

# CERTIFICATE OF LIABILITY INSURANCE

Date  
4/21/2022

<b>Producer:</b> Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562	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 afforded by the policies below.												
<b>Insured:</b> South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Insurers Affording Coverage</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>Insurer A: Lion Insurance Company</td> <td style="text-align: center;">11075</td> </tr> <tr> <td>Insurer B:</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	Insurer A: Lion Insurance Company	11075	Insurer B:		Insurer C:		Insurer D:		Insurer E:	
Insurers Affording Coverage	NAIC #												
Insurer A: Lion Insurance Company	11075												
Insurer B:													
Insurer C:													
Insurer D:													
Insurer E:													

**Coverages**  
 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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate																				
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2022	01/01/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER		E.L. Each Accident				\$1,000,000	E.L. Disease - Ea Employee				\$1,000,000	E.L. Disease - Policy Limits				\$1,000,000
<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER																							
E.L. Each Accident				\$1,000,000																						
E.L. Disease - Ea Employee				\$1,000,000																						
E.L. Disease - Policy Limits				\$1,000,000																						

Other **Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:** Client ID: 92-67-050  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
**Southern Rock & Lime, Inc**  
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.  
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.  
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com

<b>Project Name:</b> ISSUE 04-21-22 (KLT)	CONTRACT# C17-2585-PW SOUTHERN ROCK & LIME, INC. LIMEROCK, LIMESTONE & ASPHALT MATERIALS EXPIRES: 09/30/2022
<b>Begin Date: 3/17/2021</b>	

<b>CERTIFICATE HOLDER</b> OKALOOSA COUNTY BCC 5479A OLD BETHEL ROAD CRESTVIEW, FL 32539	<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.