

DATE (MM/DD/YYYY) 04/19/2017

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.

certificate holder in lieu of such endors	ement(s).										
PRODUCER			CONTACT NAME:								
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (56	1) 361-8331	FAX (A/C, No)	: (561)	361-8332				
PO Box 4277			E-MÁIL ADDRESS: marsh	ak@futurityinsur	ance.net						
				INSURER(S) AFFO	RDING COVERAGE		NAIC #				
Deerfield Beach		FL 33442-4277	INSURER A : Burli	ngton Ins. Co.							
INSURED			INSURER B:	***************************************							
MJS Nursery Inc.			INSURER C :								
P.O. Box 542503			INSURER D :								
			INSURER E :								
Lake Worth		FL 33454-2503	INSURER F:								
		NUMBER:			REVISION NUMBER:						
CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	UIREMENT TAIN, THE	Γ, TERM OR CONDITION OF AN INSURANCE AFFORDED BY T LIMITS SHOWN MAY HAVE BE									
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD WVE	POLICY NUMBER	POLICY EF (MM/DD/YY)	F POLICY EXP (MM/DD/YYYY)	LIMI	rs					
	1 1				EACH OCCURRENCE	\$ 1,00	0,000				
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$ 100,					
A —		202222222	120170		MED EXP (Any one person)	\$ 5,00	0				
		626B009029	04/17/201	7 04/17/2018	PERSONAL & ADV INJURY	\$ 1,00					
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	0,000				
POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ Inclu	ded				
AUTOMOBILE LIABILITY					COMPINED SINGLE LIMIT	\$					
					(Ea accident)	\$					
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$					
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$					
HIRED AUTOS AUTOS					(Per accident)	\$					
UMBRELLA LIAB OCCUB						\$					
EYCESSLIAD					EACH OCCURRENCE	\$					
DED RETENTION \$			1		AGGREGATE	\$					
WORKERS COMPENSATION					I PER I TOTH	\$					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					PER OTH- STATUTE ER						
OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$					
If yes, describe under DESCRIPTION OF OPERATIONS below		1			E.L. DISEASE - EA EMPLOYEE						
		 			E.L. DISEASE - POLICY LIMIT	\$					
×											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACOR	D 101, Additional Remarks Schedu	ile, may be attached it	more space is requ	uired)						
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on Gen	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) and & Gravel Hauling JS Materials, Inc. is a Named Insured on General Liability.										
CERTIFICATE HOLDER			CANCELLATION								
Addison Reserve Country Club 5	561 637-61	150	ACCORDANCE V	I DATE THEREOF /ITH THE POLICY	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.	CELLED ED IN	BEFORE				
Delray Beach	T.	FL 33446	AUTHORIZED REPRESENTATIVE								



DATE (MM/DD/YYYY)

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(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE V OCCUR s 100,000 \$ 5,000 MED EXP (Any one person) A 626B009029 04/17/2017 04/17/2018 \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 GENERAL AGGREGATE POLICY LOC \$ Included PRODUCTS - COMP/OP AGG OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) S AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on General Liability. 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. Big D Paving Company Inc 6622 Wallis Rd AUTHORIZED REPRESENTATIVE West Palm Beach FL 33413



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PRODUC	ER				CONTACT NAME:							
Futurity	Insurance, Inc.					PHONE (A/C, No	o, Ext): (561) 36	61-8331	FA (A	AX A/C, No):	(561)	361-8332
РО Вох	4277					E-MAIL ADDRE	ss: marshak@	futurityinsura	nce.net			
									DING COVERAGE			NAIC#
Deerfiel	d Beach				FL 33442-4277	INSURE	RA: Burlingto					
INSURED					The same American Control of the Same Control	INSURE		11 may 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1				
	MJS Nursery In	ıc				INSURE						
	P.O. Box 54250							****				
	1.0. 000 04200	.5				INSURE						
	Lake Worth				FL 33454-2503	INSURE						
COVER		CER	TIEIC	ATE I	NUMBER:	INSURE	ERF:		REVISION NUMBE	. D.		
COVER					CE LISTED BELOW HAVE BEI	EN ISSI	IED TO THE IN				FRIOT)
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INSR LTR	TYPE OF INSURA		ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
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	CLAINS-WADE V								MED EXP (Any one per	01100)	5,00	230 (2) 2
A					626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJ		1,00	
-	J				020000020		0-1/1/2017	J-1112010		-		0,000
GE	N'LAGGREGATE LIMIT APP POLICY PRO- JECT								GENERAL AGGREGAT			
\ \ Y	1 —	roc							PRODUCTS - COMP/C	Store Benefit B	§ Inclu	ded
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AU	1								(Ea accident) BODILY INJURY (Per p		\$	
	ANY AUTO ALL OWNED	SCHEDULED										
		AUTOS NON-OWNED							BODILY INJURY (Per a PROPERTY DAMAGE		5	
	HIRED AUTOS ,	AUTOS							(Per accident)		\$	
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	UMBRELLA LIAB	OCCUR					i i		EACH OCCURRENCE		\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION	1\$									\$	
	RKERS COMPENSATION D EMPLOYERS' LIABILITY	Y/N							PER STATUTE	OTH- ER		
AN'	Y PROPRIETOR/PARTNER/I	EXECUTIVE -	N/A						E.L. EACH ACCIDENT		\$	
(Ma	ndatory in NH)		interestation in						E.L. DISEASE - EA EM	IPLOYEE :	\$	
DE	es, describe under SCRIPTION OF OPERATION	NS below							E.L. DISEASE - POLIC	Y LIMIT S	\$	<u>-</u>
					ı							
DESCRIP	TION OF OPERATIONS / LO	OCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Sched	lule, may	be attached if me	ore space is req	uired)			
	Gravel Hauling aterials, Inc. is a Named	d Incured on Con	neral I	iahili	hy							
IVIJO IVI	ateriais, iric. IS a Mamed	a moured on Ger	icidi L	Japill	ıy.							
CERTIF	ICATE HOLDER					CANC	ELLATION					
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	10 120	2							F, NOTICE WILL BE I Y PROVISIONS.	DELIVER	ED IN	
		s Inc. 561-963-83	326			^30	I TOL WILL					
	P.O. Box 54125	54				AUTHO	RIZED REPRESE	NTATIVE		-		
Attn: Shelley						1	10/-	10	1			
	Lake Worth				FL 33454	1	AING	M	OK VOYO	7	i.	
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certificate holder in lieu of such end	orsemer	ıt(s).		CONTA					
PRODUCER									
Futurity Insurance, Inc.				PHONE (A/C, N	o, Ext): (561) 3	61-8331	FAX (A/C, No):	(561)	361-8332
PO Box 4277				E-MAIL ADDRE		@futurityinsura	ince.net		
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Deerfield Beach			FL 33442-4277	INSURE	ERA: Burlingto	on Ins. Co.	2 30		5 %
INSURED				INSURE	ERB:				
MJS Nursery Inc.				INSURE	ERC:				
P.O. Box 542503				INSURE			=		
				INSURE					
Lake Worth			FL 33454-2503	INSURE					
COVERAGES	CERTIFIC	CATE	NUMBER:	INCON			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE	S OF INS	URAN	CE LISTED BELOW HAVE BE	EN ISSU	JED TO THE IN	SURED NAME	D ABOVE FOR THE POLICY	PERIO	D
	PERTAIN,	THE	NSURANCE AFFORDED BY 1	F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EBEEN REDUCED BY PAID CLAIMS.					S
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY	INSL	VVVD	, OLIO, NOMBER		(MINI DDI 1111)	(mm/db/rill/)	EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE V OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)		,000
SE IIII O III EE	10						MED EXP (Any one person)	\$ 5,00	
A			626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	
GEN'LAGGREGATE LIMIT APPLIES PER:		1					GENERAL AGGREGATE	A CONTROL OF	00,000
POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		uded
OTHER:							FRODUCTS - COMPTOF AGG	\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
ANYAUTO							(Ea accident) BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
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HIRED AUTOS AUTOS							(Per accident)	\$	
UMBRELLA LIAB OCCUB									
- SVOEGO LIAB							EACH OCCURRENCE	\$	
CLAIIVIS-I	ADE						AGGREGATE	\$	·
DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N					8	PER OTH- STATUTE ER		
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	\$	
			=						
DESCRIPTION OF OPERATIONS / LOCATIONS /	EHICLES	(ACOR	D 101, Additional Remarks Sched	lule, may	be attached if me	ore space is requ	uired)		
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured or	General	Liabili	tv.						
									=
CERTIFICATE HOLDER				CANC	ELLATION				
Brooks Backhoe Service,	nc. 561 7	43-95	99	THE	EXPIRATION D	DATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE
PO Box 3406				AUTHO	RIZED REPRESE	NTATIVE			
Attn: TC					INEGE		1.2		
Tequesta			FL 33469	TOUR DEVOLUT					
					10 mm	© 1988-2014	ACORD CORPORATION.	All rig	hts reserved.



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CONTACT

Futurity Incurance Inc			PHONE (A/C, No, Ext): (561) 361-8331 (A/C, No): (561) 361-8332				
Futurity Insurance, Inc. PO Box 4277			E-MAIL ADDRESS: marshak	@futurityinsura		(301)	001-0332
PO BOX 4211							
Destald Beach		EL 22442.4277			RDING COVERAGE		NAIC #
Deerfield Beach		FL 33442-4277	INSURER A: Burlingto	on ins. co.			
			INSURER B :				
MJS Nursery Inc.			INSURER C :				
P.O. Box 542503			INSURER D :				
Laka Wadh		FL 33454-2503	INSURER E :				
Lake Worth	TIFICATE		INSURER F:		REVISION NUMBER:		
COVERAGES CEF THIS IS TO CERTIFY THAT THE POLICIES O		NUMBER:	EN ISSUED TO THE IN	ISURED NAME		PERIOD)
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	UIREMENT, TAIN, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CONTRACT OR OT THE POLICIES DESCR	HER DOCUME IBED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
✓ COMMERCIAL GENERAL LIABILITY	INOD WVD		(IIIII DD) (T) T)	(MINIOS) () ()	EACH OCCURRENCE	\$ 1,00	0,000
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	Variable
					MED EXP (Any one person)	\$ 5,00	0
A		626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	s 1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1				GENERAL AGGREGATE	\$ 2,00	0,000
✓ POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ Inclu	ided
OTHER:						\$	**************************************
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANYAUTO					BODILY INJURY (Per person)	\$	2
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
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UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$	1					\$	
WORKERS COMPENSATION					PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1 2000 00 200				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1			E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sche	dule, may be attached if m	ore space is req	uired)		
		· W					
Sand & Gravel Hauling	noral Liabil	14.					
MJS Materials, Inc. is a Named Insured on Ge	nerai Liabiii	ity.					
CERTIFICATE HOLDER			CANCELLATION				
Champion Pools 561-683-2333	\$			DATE THEREO	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.) BEFORE
1700 Upland Rd			AUTHORIZED REPRESENTATIVE				
West Palm Beach		FL 33409	Marsha, Lynn				
				hte recented			



