



DATE (MM/DD/YYYY)  
06/27/2018

# CERTIFICATE OF LIABILITY INSURANCE

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 Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Michael Pyle	386-252-9601	CONTACT NAME: DENISE D'ABATO PHONE (A/C, No, Ext): 386-252-9601 E-MAIL ADDRESS: DDABATO@BBDAYTONA.COM	FAX (A/C, No): 386-239-5729													
	INSURED R / J GROUP, INC. 4244 JACKSON STREET PORT ORANGE, FL 32127		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Security National Ins Co</td> <td>19879</td> </tr> <tr> <td>INSURER B : AmGuard Insurance Company</td> <td>42390</td> </tr> <tr> <td>INSURER C : Ohio Casualty Insurance</td> <td>24074</td> </tr> <tr> <td>INSURER D : Commerce &amp; Industry Ins Co</td> <td>19410</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Security National Ins Co	19879	INSURER B : AmGuard Insurance Company	42390	INSURER C : Ohio Casualty Insurance	24074	INSURER D : Commerce & Industry Ins Co	19410	INSURER E :		INSURER F :
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### 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.

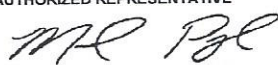
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACT LIAB <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	SES111378601	06/28/2018	06/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RJAU974459	06/28/2018	06/28/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			BE020750251	05/24/2018	06/28/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PRD/C-OPS \$ 2,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	INLAND MARINE			BMO55013834	01/06/2018	01/06/2019	LEAS/RENT 60,000

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

SEE NOTEPAD FOR POLICY COVERAGE FORMS

### CERTIFICATE HOLDER

### CANCELLATION

CITYD04  CITY OF DAYTONA BEACH ATT: BUILDING DEPARTMENT P.O. BOX 2451 DAYTONA BEACH, FL 32115	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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**NOTEPAD**

INSURED'S NAME R /J GROUP, INC.

RJGRO-2  
OP ID: 1Z

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**POLICY FORMS:**

**GENERAL LIABILITY:**

- CG2033 0704- ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU (COMMERCIAL JOBS, BLANKET)
- CG2037 0704- ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-COMPLETED OPERATIONS-(COMMERCIAL JOBS, BLANKET)
- CG2404 0509- WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION, BLANKET)
- NXGL009 0809-PRIMARY & NON-CONTRIBUTING INSURANCE (THIRD-PARTY) (BLANKET)
- AESGL209 0314-BLANKET ADDITIONAL INSURED WHEN REQUIRED BY WRITTEN CONTRACT (RESIDENTIAL JOBS, BLANKET, ONGOING AND COMPLETED OPERATIONS)

**AUTO LIABILITY:**

- BA9904 0416-ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT -(BLANKET, PRIMARY AND NON-CONTRIBUTORY)
- BA9902 0908-BLANKET WAIVER OF SUBROGATION

**EXCESS LIABILITY:**

- 90269 1109- PRIME EXPRESS POLICY - (FOLLOW FORM COVERAGE OVER GENERAL LIABILITY, BLANKET ADDITIONAL INSURED AND WAIVER OF SUBROGATION)