



NATISTO-01

SCHANDLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2019

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 Corkhill Insurance Agency, LLC 20 S. Bumby Ave Orlando, FL 32803	CONTACT NAME: Sharon L. Chandler PHONE: _____ FAX: _____ (A/C, No, Ext): _____ (A/C, No): _____ EMAIL: snaron@corkhillinsurance.com ADDRESS: _____														
INSURED National Storm Recovery LLC 203 W. 1st Street Apopka, FL 32703	<table border="1"> <thead> <tr> <th data-bbox="820 525 1429 546">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 525 1559 546">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="820 550 1429 577">INSURER A : Covington Specialty Ins Co</td> <td data-bbox="1437 550 1559 577">13027</td> </tr> <tr> <td data-bbox="820 581 1429 609">INSURER B : Scottsdale Insurance Company</td> <td data-bbox="1437 581 1559 609">41297</td> </tr> <tr> <td data-bbox="820 613 1429 640">INSURER C :</td> <td data-bbox="1437 613 1559 640"></td> </tr> <tr> <td data-bbox="820 644 1429 672">INSURER D :</td> <td data-bbox="1437 644 1559 672"></td> </tr> <tr> <td data-bbox="820 676 1429 703">INSURER E :</td> <td data-bbox="1437 676 1559 703"></td> </tr> <tr> <td data-bbox="820 707 1429 735">INSURER F :</td> <td data-bbox="1437 707 1559 735"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Covington Specialty Ins Co	13027	INSURER B : Scottsdale Insurance Company	41297	INSURER C :		INSURER D :		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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			VBA64630500	9/8/2018	9/8/2019	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr> </table>	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)	\$		BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$	
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			XBS0093888	9/8/2018	9/8/2019	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>3,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$</td><td>3,000,000</td></tr> </table>	EACH OCCURRENCE	\$	3,000,000	AGGREGATE	\$	3,000,000																								
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A						<table border="1"> <tr><td>PER STATUTE</td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td></td></tr> </table>	PER STATUTE			OTHER			E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$																
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