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PROI	DUCER		-			CONTACT					
125		rance Inc				NAME:	(504) 0	04 0004	ΓFAX	(50.4)	
	15.5	rance, Inc.				(A/C, No E-MAIL	o, Ext): (561) 3		FAX (A/C, No):	(561)	361-8332
POI	Box 427	1				ADDRE	ss: marshak(@futurityinsura	nce.net		
_		>>> x							RDING COVERAGE		NAIC#
1001-00000	rfield Be	ach			FL 33442-4277	INSURE	RA: Burlingto	on Ins. Co.			
INSU	RED					INSURE	RB:				
		MJS Nursery Inc.				INSURE	RC:				
		P.O. Box 542503				INSURE	RD:	_			
						INSURE	RE:				
		Lake Worth			FL 33454-2503	INSURE	RF:				4
cov	ERAGE	S CER	TIFIC	ATE	NUMBER:			***************************************	REVISION NUMBER:		
TH	IS IS TO	CERTIFY THAT THE POLICIES OF	INSU	JRAN(CE LISTED BELOW HAVE BE	EN ISSU	ED TO THE IN	SURED NAME	DABOVE FOR THE POLICY	PERIO	
INI	DICATE	NOTWITHSTANDING ANY REQU	JIREN	IENT,	TERM OR CONDITION OF AN	Y CONT	RACT OR OTH	HER DOCUME	NT WITH RESPECT TO WHI	CH THIS	}
EX	CLUSIO	TE MAY BE ISSUED OR MAY PER NS AND CONDITIONS OF SUCH P	OLIC	THE II	NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	HE POL	ICIES DESCRI	BED HEREIN I	S SUBJECT TO ALL THE TER	RMS,	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		LIVINED	POLICY EFF	POLICY EXP	Type Control		
LIR	/ 00	MMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
	V 00								EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00	0,000
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,	000
			9						MED EXP (Any one person)	\$ 5,00	0
Α					626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L A	GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
	✓ POI	LICY PRO-							PRODUCTS - COMP/OP AGG	\$ Inclu	ıded
	ОТ	HER:								\$	
	AUTOMO	BILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		AUTO				- 1			BODILY INJURY (Per person)	\$	
	ALL	OWNED SCHEDULED AUTOS				- 1			BODILY INJURY (Per accident)	\$	
		ED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$			
Ī	1	Haise							(Fer accident)	\$	
	UMI	BRELLA LIAB OCCUR							EAGU COOURRENOS		
	EXC	CLAIMS-MADE							EACH OCCURRENCE	\$	
İ	DED								AGGREGATE	\$	
	WORKER	S COMPENSATION			T-100-10-10-10-10-10-10-10-10-10-10-10-10				PER OTH-	\$	
		LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE Y / N									
19	OFFICER. (Mandato	MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	f ves. des	cribe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIP	TION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
							1				
2500					novas in the same and the same						
DESC	RIPTION	OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requ	ired)		
Sand	& Grav	el Hauling									
		s, Inc. is a Named Insured on Gen	eral I	iabilit	v .						
		-,	orar L	-1001111) to						
CER	TIFICAT	E HOLDER				CANCE	ELLATION				
						0711101	LLLATION				
						SHOU	JLD ANY OF TH	HE ABOVE DES	SCRIBED POLICIES BE CAN	CELLED	BEFORE
					to a sc	THE	EXPIRATION D	ATE THEREOF	, NOTICE WILL BE DELIVER	ED IN	CONTRACTOR CONTRACTOR
		Complete Construction & Mange	emen	t Inc 5	61-405-6691	ACCC	JANGE WII	n INE POLICY	PROVISIONS.		
		3656 Mykonos Ct.			}	AUTHOR	NZEN DEDDESE	STATIVE			
						AUTHORIZED REPRESENTATIVE					
		Boca Raton			FL 33487	Marsha Krown					



DATE (MM/DD/YYYY) 04/19/2017

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certifi	cate holder in lieu of such endorse	ment(s).	LCONTACT						
PRODUCE	R			CONTACT NAME:	Taylor -	I EAY				
Futurity I	Insurance, Inc.			PHONE (A/C, No, Ext): (561)	361-8331	FAX (A/C, No):	(561)	361-8332		
PO Box	4277			E-MAIL ADDRESS: marshak	@futurityinsura	ance.net				
					CONTRACTOR OF THE PARTY OF THE	RDING COVERAGE		NAIC#		
Deerfield	d Beach		FL 33442-4277	INSURER A: Burlingt	on Ins. Co.					
INSURED	The state of the s			INSURER B:						
	MJS Nursery Inc.			INSURER C:						
	P.O. Box 542503			INSURER D :						
				INSURER E :						
	Lake Worth		FL 33454-2503	INSURER F:						
COVER	AGES CER	TIFICAT	TE NUMBER:	-		REVISION NUMBER:				
INDICA CERTI	S TO CERTIFY THAT THE POLICIES OF ATED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER' ISIONS AND CONDITIONS OF SUCH P	JIREMEN TAIN, TH	NT, TERM OR CONDITION OF AI IE INSURANCE AFFORDED BY	NY CONTRACT OR OT THE POLICIES DESCR EEN REDUCED BY PAI	THER DOCUME RIBED HEREIN I D CLAIMS.	NT WITH RESPECT TO WHI	CH THIS) }		
INSR LTR	TYPE OF INSURANCE	INSD W	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
J	COMMERCIAL GENERAL LIABILITY	1.100 11				EACH OCCURRENCE	\$ 1,00	00,000		
	CLAIMS-MADE V OCCUR				1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000		
						MED EXP (Any one person)	\$ 5,00	00		
A			626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	00,000		
GEN	VLAGGREGATE LIMIT APPLIES PER:				1	GENERAL AGGREGATE	\$ 2,00	00,000		
1	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	s Incl	uded		
	OTHER:					11000010	\$			
AU	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANYAUTO					BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$			
	AUTOS AUTOS NON-OWNED			1	1	PROPERTY DAMAGE	\$			
	HIRED AUTOS AUTOS				1	(Per accident)	\$			
	UMBRELLA LIAB OCCUR					FACU COCURRENCE	\$			
	EVOCOOK HOUSE				1	EACH OCCURRENCE	\$			
-	T CEAINIO-INIABE	1	*	1		AGGREGATE				
WOI	DED RETENTION \$	-			-	PER OTH-	\$			
AND	EMPLOYERS' LIABILITY Y/N				1					
OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A			1	E.L. EACH ACCIDENT	\$			
If ve	ndatory in NH) s, describe under					E.L. DISEASE - EA EMPLOYEE				
DES	CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (AC	ORD 101, Additional Remarks Sche	dule, may be attached if r	nore space is req	uired)				
				25 22						
AND THE PROPERTY OF THE PARTY O	Gravel Hauling terials, Inc. is a Named Insured on Ge	neral Lia	ability.							
1										
	9									
CERTIF	ICATE HOLDER			CANCELLATION						
	Construction Trade Partners, L 6917 Vista Parkway North	LC 561 3	370-6394	THE EXPIRATION ACCORDANCE W	DATE THEREO	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE		
	Suite 11			AUTHORIZED REPRES	CNIATIVE	11				
	West Palm Beach		FL 33411	Maye	ma	Krown	2.00	2000		
					© 1988-2014	ACORD CORPORATION	. All ric	ahts reserved		



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER			CONTACT NAME:				
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (561) 3	61-8331	FAX (A/C, No):	(561)	361-8332
PO Box 4277			E-MAIL ADDRESS: marshak(@futurityinsura	nce.net		
					RDING COVERAGE		NAIC#
Deerfield Beach		FL 33442-4277	INSURER A : Burlingto	on Ins. Co.			
INSURED			INSURER B:				
MJS Nursery Inc.			INSURER C :				
P.O. Box 542503			INSURER D :				
			INSURER E :				
Lake Worth		FL 33454-2503	INSURER F:				
COVERAGES CEF	TIFICAT	E NUMBER:	who are the same and the same are the same a		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ							
CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN, TH	E INSURANCE AFFORDED BY T	THE POLICIES DESCRI	BED HEREIN I			
INSR LTR TYPE OF INSURANCE	ADDLISU INSD W	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY	INGO W	VD . SEISTINGHISEIT	(minubor 1111)	(EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	
ob unio unio L					MED EXP (Any one person)	\$ 5,00	
A H		626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	
POLICY PRO-			-	£ .	PRODUCTS - COMP/OP AGG	s Inclu	
OTHER:					TRODUCTO - CONIT TOT ACC	\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANYAUTO					BODILY INJURY (Per person)	\$	-
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
NON-OWNED					PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS					(Per accident)	\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$	1					\$	
WORKERS COMPENSATION					PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACC	ORD 101, Additional Remarks Sched	lule, may be attached if m	ore space is requ	uired)		
Sand & Gravel Hauling							
MJS Materials, Inc. is a Named Insured on Ge	neral Lial	bility					
mod materials, mente a mannea meanea en ee	noral Elai	omry.					
CERTIFICATE HOLDER			CANCELLATION				
			0U0UU = 11111				21222
					SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		D BEFORE
Cuchel Building 561-750-3416			ACCORDANCE WIT				
1739 Avenida Del Sol							
17507 Worldan Doi Gol			AUTHORIZED REPRESENTATIVE				
Boca Raton		FL 33432	1 10.1cha Lange				
		1.2 00102	MUYERU AVOWA				



DATE (MM/DD/YYYY) 04/19/2017

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PPOI	OUCER					CONTA	CT				
01000000						NAME:	(504) 0	24 2004	FAX	(504)	004 0000
1	1000	ance, Inc.				(A/C, N	o, Ext): (561) 36	51-8331	FAX (A/C, No):	(561).	361-8332
PO	Box 4277					ADDRE	ss: marshak@	D futurityinsura	nce.net		
							INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Dee	rfield Bea	ach			FL 33442-4277	INSURE	ERA: Burlingto	n Ins. Co.			
INSU	RED					INSURE	ER B :				
		MJS Nursery Inc.				INSURE					
		P.O. Box 542503									
		1.0. 000 042000				INSURE					
		Table 1975 at			EI 004E4 0500	INSURE					
		Lake Worth	5110 35 2		FL 33454-2503	INSUR	ERF:				
	ERAGE		.4100.00	200000000000000000000000000000000000000	NUMBER:	E111001			REVISION NUMBER:	DEDIO	
IN CE EX	DICATED ERTIFICA	CERTIFY THAT THE POLICIES OF . NOTWITHSTANDING ANY REQU TE MAY BE ISSUED OR MAY PER' NS AND CONDITIONS OF SUCH P	JIREN TAIN, OLICI	MENT, THE II IES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	THE POL	TRACT OR OTH LICIES DESCRI DUCED BY PAID	HER DOCUME! BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S	
	/ con	MERCIAL GENERAL LIABILITY	11100	1111	II SOMEONE DE CONTRACTOR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(EACH OCCURRENCE	s 1,00	00,000
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	.000
	-	CLAIMO-MADE V CCCCIT								\$ 5,00	\$100000 Tel-C
Α					626B009029		04/17/2017	04/17/2018		\$ 1,00	
^	<u> </u>				0200009029		04/1//2017	04/1//2016			
	GEN'L AG	GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	
	✓ POL	ICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ Inclu	uded
	OTH	IER:								\$	
	AUTOMO	BILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		AUTO							BODILY INJURY (Per person)	\$	
	ALL AUT	OWNED SCHEDULED AUTOS	1						BODILY INJURY (Per accident)	\$	
		ED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									V	\$	
	UME	BRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXC	ESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DEC		İ							\$	
		S COMPENSATION							PER OTH-		
	ANY PRO	LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/ (Mandato	MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, des	cribe under TION OF OPERATIONS below								\$	
	DEGUNIF	TION OF OFERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	3	
DESC	RIPTION	OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	ired)		
	and & Gravel Hauling JS Materials, Inc. is a Named Insured on General Liability.										
CEF	TIFICAT	E HOLDER				CANC	ELLATION				
		Five Star Plus Excavating, Inc. 3609 S. Jog Rd	561-5	540-89	31	THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE
						AUTHORIZED REPRESENTATIVE					
		Greenacres			FL 33467	Marsha Krain					



