

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in liqu of such endorsement(s)

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PRODUCER					CONTACT COMMEDICIAL SERVICE						
Brightway Insurance					PHONE (055) 044 2425 FAX (004) 222 5020						
P.O. Box 5700					(ÄČ, No, Ext): (690) 641-3135 (ÄČ, No): (904) 322-3926 E-MAIL CERTIFICATE@brightway.com ADDRESS:						
1.0. Box 0700											
Jacksonville FL 32247					INSURER(S) AFFORDING COVERAGE INSURER A . Western World Insurance Company					13196	
INSURED					Indoner A. Indones Professed Incomesses Comments					31488	
Zip Pool Cage Screen Repair SWFL LLC					MOUNTER D.					31400	
c/o Eddie Hoskins					INSURER C:						
1118 SW 16th Ter					INSURE						
Cape Coral			FL 33991	INSURER E :							
<u> </u>				2	INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL24101414174 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 INST ADDL SUBR					POLICY FEE POLICY FXP						
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	4.00	0.000	
								EACH OCCURRENCE DAMAGE TO RENTED	100	0,000	
	CLAIMS-MADE OCCUR					10/14/2024	10/14/2025	PREMISES (Ea occurrence) \$ 1			
_				NDD4050004				MED EXP (Any one person)	\$ 5,00		
Α				NPP1650224				PERSONAL & ADV INJURY \$ 1,000		<u> </u>	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	9 .		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	φ .	0,000	
	OTHER:			<u> </u>					\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 100	000	
_	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS NON-OWNED		2020242720		10/05/2024	10/05/2025	` ' '	\$ 100,			
В				2020313736			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 300,			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 100,		
								PIP-Basic	\$ 100,	000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION			 					\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
For Informational Purposes					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						
				// 2							