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

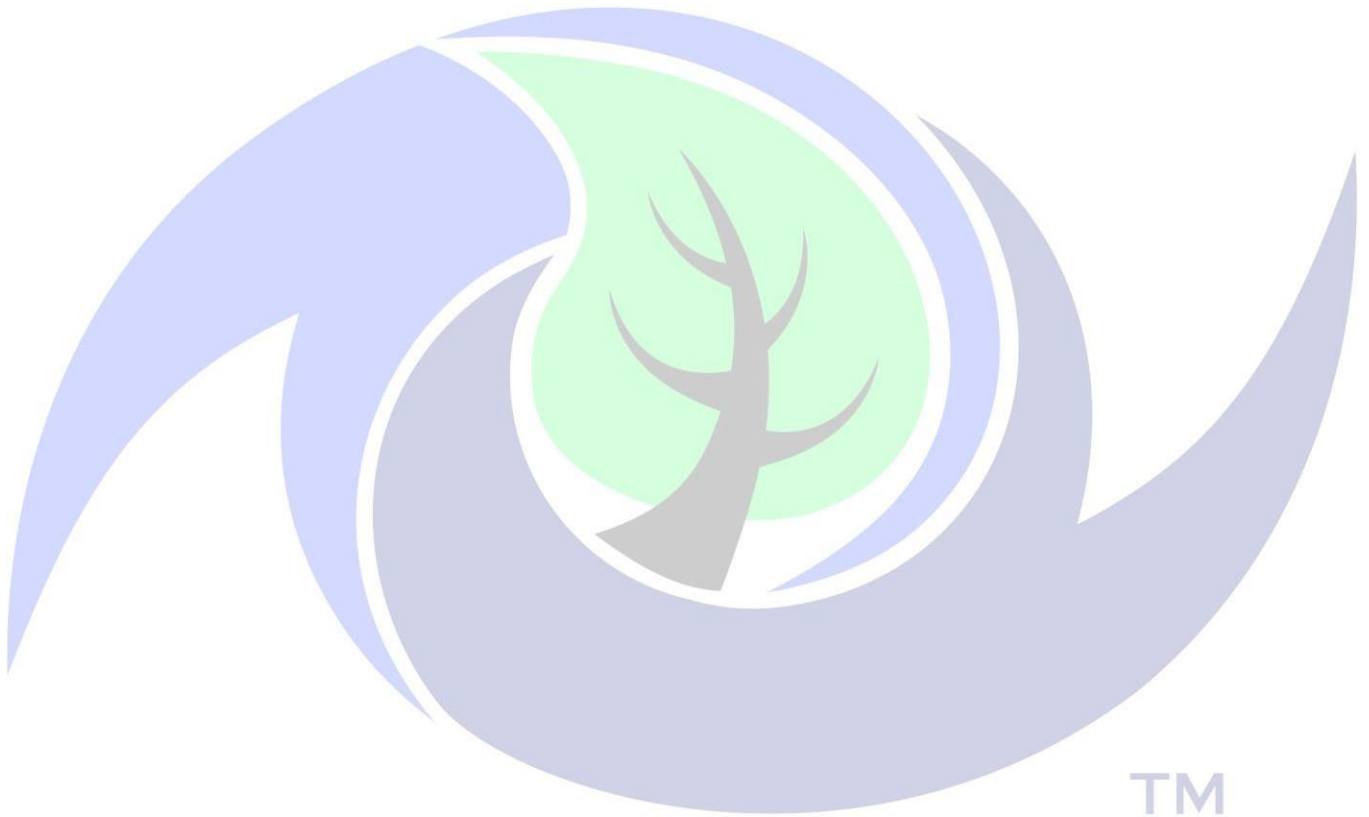
Anne M Stevenson

Information Only

ACORD 25 (2016/03)

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TM



AGENCY CUSTOMER ID: NATISTO-01

SCHANDLER

LOC #: 1 _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

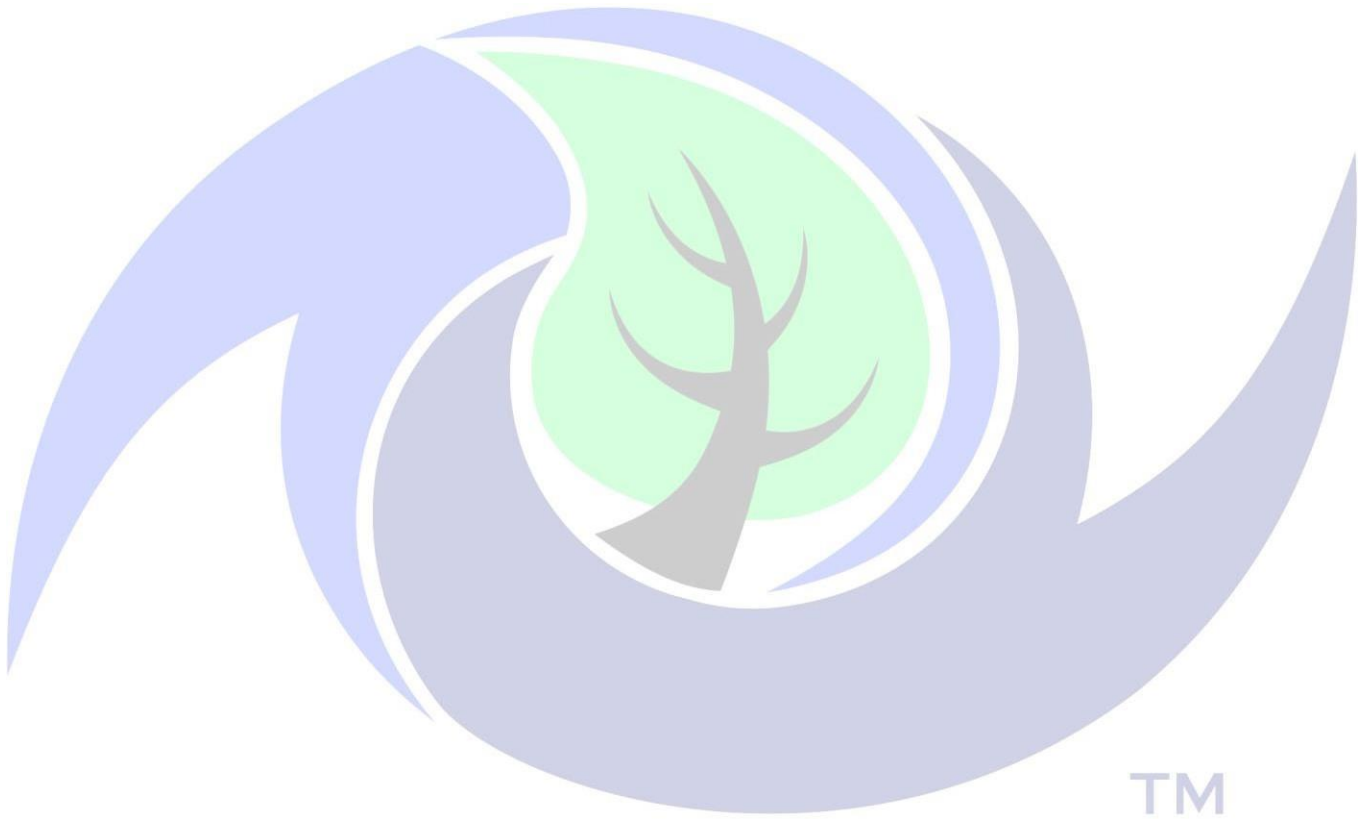
AGENCY Corkhill Insurance Agency, LLC		NAMED INSURED National Storm Recovery LLC 203 W. 1st Street Apopka, FL 32703	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Additional Named Insured
dba Central Florida Arborcare**





TM