DATE (MM/DD/YYYY) 04/19/2017

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certificate holder in lieu of such endorsement(s).		CONTACT			
PRODUCER		CONTACT NAME:	W. 15. 16 16 16 16 16 16 16 16 16 16 16 16 16	T EAY	/ // oo/ oo
Futurity Insurance, Inc.		PHONE (A/C, No, Ext): (561) 36		1 (120) 110)	(561) 361-8332
PO Box 4277		ADDRESS: marshak@	futurityinsura	nce.net	
		INS	URER(S) AFFOR	DING COVERAGE	NAIC #
Deerfield Beach	FL 33442-4277	INSURER A: Burlingto	n Ins. Co.	41	
INSURED		INSURER B:			
MJS Nursery Inc.		INSURER C:			
P.O. Box 542503		INSURER D :			
		INSURER E :			
Lake Worth	FL 33454-2503	INSURER F:			
COVERAGES CERTIFICATE				REVISION NUMBER:	T T
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN INDICATED. NOTWITHSTANDING ANY REQUIREMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. I	T, TERM OR CONDITION OF AN INSURANCE AFFORDED BY T LIMITS SHOWN MAY HAVE BE	NY CONTRACT OR OTH THE POLICIES DESCRIE EN REDUCED BY PAID	IER DOCUMEI BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	H THIS
INSR ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
CLAIMS-MADE CCUR				Entori Coccinitation	\$ 1,000,000 \$ 100,000
CLAIMS-MADE V OCCOR				TITEMIOEO (EG OSCILIONOS)	\$ 5,000
A	626B009029	04/17/2017	04/17/2018	mes era (ray the person)	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	020000020			1 2.10 2.11 2.11 2.11 2.11	\$ 2,000,000
POLICY PRO-					\$ Included
OTHER:				DI BINCOSO DESERVO ARRANDO EN 1870 DE CONTROL DE CONTRO	\$
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
ANYAUTO					\$
ALL OWNED SCHEDULED				BODILY INJURY (Per accident)	\$
AUTOS AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
AUTOS					\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
DED RETENTION \$					\$
WORKERS COMPENSATION				PER OTH- STATUTE ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOI	RD 101, Additional Remarks Scheo	dule, may be attached if mo	ore space is req	uired)	
Sand & Gravel Hauling					
MJS Materials, Inc. is a Named Insured on General Liabi	ility.				
CERTIFICATE HOLDER		CANCELLATION			
CERTIFICATE HOLDER		CANCELLATION			
				SCRIBED POLICIES BE CAN	
		THE EXPIRATION D		F, NOTICE WILL BE DELIVER Y PROVISIONS	ED IN
Innovated Design		ACCOMPANCE WIT	II IIIL FOLIO		
1404 Nautilus Isle		AUTHORIZED REPRESE	NTATIVE		
		1 London Lange			
Dania Beach	FL 33004	4 NOVEMO EXPORT			
L		·	@ 4000 2044	ACORD CORPORATION	All rights reserved



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PRO	ODUCER				CONTA	CT	~			
Fut	turity Insurance, Inc.				PHONE	(561) 3	61-8331	FAX	(561)	361-8332
PO) Box 4277				E-MAIL	o, Ext): (561) 3	②futurityinsura		(301)	301-0332
					ADDRE					HARD POWER DAYS
De	erfield Beach			FL 33442-4277		ERA: Burlingto		RDING COVERAGE		NAIC #
- 424254	URED			12 00442-4211			on ms. Co.			
DC 5/8	MJS Nursery Inc.				INSURI					
	P.O. Box 542503				INSUR	ER C :				
	F.O. BOX 342303				INSURI	ER D :				
	Lake Worth			W. 2232.223	INSURE	ERE:				
-				FL 33454-2503	INSURE	ERF:				
				NUMBER:				REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQU	JIRFN	IKAN(IENT	TERM OR CONDITION OF AN	EN ISSU	JED TO THE IN:	SURED NAME	D ABOVE FOR THE POLICY	PERIOD)
C	EKTIFICATE MAY BE ISSUED OR MAY PERT	IAIN.	THEI	NSURANCE AFFORDED BY T	HE POI	ICIES DESCRI	BED HEREIN I	S SUBJECT TO ALL THE TE	CH THIS RMS	
	EXCLUSIONS AND CONDITIONS OF SUCH PO	OLICI	ES. LI	MITS SHOWN MAY HAVE BEI	EN RED	UCED BY PAID	CLAIMS.	O OODOLOT TO ALL THE TE	TIVIO,	
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	✓ COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(EACH OCCURRENCE	37 1557	0,000
	CLAIMS-MADE V OCCUR				1			DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	
								on present the assessment	\$ 5,00	
Α				626B009029		04/17/2017	04/17/2018	MED EXP (Any one person)		
	GEN'L AGGREGATE LIMIT APPLIES PER:			. (5 C. 5 . T. 1. 5 . T. 5		0-1/1/2017	04/1//2010	PERSONAL & ADV INJURY	\$ 1,00	10.16-19.0°
	POLICY PRO-						-	GENERAL AGGREGATE	\$ 2,00	121 2
	OTHER:						-	PRODUCTS - COMP/OP AGG	\$ Inclu	ded
-	AUTOMOBILE LIABILITY	-		The state of the s				COMBINED SINGLE LIMIT	\$	
							1	(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS						1	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						Ī	AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	s	
	(Mandatory in NH) If yes, describe under								\$	
	DESCRIPTION OF OPERATIONS below						-		\$	
								E.E. BIOLING TOLIOT LIMIT	Ψ	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	ıle may t	ne attached if mor	re space le requi	radl		
		•			,	o attached ii iiioi	e space is requi	ieuj		
	d & Gravel Hauling									
MJS	Materials, Inc. is a Named Insured on Gene	eral L	iability	l.						
CER	RTIFICATE HOLDER				CANCE	ELLATION				
					100000000000000000000000000000000000000					
					SHOU	JLD ANY OF TH	E ABOVE DES	CRIBED POLICIES BE CAN	CELLED	BEFORE
	Integrity Shell Contractors, Inc.				ACCC	ORDANCE WITH	THE POLICY	NOTICE WILL BE DELIVER PROVISIONS.	ED IN	
	3560 SW Racquet Club Way				(SS)(E)(E) E					
	COCC OV Racquet Club Way			l-	AUTHOR	IZED REPRESEN	TATIVE			
	Polm City			-	N	10 1-1	~ 1/			
	Palm City			FL 34990	MOVEMO A MICH					
						- Will	1988-2014	CORD CORPORATION.	All =!=!	to roce
	NEW 220 CONTROL OF PROPERTY OF STATE							COND CONFURATION.	All righ	is reserved.



DATE (MM/DD/YYYY) 04/19/2017

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certificate	certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTAC NAME:			TEAV WARRANTE			
Futurity Insu	rance, Inc.				PHONE (A/C, No E-MAIL ADDRE	o, Ext): (561) 36		(100, 110).	361-8332		
PO Box 427	7				ADDRE:	ss: marshak@	gfuturityinsura	nce.net			
								DING COVERAGE	NAIC#		
Deerfield Be	each			FL 33442-4277	INSURE	RA: Burlingto	n Ins. Co.				
INSURED					INSURE	RB:					
	MJS Nursery Inc.				INSURE	RC:			1		
	P.O. Box 542503				INSURE	RD:					
				1100 425000 NO 1200 NO.	INSURE	RE:					
	Lake Worth			FL 33454-2503	INSURER F:						
COVERAGE				NUMBER:	ENLICCI	ED TO THE IN		REVISION NUMBER:	ND.		
INDICATED	D NOTWITHSTANDING ANY REQU	IIREM AIN, OLICII	ENT, THE IN ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS Y THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.						
INSR TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
	DMMERCIAL GENERAL LIABILITY							CONTRACT COLD SOLLO	000,000		
	CLAIMS-MADE V OCCUR							TTEMMOLO (La documento)	0,000		
								MED EXP (Any one person) \$ 5,1			
A				626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY \$ 1,4	000,000		
GEN'LA	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,	000,000		
V PO	DLICY PRO-							PRODUCTS - COMP/OP AGG \$ In	cluded		
ОТ	THER:							\$			
AUTOM	OBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	IY AUTO							BODILY INJURY (Per person) \$			
	L OWNED SCHEDULED AUTOS		j					BODILY INJURY (Per accident) \$			
HIF	RED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$			
								\$			
UN	MBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EX	CESS LIAB CLAIMS-MADE							AGGREGATE \$			
DE	ED RETENTION \$							\$			
	RS COMPENSATION PLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PRO	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
(Mandate	ory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
DESCRI	escribe under PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
DESCRIPTION	OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)			
Sand & Gra	vel Hauling										
	als, Inc. is a Named Insured on Ger	neral l	Liabili	ty.							
				75							
L											
CERTIFICA	ATE HOLDER				CANC	ELLATION					
					SHO	OULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CANCELL	ED BEFORE		
					THE	EXPIRATION I	DATE THEREO	F, NOTICE WILL BE DELIVERED IN			
	J & J X - Cavating, Inc.				ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	5265 Buchanan Rd.				0117117	RIZED REPRESE	ENTATIVE				
					AUTHO	KIZED KEPKESI	INTATIVE				
	Delray Beach			FL 33484	A	MINC	MAGE	X VOIDO			
	>=7					MIL		TIVIAN			



