

OP ID: MZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A s	statement on	
PRODUCER 239-597-1096 Ackerman Insurance Services 1575 Pine Ridge Rd. Ste. 17						CONTACT NAME: PHONE (A/C, No, Ext): 239-597-1096 FAX (A/C, No): 239-597-9560					
						INSU	JRER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURE	R A : Nationv	vide Ins Co	mp of America		25453	
INSURED L & S Lawn LLC 3727 Enterprise Ave #4 Naples, FL 34104						INSURER B:					
						INSURER C:					
						RD:					
						INSURER E:					
						INSURER F:					
CO	VERAGES CERT	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
Т	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE PC	LICY PERIOD	
	NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY F										
	XCLUSIONS AND CONDITIONS OF SUCH F	POLIC	CIES.	LIMITS SHOWN MAY HAVE				D HEREIN IS SUBJECT TO) ALL	THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	3		
A	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ACP5974991585		07/02/2018	07/02/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							PRODUCTS - COMP/OF AGG	\$ \$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$		
	OWNED AUTOS ONLY AUTOS								\$ \$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDENGE			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION\$							AGGREGATE	\$		
								PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (TARTALER (EXPECUENCE)										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORL	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ea)			
CERTIFICATE HOLDER						CANCELLATION					
Mill Run C/o Ability Management 6736 Lone Oak Blvd Naples, FL 34109						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					

ACORD