Suite 1100 Jackson, MS 39201						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Beazley Insurance Company, Inc.				37540	
						INSURER B:				2	
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
0	VERAGES CER	TIFIC	ATE	NUMBER: 18-19	REVISION NUMBER:				9		
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA	EMEN	NT, TERM OR CONDITION O THE INSURANCE AFFORDE	F ANY D BY T	CONTRACT OF	R OTHER DO DESCRIBED	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	HICH THIS	
NSR TYPE OF INSURANCE ADDUST INSK W			SUBF	BR		POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
r	COMMERCIAL GENERAL LIABILITY	INSR	WVD	FOLICT NUMBER		(MINI/DUITTTY)	(MINI/DU/TTTY)	EACH OCCURRENCE	\$		
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR								1000		
								MED EXP (Any one person)	\$		
	OFAIL ACCIDECATE LIMIT ADDITIONS		-					PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	DF	
	AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT	0320		
	DOTOR 3540000 00-0000							(Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO OWNED SCHEDULED								535.5		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
			-						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$		-					IDED TOTAL	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
V	Professional			V1CDA5180301		11/15/2018	11/15/2019	Per Claim \$5,000,00	0		
	Liability							Aggregate \$5,000,00)0		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ntinuing Services Contract	CLES (ACOR	 D 101, Additional Remarks Sched	ule, may			/ED OCT 2 3 20	18		
EF	RTIFICATE HOLDER				CANC	ELLATION					
City of Daytona Beach P. O. Box 2451 Daytona Beach, FL 3211-0000						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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					1000	V. Glinga	8				