DATE (MM/DD/YYYY) 04/19/2017

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_	ertificate holder in fleu of such endorse	emen	t(s).							
PRO	DUCER				CONTA NAME:	ACT				
Fu	urity Insurance, Inc.				PHONE (A/C. N	E lo Ext). (561) 3	61-8331	FAX (A/C, No):	(561)	361-8332
PC	Box 4277				E-MAIL ADDRE	E No, Ext): (561) 3 Ess: marshak(@futurityinsura			
					MODINE		and a mark a stronger	RDING COVERAGE		NAIG#
De	erfield Beach			FL 33442-4277	INCLID	ERA: Burlingto		IDING COVERAGE		NAIC #
INSI	JRED				Contraction	50413 VAVI ATA	511 1113. OO.			
	MJS Nursery Inc.			9	INSUR	-8131-10110				
	P.O. Box 542503				INSUR	ER C:				<u> </u>
	F.O. Box 342303				INSURI	ER D :				
	10494-0404-44-404-11				INSURI	ERE:				
	Lake Worth		- 7411 - 5 - 5 - 5	FL 33454-2503	INSURI	ERF:				
				NUMBER:				REVISION NUMBER:		
1	HIS IS TO CERTIFY THAT THE POLICIES OF	INSU	JRAN	CE LISTED BELOW HAVE BE	EN ISSU	JED TO THE IN	SURED NAME	D ABOVE FOR THE POLICY	PERIOD)
C	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER	TAIN .	THE I	NSURANCE AFFORDED BY T	HE POI	TRACTOR OTH	HER DOCUME	NT WITH RESPECT TO WHI	CH THIS	6
Ε	XCLUSIONS AND CONDITIONS OF SUCH P	OLICI	ES. LI	IMITS SHOWN MAY HAVE BE	EN RED	DUCED BY PAID	CLAIMS.	S SUBJECT TO ALL THE TE	KIVIS,	
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY	INSD	VVVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0.000
	CLAIMS-MADE OCCUR						l	DAMAGE TO RENTED	400	ORMERS IS:
	CEANIO-WADE V OCCOR							PREMISES (Ea occurrence)	\$ 100,	1000 1000
Α		-		626000000		0447/0047	0.44470040	MED EXP (Any one person)	\$ 5,00	
200.00	05111 400050475 1 1117 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1			626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	TENTON TO THE
	GEN'L AGGREGATE LIMIT APPLIES PER:					1		GENERAL AGGREGATE	\$ 2,00	0,000
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ Inclu	ıded
	OTHER:							COMPRES ON OUT THAT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	-131
	(Mandatory in NH)	"''					Ì		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								s	
								E.E. DIOLAGE TOLIGITEINIT	•	
					20		1			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE) 101, Additional Remarks Schedu	ıle, may i	be attached if mo	re space is requ	ired)		
					20 10 10 10 10 10 10 10 10 10 10 10 10 10		COLUMN STATE OF THE STATE OF TH	10000er 2		
	d & Gravel Hauling									
MJS	Materials, Inc. is a Named Insured on Gen	eral L	iabilit	у.						
CED	TIFICATE HOLDER									
CER	TIFICATE HOLDER	-			CANC	ELLATION				
					SHO	III D ANY OF T	IE ABOVE DEG	ODIDED DOL 10150 DE 0		
				İ	THE	EXPIRATION D	ATE THEREOF	CRIBED POLICIES BE CAN NOTICE WILL BE DELIVER	ED IN	BEFORE
	J. Emery Bobcat Service, Inc.					ORDANCE WITH				
	656 Carriage Hill Lane			Ĺ						
					AUTHOR	RIZED REPRESEN	ITATIVE	1 10		
	Boca Raton			FL 33486	A	LOUR	inn	V 310		
	1			. 2 00,100	1	JUIC	Y LL	avour		



DATE (MM/DD/YYYY) 04/19/2017

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certificate holder in fleu of such endorsement(s).	CONTACT								
PRODUCER	NAME:								
Futurity Insurance, Inc.	PHONE (A/C, No, Ext): (561) 361-8331 (A/C, No): (561) 361-8332								
PO Box 4277	E-MAIL ADDRESS: marshak@futurityinsurance.net								
- 20 N S 202 S	INSURER(S) AFFORDING COVERAGE NAIC #								
Deerfield Beach FL 33442-4277	INSURER A: Burlington Ins. Co.								
INSURED	INSURER B:								
MJS Nursery Inc.	INSURER C:								
P.O. Box 542503	INSURER D :								
100 27 3000 AV	INSURER E :								
Lake Worth FL 33454-2503	INSURER F:								
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE	REVISION NUMBER:								
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EN REDUCED BY PAID CLAIMS.								
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
✓ COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1,000,000								
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$ 100,000								
	MED EXP (Any one person) \$ 5,000								
A 626B009029	04/17/2017 04/17/2018 PERSONAL & ADV INJURY \$ 1,000,000								
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$ 2,000,000								
POLICY PRO- LOC	PRODUCTS - COMP/OP AGG \$ Included								
OTHER:	\$								
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$								
ANY AUTO	BODILY INJURY (Per person) \$								
ALL OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$								
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$								
	\$								
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$								
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$								
DED RETENTION \$	\$								
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY	PER OTH- STATUTE ER								
ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$								
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$								
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Scher	dule, may be attached if more space is required)								
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on General Liability.									
CERTIFICATE HOLDER	CANCELLATION								
Magnum Land Development 954 749-5505 10102 NW 50th St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Sunrise FL 33351	AUTHORIZED REPRESENTATIVE								



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certificate holder in fleu of such endors	emeni	us).		LOOUTE					
PRODUCER				CONTAC NAME:					
Futurity Insurance, Inc.				(A/C, No	, Ext): (561) 3	61-8331	FAX (A/C, No):	(561)	361-8332
PO Box 4277				E-MAIL ADDRES	s: marshak@	@futurityinsura	nce.net		
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Deerfield Beach			FL 33442-4277	INSURE	RA: Burlingto	on Ins. Co.			
INSURED				INSURE	RB:				
MJS Nursery Inc.				INSURER C:					
P.O. Box 542503				INSURER D:					
				INSURE	RE:				
Lake Worth			FL 33454-2503	INSURE					
COVERAGES CEF	TIFIC	ATE	NUMBER:	-			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O									
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN,	THE I	NSURANCE AFFORDED BY 1	THE POLI	CIES DESCRI	BED HEREIN I			}
INSR LTR TYPE OF INSURANCE	ADDL			T _i	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
✓ COMMERCIAL GENERAL LIABILITY	Intob	11112			(11111)	(11111)	EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	,000
				1			MED EXP (Any one person)	\$ 5,00	00
A			626B009029	1	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	50 - 500	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:				1	- RESSERVING THE L. L.	a m newmanner	GENERAL AGGREGATE	\$ 2,00	500 a 100 a
POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ Inclu	W 2000
OTHER:				1			11(000010 - 00M1701 A00	\$	
AUTOMOBILE LIABILITY	 						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANYAUTO				1			BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
NON-OWNED				1			PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS				(Per accident) \$					
UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE			76	1			AGGREGATE	\$	
DED RETENTION\$	1			1			AGGREGATE	\$	
WORKERS COMPENSATION	-					reni i	PER OTH-	Ф	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		Dr.						
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
SECONI FICH OF CLEANIONS SELOW	1						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORE	D 101, Additional Remarks Sched	lule, may b	e attached if me	ore space is requ	ired)		
Sand & Gravel Hauling									
MJS Materials, Inc. is a Named Insured on Ge	neral I	iabilit	hv						
mee materiale, met le a tramea mourea en ce	ilorai E	labilit	.y.						
CERTIFICATE HOLDER				CANCE	LLATION				
Master Earth Excavating, LLC masterearthexcavating@yahoc		727-8	920 P/574-1168	THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.) BEFORE
7661 High Ridge Road	.50			AUTHORIZED REPRESENTATIVE					
Boynton Beach			FL 33426	Marsha Krown					
						@ 1988-2014	ACORD CORPORATION	All rig	hte recented



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER		***	CONTACT NAME:				
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (561) 3	61-8331	FAX (A/C, No):	(561)	361-8332
PO Box 4277			E-MAIL ADDRESS: marshak@	@futurityinsura			
					RDING COVERAGE		NAIC#
Deerfield Beach		FL 33442-4277	INSURER A : Burlingto				
INSURED			INSURER B:				
MJS Nursery Inc.			INSURER C:				
P.O. Box 542503			INSURER D:				
			INSURER E :				
Lake Worth		FL 33454-2503	INSURER F :				
	RTIFICA	TE NUMBER:	MOOKEN I		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O			EN ISSUED TO THE IN			PERIOD)
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PEI EXCLUSIONS AND CONDITIONS OF SUCH	RTAIN, TH	HE INSURANCE AFFORDED BY T	THE POLICIES DESCRI	BED HEREIN I			;
INSR LTR TYPE OF INSURANCE	ADDLS INSD V	UBR		POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY	INSD V	NVD TOLIOT NOMBER	(WW/DD/1111)	(WINDO/1111)	EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	979.48
CEANNO-WADE V COOK					MED EXP (Any one person)	\$ 5,00	
A	-	626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	35 17	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE	\$ 2,00	^
POLICY PRO-					PRODUCTS - COMP/OP AGG	THE STATE OF THE S	uded
OTHER:		1			FRODUCTS - COMPTOF AGG	\$	
AUTOMOBILE LIABILITY	1				COMBINED SINGLE LIMIT	\$	
		1			(Ea accident) BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED	1 1	i			BODILY INJURY (Per accident)	\$	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS	1				(Per accident)	\$	
UMBRELLA LIAB OCCUP	1				EAGL GOOLIDBENGE		
- FYOTOGUAD	_				EACH OCCURRENCE	\$	
CEANVIS-IVIAD	티				AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION	+				PER OTH-	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N						
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1			E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS BEIOW	1 1				E.L. DISEASE - POLICY LIMIT	a	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (AC	CORD 101, Additional Remarks Sched	lule, may be attached if me	ore space is requ	uired)		
Sand & Gravel Haviling							
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on G	eneral Lia	ahility					
inso materials, inc. to a maried insured on o	STICIAL LIC	ability.					
CERTIFICATE HOLDER			CANCELLATION				
MJ Land Development, Inc. 9	54 583-8	586		ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		D BEFORE
4495 SW 67th Terrace	an make Ad	ternossees					
Suite 102			AUTHORIZED REPRESENTATIVE				
Davie I		FL 33314	Marson Krain				
				© 1988-2014	ACORD CORPORATION.	All rio	hts reserved.



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PRODUCER				NAME:	ACT				
Futurity Insurance, Inc.					E Io, Ext): (561) 3	61-8331	FAX	(561)	361-8332
PO Box 4277					ss: marshak		ance net	vo): (001)	001 0002
				ADDI			RDING COVERAGE		7 7777
Deerfield Beach			FL 33442-4277	INCLID	ERA: Burlingto		RDING COVERAGE		NAIC#
INSURED		-		INSUR		711 III 0. O 0.			
MJS Nursery Inc.									
P.O. Box 542503				INSUR					
				ar and a compact	INSURER D:				
Lake Worth			EL 22454.2502	Transport and the	INSURER E :				
	TIEIC	ATE	FL 33454-2503 NUMBER:	INSUR	ER F:				
THIS IS TO CERTIFY THAT THE POLICIES O				TNICCI	IED TO THE IN	OUDED WALE	REVISION NUMBER:		
CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	TAIN, T POLICIE	EN I, THE II ES. LI	NSURANCE AFFORDED BY I MITS SHOWN MAY HAVE BE	NY CON	TRACT OR OTH LICIES DESCRI DUCED BY PAID	HER DOCUME BED HEREIN I CLAIMS.	NIT MUTIL DECDEOT TO L	" HOLL TILL	S S
INSR LTR TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
✓ COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	CONTRACTOR OF THE PARTY OF THE	00,000
CLAIMS-MADE V OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
							MED EXP (Any one person)	\$ 5,00	
Α			626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:			William Code April Calculation by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			s 2,00	
POLICY PRO- LOC							GENERAL AGGREGATE	ESTA SEE TOOK	The Political Science
OTHER:							PRODUCTS - COMP/OP AG	G \$ Incl	uded
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
ANYAUTO							(Ea accident) BODILY INJURY (Per person	1.020	
ALL OWNED SCHEDULED							A CONTRACTOR OF THE CONTRACTOR	, into	
NON-OWNED							PROPERTY DAMAGE		
AUTOS AUTOS							(Per accident)	\$	
UMBRELLA LIAB OCCUR								S	
EVCESS LIAD		1				-	EACH OCCURRENCE	\$	
DED RETENTION \$	1						AGGREGATE	\$	
WORKERS COMPENSATION		\rightarrow					I DED I I NTU	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		1				1	STATUTE ER		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
If ves, describe under		1					E.L. DISEASE - EA EMPLOY	EE \$	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ule, may i	pe attached if mo	re space is requi	ired)		
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on General Liability.									
CERTIFICATE HOLDER				CANC	ELLATION				
				CANCI	ELLATION				
MVP Construction Services, Inc		ACC	JLD ANY OF THEXPIRATION DAD DRIBANCE WITH	THE POLICY	CCRIBED POLICIES BE C. NOTICE WILL BE DELIV PROVISIONS.	ANCELLED ERED IN) BEFORE		
Suite 7				1 10 1					
Margate I	101UVONO 91000								
					Q	1988-2014	ACORD CORPORATIO	N. All rigl	nts reserved.



