



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2019

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 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 Phone: 727-937-4141 Fax: 727-937-4237

COASTAL INSURANCE ASSOCIATES INC
201 S PINELLAS AVE
TARPON SPRINGS FL 34688

INSURED
Boyle's Aluminum & Screening, LLC
5930 Dasher Court
Port Richey, FL 34668

INSURER A:	SOUTHERN-OWNERS INSURANCE COMPANY
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	
CONTACT	COASTAL INSURANCE ASSOC.
NAME:	
PHONE:	
(A/C. No. Ext.):	
E-MAIL:	coastal.insurance@verizon.net
ADDRESS:	
PRODUCER:	9971
CUSTOMER ID:	
INSURERS(A) AFFORDING COVERAGE	
NAIC #	

COVERAGES CERTIFICATE NUMBER: 10333947 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
----------	-------------------	---------------	-------------------------	-------------------------	--------

<input checked="" type="checkbox"/>	GENERAL LIABILITY	20950854	08/06/19	08/06/20	\$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				\$ 50,000
<input checked="" type="checkbox"/>	CLAIMS-MADE OCCUR				\$ 5,000
<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:				\$ 1,000,000
<input type="checkbox"/>	PRO-JECT				\$ 2,000,000
<input type="checkbox"/>	LOC				\$ 1,000,000

<input type="checkbox"/>	ANY AUTO				
<input type="checkbox"/>	ALL OWNED AUTOS				
<input type="checkbox"/>	SCHEDULED AUTOS				
<input type="checkbox"/>	HIRED AUTOS				
<input type="checkbox"/>	NON-OWNED AUTOS				
<input type="checkbox"/>	UMBRELLA LIAB				
<input type="checkbox"/>	EXCESS LIAB				
<input type="checkbox"/>	CLAIMS-MADE OCCUR				
<input type="checkbox"/>	DEDUCTIBLE				
<input type="checkbox"/>	RETENTION \$				
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				
<input type="checkbox"/>	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attention: Sample AUTHORIZED REPRESENTATIVE David M. Kinser