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER			CONTACT NAME:				
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (561) 3	61-8331	FAX (A/C, No	: (561)	361-8332
PO Box 4277			E-MAIL ADDRESS: marshake	@futurityinsura	nce.net		
					RDING COVERAGE		NAIC #
Deerfield Beach		FL 33442-4277	INSURER A: Burlingto				
INSURED			INSURER B:				
MJS Nursery Inc.			INSURER C :				
P.O. Box 542503			INSURER D :				
1.0.0000.2000			INSURER E :				
Lake Worth		FL 33454-2503					
	TIEICATE	NUMBER:	INSURER F:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O			EN ISSUED TO THE IN			/ PERIO)
INDICATED. NOTWITHSTANDING ANY REQ							
CERTIFICATE MAY BE ISSUED OR MAY PER					S SUBJECT TO ALL THE T	ERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH F	TADDLISUBI	रा	POLICY EFF	POLICY EXP			
INSR LTR TYPE OF INSURANCE	INSD WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	1	20.000
COMMERCIAL GENERAL LIABILITY	1 1				EACH OCCURRENCE DAMAGE TO RENTED	100	00,000
CLAIMS-MADE V OCCUR	1 1				PREMISES (Ea occurrence)	+	,000
					MED EXP (Any one person)	\$ 5,00	
A		626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	000,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ Incl	uded
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident	\$	
HIRED AUTOS NON-OWNED AUTOS	1 1				PROPERTY DAMAGE (Per accident)	\$	
	1 1					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
DED RETENTION\$	1					s	
WORKERS COMPENSATION					PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	2000				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	5			E.L. DISEASE - EA EMPLOYE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	+	
SECOND TION OF STERVING SOUR					C.C. DIOCHOL - I OCIOT CIMIT	1 *	
			* .				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	CLES (ACOF	I RD 101, Additional Remarks Sched	dule, may be attached if m	ore space is requ	uired)		
	rans Munsu						
Sand & Gravel Hauling							
MJS Materials, Inc. is a Named Insured on Ge	neral Liabil	ity.					
CERTIFICATE HOLDER			CANCELLATION				
			SHOULD ANY OF	THE ABOVE DE	SCRIBED POLICIES BE CA	NCELLE	D RECORE
					F, NOTICE WILL BE DELIVE		DBEFORE
Natural Art Landscape & Desig		ACCORDANCE WI	TH THE POLICY	Y PROVISIONS.			
16 NE 8th Ave	emico Sta						
s = 221			AUTHORIZED REPRESENTATIVE				
Fort Lauderdale		FL 33301	1 10.10		11000		
		. 2 00001	LIMUND	I ILX C	NULLY		
			70	@ 1988-2014	ACORD CORPORATION	All ric	thte received



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER		1-7-		CONTACT					
				NAME: PHONE (A/C, No, Ext): (561) 361-8331 E-MAIL					
Futurity Insurance, Inc.				E-MAIL	xt): (301) 30	of the section of the control		7 301-0002	
PO Box 4277				ADDRESS:	marsnak@	ofuturityinsura	nce.net		
						THE PROPERTY OF THE PARTY OF TH	DING COVERAGE	NAIC #	
Deerfield Beach			FL 33442-4277	INSURER A	: Burlingto	n Ins. Co.			
INSURED				INSURER B	:				
MJS Nursery Inc.				INSURER C:					
P.O. Box 542503				INSURER D:					
				INSURER E					
Lake Worth			FL 33454-2503	INSURER F					
	TIFIC	ATE I	NUMBER:	I III O O I I I I I I I I I I I I I I I			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O	FINSU	RANC	E LISTED BELOW HAVE BE	EN ISSUED	TO THE IN	SURED NAME	ABOVE FOR THE POLICY PERIO	DD	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR O CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PA							NT WITH RESPECT TO WHICH TH	iis	
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		OLICY EFF I	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY	INSD	VVVD	TOLIOT NUMBER	CIALL		(000,000	
CLAIMS-MADE OCCUR							INAMACO ICCIDENTED	0,000	
CLAIMS-MADE OCCUR							TALIMOLO (La decarrence)		
			626000000	1 0	4/17/2017	04/17/2018		000,000	
A			626B009029	02	4/17/2017	04/1//2016	TERROTOLE GILLO VINCOLLI	770ATH - 1077	
GEN'L AGGREGATE LIMIT APPLIES PER:							02.12.12.120.120.12	000,000	
POLICY PRO-								cluded	
OTHER:							COMBINED SINGLE LIMIT &		
AUTOMOBILE LIABILITY							(Ea accident)		
ANY AUTO				1			BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$				
				\$					
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MAD				4			AGGREGATE \$		
DED RETENTION \$							\$		
WORKERS COMPENSATION							PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS BEIOW	-						E.E. DIGEAGE - FOLIOT EINIT		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES /	ACOR	101 Additional Pamarke Sahar	fula may be s	attached if m	ore enace ie rec	uired)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	OLES (ACORI	J 101, Additional Remarks Sched	auro, may be a	attached ii Me	ore shace is redu			
Sand & Gravel Hauling									
MJS Materials, Inc. is a Named Insured on Ge	neral l	_iabilit	y.						
			3						
CERTIFICATE HOLDER				CANCEL	LATION				
					C 18110 - D/				
				- 1000 miles			SCRIBED POLICIES BE CANCELL		
B I .				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Parkwood Pavers Inc.							nus - ಉಪಚಲಿಗೆ ರೈಪುರ್ಗಿ ಪ್ರಾಧ್ಯ ಪ್ರಹಾಗೆ		
6761 W Sunrise Blvd				AUTHORIZED REPRESENTATIVE					
Suite 16				1 10/01/0 1/					
Plantation			FL 33313	13 IN MOVEDO EXAM					
						© 1988-2014	ACORD CORPORATION AIL	rights reconsed	



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER				NAME:			ΙFΔΥ	les ii	24.0000	
Futurity Insurance, Inc.				(A/C, No	o, Ext): (561) 36		FAX (A/C, No):	(561) 3	861-8332	
PO Box 4277				ADDRE	SS: Illaisilake	gfuturityinsura				
			= 0044040=				RDING COVERAGE		NAIC #	
Deerfield Beach			FL 33442-4277	On the state of th	RA: Burlingto	n Ins. Co.				
INSURED				INSURER B:				-		
MJS Nursery Inc.				INSURER C:						
P.O. Box 542503				INSURER D:						
I at a Mire at			EI 224E4 2E02	INSURE						
Lake Worth	TITIO	ATE 1	FL 33454-2503	INSURE	RF:		DEVICION NUMBER.			
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	FN ISSU	IED TO THE IN		REVISION NUMBER:	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		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
✓ COMMERCIAL GENERAL LIABILITY			,				EACH OCCURRENCE	\$ 1,00	0,000	
CLAIMS-MADE V OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	000	
							MED EXP (Any one person)	\$ 5,00	0	
A			626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ Inclu	ided	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANYAUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS					· V		PROPERTY DAMAGE (Per accident)	\$		
					\$					
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$							- 10 H	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13,7,23						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
1										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	uired)			
Sand & Gravel Hauling									}	
MJS Materials, Inc. is a Named Insured on Ger	neral L	.iabilit	y.							
	overed state (the									
CERTIFICATE HOLDER				CANC	ELLATION					
				0110	UII D ANN 05 -	UE ABOVE ==	CODIDED DOLLOIS TO			
				SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		BEFORE				
Parkwood Pools, Inc. 954 583-					Y PROVISIONS.					
6761 W. Sunrise Blvd.										
Suite 16				AUTHORIZED REPRESENTATIVE						
Plantation		FL 33313	Marsha Diana							
				TIMMAN ALLOWN						



DATE (MM/DD/YYYY) 04/19/2017

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Futurity Insurance, Inc. PHONE (A/C, No, Ext): (561) 361-8331 E-MAIL marshak@futuribu (A/C, No): (561) 361-8332 PO Box 4277 ADDRESS: marshak@futurityinsurance.net INSURER(S) AFFORDING COVERAGE NAIC # Deerfield Beach FL 33442-4277 INSURER A: Burlington Ins. Co. INSURED INSURER B: MJS Nursery Inc. INSURER C : P.O. Box 542503 INSURER D: INSURER E : Lake Worth FL 33454-2503 INSURER F: **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. ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000 CLAIMS-MADE V OCCUR PREMISES (Ea occurrence) \$ 100,000 5,000 MED EXP (Any one person) A 626B009029 04/17/2017 04/17/2018 \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 **GENERAL AGGREGATE** POLICY PRO-JECT \$ Included PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) S SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ S UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below NIA E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on General Liability. 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. Right Choice Pools & Spas 3855 NW 124th AVE. AUTHORIZED REPRESENTATIVE Coral Springs FL 33065



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER		CONTACT NAME:				
Futurity Insurance, Inc.		PHONE (A/C, No, Ext): (561) 361-8331	(A/C, No): (561) 361-8332		
PO Box 4277		E-MAIL ADDRESS: marshak@futurityins	urance.net			
90		INSURER(S) AF	FORDING COVERAGE	NAIC#		
Deerfield Beach	FL 33442-4277	INSURER A: Burlington Ins. Co.				
INSURED		INSURER B :				
MJS Nursery Inc.		INSURER C:				
P.O. Box 542503		INSURER D:				
		INSURER E :				
Lake Worth	FL 33454-2503	INSURER F :				
COVERAGES CERTIFI	CATE NUMBER:	Andrews and the second	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICE.	MENT, TERM OR CONDITION OF AN , THE INSURANCE AFFORDED BY T	NY CONTRACT OR OTHER DOCU THE POLICIES DESCRIBED HERE	MENT WITH RESPECT TO WHICH TH			
	D WVD POLICY NUMBER	POLICY EFF POLICY EX (MM/DD/YYYY) (MM/DD/YYY	P Y) LIMITS			
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$ 1,	000,000		
CLAIMS-MADE OCCUR			TOWNS IN DERITED	00,000		
			MED EXP (Any one person) \$ 5,	000		
A	626B009029	04/17/2017 04/17/201		000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	100 M 100N F N N			000,000		
POLICY PRO-				cluded		
OTHER:			\$			
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$			
ANYAUTO	1 1		BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED			BODILY INJURY (Per accident) \$			
AUTOS AUTOS NON-OWNED AUTOS AUTOS			PROPERTY DAMAGE (Per accident) \$			
HIRED AUTOS AUTOS			(Per accident)			
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$			
DED RETENTION\$			AGGREGATE			
WORKERS COMPENSATION			PER OTH-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED?	A		E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$			
DESCRIPTION OF OPERATIONS DEIOW			E.E. DIOLAGE - I OLIGI LIMIT 4			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD 101, Additional Remarks Sched	lule, may be attached if more space is	required)			
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on Genera	ıl Liability.					
CERTIFICATE HOLDER		CANCELLATION				
RS Elliott Supply 407-426-3668		SHOULD ANY OF THE ABOVE	DESCRIBED POLICIES BE CANCELI EOF, NOTICE WILL BE DELIVERED II LICY PROVISIONS.			
2551 Mercy Drive		AUTHORIZED REPRESENTATIVE				
Orlando	Marsha	Krain				
K		@ 1988-2	014 ACORD CORPORATION, AII	righte recorded		



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER	ement	t(S).		LOOUE					
The state of the s				CONTA NAME:	ACT				
Futurity Insurance, Inc.				PHONE (A/C, N	lo, Ext): (561) 3	361-8331	FAX (A/C, No)	: (561)	361-8332
PO Box 4277				ADDRE	ss: marshak	@futurityinsura	ance.net		
Toron Lott as Alterna					IN:	SURER(S) AFFO	RDING COVERAGE		NAIC #
Deerfield Beach			FL 33442-4277	INSURI	ERA: Burlingte	on Ins. Co.			10400 #
INSURED				INSURER B:					
MJS Nursery Inc.				INSURER C:					
P.O. Box 542503					INSURER D :				
				INSURER E :					
Lake Worth			FL 33454-2503	- 5000 - 2000	000000				
COVERAGES CER	RTIFIC	ATF N	NUMBER:	INSUR	EKF:		DEVIOLON NUMBER		
THIS IS TO CERTIFY THAT THE POLICIES O	F INSU	IRANC	ELISTED BELOW HAVE BE	EN ISSI	JED TO THE IN	SURED NAME	REVISION NUMBER:	DEDIO	
CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	RTAIN. T	THE IN	ISURANCE AFFORDED BY 1	NY CON	TRACT OR OTH	HER DOCUME	NIT WITH DECOREOT TO MAIL		, ,
INSR LTR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	re	
COMMERCIAL GENERAL LIABILITY					(MADE TITT)	(MINI/DD/1111)	EACH OCCURRENCE	s 1,00	0.000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED		
							PREMISES (Ea occurrence)	\$ 100, \$ 5,00	
A			626B009029		04/17/2017	04/17/2018	MED EXP (Any one person)		
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1				0 11 17 20 17	04/1//2010	PERSONAL & ADV INJURY	\$ 1,00	- MANAGE
POLICY PRO-	1 1						GENERAL AGGREGATE	\$ 2,00	
OTHER:							PRODUCTS - COMP/OP AGG	\$ Inclu	aea
AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT	\$	
ANYAUTO							(Ea accident)	\$	
ALL OWNED SCHEDULED					2		BODILY INJURY (Per person)	\$	
AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS							(Per accident)	\$	
UMBRELLA LIAB OCCUP	+	_						\$	
EYCESS LIAD							EACH OCCURRENCE	\$	
CLAIMS-MADE	1			1			AGGREGATE	\$	
WORKERS COMPENSATION	\vdash							\$	
AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1			g .		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	\$	
				93	ŀ				
						ŀ			
DESCRIPTION OF COMME									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD 1	101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requ	ired)		
Sand & Gravel Hauling									
MJS Materials, Inc. is a Named Insured on Gen	neral Lis	ahility							
, man is a realised insured on Gen	Clai Lie	ability.							
CERTIFICATE HOLDER				CANCE	LLATION				
				CANCE	LLATION				
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3300 S. Congress Avenue				AUTHORIZED REPRESENTATIVE					
Suite #5				AUTHUK	LED KEPKESEN	IAIIVE	11		
Boynton Beach			FL 33426	Marsha diana					
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DATE (MM/DD/YYYY) 04/19/2017

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PRODU					PHONE (A/C, No, Ext): (561) 361-8331 (A/C, No): (561) 361-8332				61_8332	
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n	ld Bassh			EI 22442 4277				DING COVERAGE		NAIC #
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	MJS Nursery Inc.			Y	INSURER C:				-	
	P.O. Box 542503				INSURER D:				_	
	W				INSURER E:				_	
	Lake Worth			FL 33454-2503	INSURE	RF:		DEVICED NUMBER		
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	Suite #5					0 ~	100 100 100 100 100 100 100 100 100 100			
	Boynton Beach FL 33426									
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Fut	turity Insui	rance, Inc.						PHONE (A/C, N	PHONE (A/C, No, Ext): (561) 361-8331 FAX (A/C, No): (561) 361-8332				361-8332
PO	Box 4277	7						E-MAIL ADDRE	ss: marshak@	gfuturityinsura			
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PRODUCES FULURI Insurance, Inc. PO Box 4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard F. SA442-4277 Full Political Standard Full Political	certificate holder in lieu of such endors	ement(s).			•				
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MUS Nursery Inc. P.D. Box \$42503 Lake Worth FL 334542803 Lake Worth FL 334542803 INSURER C: INSU	Deerfield Beach		FL 33442-4277	INSURER	A: Burlingto	on Ins. Co.			
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Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on General Liability. 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	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
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CERTIFICATE HOLDER CANCELLATION Star Quarries 954-354-8567 1700 S. Powerline Road Suite H CANCELLATION 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	Sand & Gravel Hauling								
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Suite H				THE E	XPIRATION D	ATE THEREOF	F, NOTICE WILL BE DELIVER	CELLEI) BEFORE
Deerfield Beach FL 33442 MOV6M COM	Suite H			AUTHORIZED REPRESENTATIVE					
			FL 33442	Marsha drain					



DATE (MM/DD/YYYY) 04/19/2017

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.

certificate floider in fled of such endorse	11101111	٠,٠		CONTACT						
PRODUCER NAME: PHONE FAX (A/C, No): A/C No Ext): (561) 361-8331 (A/C, NO): A/C No Ext): (561) 361-8331 (A/C, NO): A/C No Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) 361-8331 (A/C, NO): A/C NO Ext): (561) A/C NO: A/C NO Ext): (561) A/C NO: A/C NO Ext): (561) A/C NO: A/C NO Ext): (561) A/C NO:										
Futurity Insurance, Inc.				(AU, 110, EAU).			561) 361-8332			
PO Box 4277				ADDRESS: marshak@	gfuturityinsura	nce.net				
				000/00		DING COVERAGE	NAIC #			
Deerfield Beach			FL 33442-4277	INSURER A : Burlingto	n Ins. Co.					
INSURED				INSURER B:						
MJS Nursery Inc.				INSURER C :						
P.O. Box 542503				INSURER D :						
1.0. Dox 0 12000				INSURER E :						
Laka Morth			FL 33454-2503	INSURER F :						
Lake Worth	TIFIC	ATE N	NUMBER:	INSURER F.		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF	INSII	RANC	E LISTED BELOW HAVE BE	EN ISSUED TO THE IN			RIOD			
INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN, T	ENT, THE IN	TERM OR CONDITION OF AN ISURANCE AFFORDED BY T	NY CONTRACT OR OTI THE POLICIES DESCRI	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHICH	THIS			
TNISDI	ADDL	SUBR		POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(WINIDUTTYY)	(MINIDULTITY)		1,000,000			
						DAMAGE TO RENTED	100,000			
CLAIMS-MADE OCCUR						T TEMPOLO (La cocan ence)	5,000			
			000000000	04/47/0047	04/47/2040		1,000,000			
A			626B009029	04/17/2017	04/17/2018	TEMOCRA E GALLET MICE.	- AND COLOR OF THE			
GEN'L AGGREGATE LIMIT APPLIES PER:							2,000,000			
POLICY PRO- LOC							Included			
OTHER:						COMBINED SINGLE LIMIT &				
AUTOMOBILE LIABILITY		0.				(Ea accident)				
ANYAUTO		1				BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$				
A0100						\$				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$				
OLANIO-IVIABL	1					s				
DED RETENTION \$ WORKERS COMPENSATION	+	-				PER OTH-				
AND EMPLOYERS' LIABILITY Y/N	i					E.L. EACH ACCIDENT \$				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE \$	· · · · · ·			
(Mandatory in NH) If yes, describe under										
DÉSCRIPTION OF OPERATIONS below					-	E.L. DISEASE - POLICY LIMIT \$				
	1				1					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sche	dule, may be attached if n	ore space is req	uired)				
Sand & Crowal Hawlin-										
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on Ge	neral l	iahili	tv							
Wiss Materials, mo. is a Married modified on Ge	orar I		7							
CERTIFICATE HOLDER			# 	CANCELLATION						
						ESCRIBED POLICIES BE CANO				
				THE EXPIRATION ACCORDANCE W		F, NOTICE WILL BE DELIVERE	D IN			
Sunland Backhoe Services, In	c.			ACCORDANCE W	III INC POLIC	T I NOVIGIONO.				
1910 NW 22nd Street				AUTHORIZED REPRES	ENTATIVE					
				A THORIZED REPRES						
Pompano Beach			FL 33069	1 LOVE	MA	X VNIM				
				101MC	@ 1000 201	4 ACORD CORPORATION.	All rights reconve			



DATE (MM/DD/YYYY) 04/19/2017

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certificate holder in lieu of such endo	rsemer	ıt(s).								
PRODUCER				CONTA NAME:	ACT					
Futurity Insurance, Inc.				PHONE (A/C. N	E lo, Ext): (561) 3	61-8331		FAX (A/C, No):	(561)	361-8332
PO Box 4277				E-MAIL	ss: marshak(@futurityinsura	ince.net	1		
				1,00,00			RDING COVERAGE			NAIC #
Deerfield Beach			FL 33442-4277	INSLIB	ERA: Burlingto		tomo oovervace			TIPATO III
INSURED				INSUR	o Acero					
MJS Nursery Inc.										-
P.O. Box 542503				INSUR	110000000					
1.0. 80% 342303				INSUR		MIKKIG O'T-O'T-OT				
Laka Warth			EL 22454.2502	INSUR						
Lake Worth			FL 33454-2503	INSUR	ER F:					
7400 300 High 190 350 300 (190 350)			NUMBER:	ENTICOL	IED TO THE IN		REVISION NUM		DEDIO	
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		WVD			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
✓ COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,00	0,000
CLAIMS-MADE V OCCUR		1					DAMAGE TO RENT PREMISES (Ea occi		\$ 100,	000
							MED EXP (Any one		\$ 5,00	0
A	_		626B009029		04/17/2017	04/17/2018	PERSONAL & ADV I	NAME OF TAXABLE PROPERTY.	\$ 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	200000000000	\$ 2,00	0,000
POLICY PRO- LOC							PRODUCTS - COMP	200000000	\$ Inclu	THE STATE OF THE S
OTHER:									\$	10000000
AUTOMOBILE LIABILITY				·			COMBINED SINGLE (Ea accident)	LIMIT	\$	
ANYAUTO							BODILY INJURY (Pe	er person)	\$	
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG	SE .	\$	
70103							(Per accident)		\$	
UMBRELLA LIAB OCCUR				-			EACH OCCURRENCE	25	\$	
EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	7 E		
DED RETENTION \$	_						AGGREGATE	-	\$	
WORKERS COMPENSATION		\vdash					PER STATUTE	Тотн-	D.	The second
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	/ N						E.L. EACH ACCIDEN	ER	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A									
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA I		There's	
DESCRIPTION OF OF ENVIRONMENTAL							E.L. DISEASE - POL	ICY LIMIT	\$	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	ACOR	D 101. Additional Remarks Sched	ule may	he attached if mo	ora enaca le raci	uirod)			
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on 0				are, may	be accorded if the	ore space is requ	(
CERTIFICATE HOLDER	-	-		04***	ELL ATION					
CERTIFICATE HOLDER				CANC	ELLATION					
Sunland Bobcat Services, In 1910 NW 21st Street	c. 954-7	83-33	75	THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIE F, NOTICE WILL BE PROVISIONS.	S BE CAN E DELIVER	ICELLED) BEFORE
				AUTHO	RIZED REPRESE	NTATIVE	1			
Pompano Beach			FL 33069	1	1ave	bha	Kroi	2		



DATE (MM/DD/YYYY) 04/19/2017

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PRODUCER			NAME:		IFAV				
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (561) 361-8331 (A/C, No): (561) 361-8332						
PO Box 4277			ADDRESS: marshak	@futurityinsura	ance.net				
					RDING COVERAGE	NAIC#			
Deerfield Beach		FL 33442-4277	INSURER A: Burlingto	on Ins. Co.					
INSURED	8		INSURER B:						
MJS Nursery Inc.			INSURER C:						
P.O. Box 542503			INSURER D :						
			INSURER E :						
Lake Worth		FL 33454-2503	INSURER F :						
COVERAGES CER	RTIFICATE	NUMBER:	- Moo		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH I	UIREMENT, TAIN, THE I POLICIES. L	TERM OR CONDITION OF A NSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CONTRACT OR OT THE POLICIES DESCR EEN REDUCED BY PAIL	HER DOCUME IBED HEREIN I D CLAIMS.	NT WITH RESPECT TO WHICH TH IS SUBJECT TO ALL THE TERMS,				
INSR LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY						00,000			
CLAIMS-MADE V OCCUR					PREMISES (Ea occurrence) \$ 100	000,0			
					MED EXP (Any one person) \$ 5,0	00			
A		626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY \$ 1,0	00,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,0	00,000			
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ Inc	luded			
OTHER:					\$				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)				
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ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$				
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EXCESS LIAB CLAIMS-MADI					AGGREGATE \$				
DED RETENTION\$	1				\$				
WORKERS COMPENSATION					PER OTH-				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	71				E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$				
	 				E.E. DIGETOR GETON ELIMIN \$				
					v				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sche	dule, may be attached if m	ore space is req	uired)				
Sand & Gravel Hauling									
MJS Materials, Inc. is a Named Insured on Ge	neral Liabili	ty.							
CERTIFICATE HOLDER			CANCELLATION						
Sunsational Pools & Spas 561	798-5708			DATE THEREO	ESCRIBED POLICIES BE CANCELLI F, NOTICE WILL BE DELIVERED IN Y PROVISIONS.	ED BEFORE			
19096 Carpet Creek Ct			AUTHORIZED REPRESE	ENTATIVE					
Loxahatchee		FL 33470	Marie	ha	Krain				
n - The second				© 1988-2014	ACORD CORPORATION. All ri	ahts reserved			



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certifica	ite holder in lieu of such endorse	ement(s)	•							
PRODUCER				CONTAC NAME:						
Futurity Ins	surance, Inc.			PHONE (A/C, No, Ext): (561) 361-8331 FAX (A/C, No): (561) 361-8332 E-MAIL ADDRESS: marshak@futurityinsurance.net						
PO Box 42	277			E-MAIL ADDRES	s: marshak(@futurityinsura	ince.net			
							RDING COVERAGE		NAIC #	
Deerfield E	Beach		FL 33442-4277	INSURE	RA: Burlingto	on Ins. Co.				
INSURED				INSURE	RB:					
	MJS Nursery Inc.			INSURE	RC:					
	P.O. Box 542503			INSURE	circi					
				INSURE						
	Lake Worth		FL 33454-2503	INSURE						
COVERAG	GES CER	TIFICAT	E NUMBER:	1			REVISION NUMBER:			
THIS IS T	O CERTIFY THAT THE POLICIES OF	INSURA	NCE LISTED BELOW HAVE BE	EN ISSUE	ED TO THE IN	SURED NAME	D ABOVE FOR THE POLICY	PERIO	D	
CERTIFIC	ED. NOTWITHSTANDING ANY REQU CATE MAY BE ISSUED OR MAY PER' IONS AND CONDITIONS OF SUCH P	TAIN, THE	INSURANCE AFFORDED BY 1	THE POLI	CIES DESCRI	BED HEREIN I	NT WITH RESPECT TO WHI S SUBJECT TO ALL THE TE	CH THIS RMS,	5	
INSR LTR	TYPE OF INSURANCE	INSD WV			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
	COMMERCIAL GENERAL LIABILITY	INSD WV	, o con nome at		(MINI/DD/1111)	(WIND DOTT TT)	EACH OCCURRENCE	\$ 1,00	00.000	
	CLAIMS-MADE OCCUR			1			DAMAGE TO RENTED PREMISES (Ea occurrence)		,000	
				1			MED EXP (Any one person)	\$ 5,00		
A -			626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00		
GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,00		
	OLICY PRO-	1					PRODUCTS - COMP/OP AGG	\$ Incl	2	
	OTHER:	1 1					TRODUCTO - COMITTOT ACC	\$		
	MOBILE LIABILITY				-		COMBINED SINGLE LIMIT (Ea accident)	\$		
	NY AUTO			1			BODILY INJURY (Per person)	\$		
I A	LL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	IIRED AUTOS NON-OWNED AUTOS				PL:		PROPERTY DAMAGE	\$		
	AUTOS						(Per accident)	\$		
U	MBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
E	XCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
D	ED RETENTION \$	1					AGGILGATE	\$		
WORKE	ERS COMPENSATION						PER OTH-	ų.		
ANY PR	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
OFFICE	ER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	2000		
If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
				-			E.L. DISEASE - POLICY LIMIT	Φ		
DESCRIPTION	N OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Sched	dule, may b	e attached if mo	ore space is requ	uired)			
Sand & Gra	avel Hauling ials, Inc. is a Named Insured on Ger			•			,			
CERTIFICA	ATE HOLDER		7-197-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	04115						
CERTIFICA	HIE HOLDEK			CANCE	LLATION					
	Surfside Contracting Inc. 561-74 312 South Old Dixie Highway	48-0864		ACCC	EXPIRATION D PRDANCE WIT	ATE THEREOF H THE POLICY	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER PROVISIONS.		D BEFORE	
	Suite 104				IZED REPRESE		1 /			
	Jupiter		FL 33458		10VE	m	Krow			



DATE (MM/DD/YYYY) 04/19/2017

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C	ertificate	holder in lieu o	f such endorse	ment	(s).								
PRO	DUCER						CONTACT NAME:						
Futi	urity Insura	ance, Inc.					PHONE (A/C, No, Ext): (561) 361-8331 FAX (A/C, No): (561) 361-8332						
PO	Box 4277						E-MAIL ADDRE	Constitution to the second	futurityinsura	nce.net			
								INSURER(S) AFFORDING COVERAGE NA					
Dee	rfield Bea	ich				FL 33442-4277	INSURER A: Burlington Ins. Co.						
INSU	RED						INSURER B:						
		MJS Nursery Ir					INSURER C:						
		P.O. Box 54250	03				INSURER D:						
							INSURER E:						
020200		Lake Worth		TEGAL NE		FL 33454-2503	INSURE	ERF:					
	/ERAGES			E 15.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5		NUMBER:	EN ICCI	IED TO THE IN		REVISION NUMBER:	DEDIO		
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 INSURA	ANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	-	IMERCIAL GENERA	L LIABILITY	INOD	WVD			((EACH OCCURRENCE	\$ 1,00	00,000	
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000	
										MED EXP (Any one person)	\$ 5,00	00	
Α						626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AG	GREGATE LIMIT AP	PLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	V POLI	PRO-	LOC							PRODUCTS - COMP/OP AGG	\$ Incl	uded	
	ОТНІ	· ·									\$		
		BILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY	AUTO								BODILY INJURY (Per person)	\$		
		OWNED	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
			NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
			,,,,,,,								\$		
	UMB	RELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EXC	ESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DED	RETENTIO	N\$								\$		
		S COMPENSATION LOYERS' LIABILITY								PER OTH-			
	ANY PROP	PRIETOR/PARTNER	EXECUTIVE TO	N/A						E.L. EACH ACCIDENT	\$		
	(Mandator		.Dr	100.1110.01						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, desc DESCRIPT	TION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION C	F OPERATIONS / L	OCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	iule, may	be attached if m	ore space is requ	uired)			
	d & Grave Materials		d Insured on Ger	neral L	_iabilit	y.							
CEF	RTIFICATI	E HOLDER					CANO	ELLATION					
	Contract to the second						5,200,000		HE ABOVE DE	SCRIBED POLICIES BE CAI	NCELLE	D BEFORE	
Swimming Pool Contractors								EXPIRATION D	DATE THEREO	F, NOTICE WILL BE DELIVE Y PROVISIONS.			
		P.O. Box 45060	09				AUTHO	RIZED REPRESE	NTATIVE	·			
		Sunrise I				FL 33345	1	Jar	5h0	Krow			
									© 1988-2014	ACORD CORPORATION	. All rig	ghts reserved.	



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certificate holder in lieu of such endorsement(s).	LCONTACT						
PRODUCER	CONTACT NAME:						
Futurity Insurance, Inc.	PHONE (A/C, No, Ext): (561) 361-8331 FAX (A/C, No): (561) 361-8332						
PO Box 4277		@futurityinsura	ince.net				
	2000	INSURER(S) AFFORDING COVERAGE NAIC					
Deerfield Beach FL 33442-4277	INSURER A: Burlingt	on Ins. Co.					
INSURED	INSURER B:						
MJS Nursery Inc.	INSURER C:						
P.O. Box 542503	INSURER D :						
	INSURER E :						
Lake Worth FL 33454-2503	INSURER F:	1410000					
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF	EEN ISSUED TO THE IN	SURED NAME	D ABOVE FOR THE POLICY PERI	OD HIS			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED B	THE POLICIES DESCR	IBED HEREIN I	S SUBJECT TO ALL THE TERMS,				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAI	D CLAIMS.					
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
✓ COMMERCIAL GENERAL LIABILITY				000,000			
CLAIMS-MADE OCCUR			PREMISES (Ea occurrence) \$ 10	00,000			
			MED EXP (Any one person) \$ 5,	000			
A 626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY \$ 1,	000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$ 2,	000,000			
POLICY PRO- LOC			PRODUCTS - COMP/OP AGG \$ In	cluded			
OTHER:			\$				
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)				
ANYAUTO			BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident) \$				
			\$				
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE	ĺ	H	AGGREGATE \$				
DED RETENTION\$			s				
WORKERS COMPENSATION			PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A			E.L. EACH ACCIDENT \$				
(Mandatory in NH)		į.	E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sci	edule, may be attached if n	nore space is req	uired)				
941							
Sand & Gravel Hauling							
MJS Materials, Inc. is a Named Insured on General Liability.							
CERTIFICATE HOLDER	CANCELLATION						
			ESCRIBED POLICIES BE CANCEL				
180-07 (1865 55 1975) 127-017 min 1	THE EXPIRATION ACCORDANCE W		F, NOTICE WILL BE DELIVERED I	N			
Taurus Construction, LLC	ACCORDANCE W	THE POLIC	T NOVIGIONS.				
PO Box 682961	AUTHORIZED REPRES	ENTATIVE					
	1 1 0		1/				
Orlando FL 32868	MIN	MA	ax volim				
	- ICVAC	@ 1988-201/	ACORD CORDORATION ALL	righte reconved			



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PROD	JCER				NAME:					
Futur	ity Insurance, Inc.				PHONE (A/C, No	o, Ext): (561) 36	31-8331		No): (561)	361-8332
	ox 4277				E-MAIL ADDRE	ss: marshak@	futurityinsura	nce.net		
					1,22,1,2		100000	DING COVERAGE		NAIC#
Deer	field Beach			FL 33442-4277	INSURE	RA: Burlingto				
INSUR				1 = 1 = 1 = 1 = 1	INSURE					
1110011					INSURE					
	MJS Nursery Inc.									
	P.O. Box 542503				INSURE	MANAGE TO SERVICE TO S				
	10 IB (47004) 194			51 00454 0500	INSURE					
	Lake Worth		ar income	FL 33454-2503	INSURE	RF:		DEVICION NUMBER.		
COV	ERAGES CER	TIFIC	ATE I	NUMBER:	=N.1001	ED TO THE IN		REVISION NUMBER:		0
CF	S IS TO CERTIFY THAT THE POLICIES OF IICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN.	ENT, THE IN	TERM OR CONDITION OF AN ISURANCE AFFORDED BY T	NY CONT THE POL	TRACT OR OTH LICIES DESCRI	IER DOCUMEI BED HEREIN I	AT WITH RESPECT TO	WHICH THE	S
		ADDL	SUBR		LITTLED	POLICY EFF	POLICY EXP		LIMITS	
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,00	00 000
ľ	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	100	
	CLAIMS-MADE V OCCUR							PREMISES (Ea occurrence	F 04	
						vancourar savagraphic co		MED EXP (Any one persor		
Α				626B009029		04/17/2017	04/17/2018	PERSONAL & ADV INJUR	2000	- 30
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	THE PARTY AND ADDRESS.	00,000
	POLICY PRO-							PRODUCTS - COMP/OP A		uded
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
l	ANYAUTO							BODILY INJURY (Per pers	on) \$	
l	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$	
l	NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
l	HIRED AUTOS AUTOS								\$	
	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$	
H	——————————————————————————————————————							AGGREGATE	\$	
lł	T GET MIN TO SE							AGGREGATE	\$	
-	DED RETENTION S WORKERS COMPENSATION	-	-					PER O EF	TH-	
	AND EMPLOYERS' LIABILITY Y / N								s	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH) If yes, describe under	Ί						E.L. DISEASE - EA EMPLO		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Schee	dule, may	be attached if m	ore space is req	uired)		
	1 & Gravel Hauling	ne1	l ick!!							
MJS	Materials, Inc. is a Named Insured on Ge	neral	Liabili	ty.						
CED	TIEICATE HOLDER				CANO	CELLATION				
CER	TIFICATE HOLDER				T	PLLLATION				
					SHO	OULD ANY OF	THE ABOVE DE	SCRIBED POLICIES BE	E CANCELLI	ED BEFORE
					THE	EXPIRATION	DATE THEREO	F, NOTICE WILL BE DE		
	Treasure Pools and Service In	c. 561	-793-	1590	ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	585 105 Ave N									
	Suite 18 B				AUTHO	ORIZED REPRESI	ENTATIVE	1 /		
	Royal Palm Beach			FL 33411	N	1 Alle	MI	Aim ?	\sim	
				1 5 50411		- IUK	NL	411010		
							© 1988-2014	ACORD CORPORAT	TION. All r	ights reserved.



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certificate holder in lieu of such endors	ement(s)).			-				
PRODUCER			CONTACT NAME:						
Futurity Insurance, Inc.			PHONE (A/C, No, Ext): (561) 361-8331 FAX (A/C, No): (561) 361-8332						
PO Box 4277				@futurityinsura					
1				SURER(S) AFFOR	RDING COVERAGE		NAIC #		
Deerfield Beach		FL 33442-4277	INSURER A : Burlingto	on Ins. Co.					
INSURED			INSURER B:						
MJS Nursery Inc.			INSURER C :						
P.O. Box 542503			INSURER D :						
			INSURER E :						
Lake Worth		FL 33454-2503	INSURER F :						
COVERAGES CER	TIFICAT	E 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	INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S			
✓ COMMERCIAL GENERAL LIABILITY	11100 111		(11117)	(MINISON TETT	EACH OCCURRENCE	\$ 1,00	0,000		
CLAIMS-MADE V OCCUR		1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	STATE		
					MED EXP (Any one person)	\$ 5,00	0		
A		626B009029	04/17/2017	04/17/2018	PERSONAL & ADV INJURY	\$ 1,00	0,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	0,000		
✓ POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	s Inclu	- Vr. 100		
OTHER:						\$			
AUTOMOBILE LIABILITY			-		COMBINED SINGLE LIMIT (Ea accident)	\$			
ANYAUTO					BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
					(,), (,),	\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		2000		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on Ger			ule, may be attached if mo	ore space is requ	ired)				
Wide Materials, IIIC. IS a Named Insuled on Gel	lerai Liab	nuty.							
CERTIFICATE HOLDER		Work of the second second second	CANCELLATION						
US Brick & Block Systems, LLC 1800 NW 22nd Street Attn: Adam Dale	: 954 792	-2073	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						
Ft. Lauderdale		FL 33311	Mars	sha	Krown)			



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PRODUCER		1 /		CONTAC	CT .				
Annual Control (National Control Contr				PHONE	/EC1\ 20	61 0221	FAX (A/C, No):	(561)	361-8332
Futurity Insurance, Inc.				E-MAIL	o, Ext): (561) 30			(301)	301-0332
PO Box 4277				ADDRES	ss: marsnak@	futurityinsura	nce.net		
							DING COVERAGE		NAIC#
Deerfield Beach			FL 33442-4277	INSURER A: Burlington Ins. Co.					
INSURED				INSURE	RB:				
MJS Nursery Inc.				INSURE	RC:				
P.O. Box 542503				INSURE	RD:				
				INSURE					
Lake Worth			FL 33454-2503	INSURE		-			
	TIFIC	ΔTF I	NUMBER:	INCORE			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O				FN ISSU	ED TO THE IN			PERIO)
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	UIREM TAIN, T	ENT, '	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	NY CONT THE POLI	RACT OR OTH	HER DOCUMEI BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHI	CH THIS	
INSR LTR TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
✓ COMMERCIAL GENERAL LIABILITY	11100						EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	
CEMINO-WINDE & COOK								\$ 5,00	14
l A H			626B009029		04/17/2017	04/17/2018	MED EXP (Any one person)	\$ 1,00	
			0200003023		04/1//2017	04/11/2010	PERSONAL & ADV INJURY	\$ 2,00	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	V 4	60 1500
POLICY PRO- LOC			8				PRODUCTS - COMP/OP AGG	10	uded
OTHER:	-						COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY	l i						(Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	1
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION							PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	s	
If yes, describe under DESCRIPTION OF OPERATIONS below					171		E.L. DISEASE - POLICY LIMIT	\$	
							E.E. DIOLIGE I OLIGI LIIIII	•	
			я						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORE	D 101, Additional Remarks Sched	dule, may b	be attached if mo	ore space is requ	iired)		
1									
Sand & Cravel Haville									
Sand & Gravel Hauling MJS Materials, Inc. is a Named Insured on Ge	noral I	iahili4	hy.						
inico iviateriais, inc. is a trained insured on Ge	neidi L	.iaDIIII	.y.						
CERTIFICATE HOLDER				CANCI	ELLATION				
CENTRICATE HOLDER				CANCI	LLLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								D BEFORE	
BECAUTY ATTEMPT CONTROL TO				AUTHOR	RIZED REPRESE	NTATIVE	· · · · · · · · · · · · · · · · · · ·	-	
3144 SW 13th Dr			\$	1	10	owood no south			
Deerfield Beach			FL 33442		11115	M	ok voim		
					· WIC	© 1988-2014	ACORD CORPORATION.	All ric	ihts reserved



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	incate florder in fled of such endorse		.,		CONTA	CT				
PRODUC					NAME:					
ADDRESS TON	Insurance, Inc.				(A/C, N	o, Ext): (561) 3	61-8331	FAX (A/C, No):	(561) 36	1-8332
PO Box	¢ 4277				ADDRE					
								DING COVERAGE		NAIC #
	ld Beach			FL 33442-4277	INSURER A: Burlington Ins. Co.					
INSURE)				INSURER B:					
	MJS Nursery Inc.				INSURE	ERC:				
	P.O. Box 542503				INSURE	RD:				
					INSURE					
	Lake Worth			FL 33454-2503	INSURE	ERF:				
COVE	RAGES CERT	TIFIC	ATE I	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,										
	USIONS AND CONDITIONS OF SUCH PO							O CODUCTIONE THE TEN	ivio,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK V	COMMERCIAL GENERAL LIABILITY	INSU	VVVD	TOLIOT HOMBER		(MM/DD/1111)	(MINI/DE/1111)	TANGED AND THE PROPERTY OF THE	\$ 1,000	,000
·	CLAIMS-MADE OCCUR						¥ ¥		\$ 100,0	
	CLAIMS-MADE V OCCUR								\$ 5,000	
				626B009029		04/17/2017	04/17/2018		\$ 1,000	
V.N	J			0200003023		04/1//2017	04/1//2010		\$ 2,000	(1)
GI	EN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000	
Y	POLICY PRO- LOC							The state of the s	\$ 1110100	ieu
	OTHER: JTOMOBILE LIABILITY								\$	
A								(Ea accident)	W	
	ANY AUTO ALL OWNED SCHEDULED			2				Professional angestalent at companiestrom	\$	
	AUTOS AUTOS NON-OWNED							BOODERT/ BALLAR	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
				****					\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
<u></u>	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY			=				PER OTH-		
AN	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(M	FICER/MEMBER EXCLUDED? andatory in NH)	W/A						E.L. DISEASE - EA EMPLOYEE	\$	
lf y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)		
	Gravel Hauling									
MJS M	aterials, Inc. is a Named Insured on Gen	eral l	iabilit	y.						
0555	FIGATE HOLDED							· · · · · · · · · · · · · · · · · · ·		
CERTI	FICATE HOLDER		-		CANC	ELLATION				
					SHC	DIII D ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLED	REFORE
								F, NOTICE WILL BE DELIVER		DEI OILE
	Wietsma And Lippolis Construc	tion. I	LC					Y PROVISIONS.		
	3100 Nw 2nd Ave		5.đ							
	Suite 404				AUTHO	RIZED REPRESE	NTATIVE	1.7		
	Boca Raton			FL 33432	1	10.	CION	KIMIN	1	
				1 1 33432		- JUV	DINC	WOW P		
							@ 1988-2014	ACORD CORPORATION	All rick	