

ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX / XX / XXXX

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).

continuate notice in new or each endercoment(c).					
PRODUCER	CONTACT Insurance or Brokerage Contact Information				
Insurance Co. Name or Brokerage Name		FAX A/C, No):			
Address, City, State, Zip	E-MAIL ADDRESS:				
Contact Number / Fax	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Insurer Name				
INSURED	INSURER B: Insurer Name				
Vendor Name and DBA Name (if applicable)	INSURER C: Insurer Name				
Address, City, State, Zip	INSURER D: Insurer Name				
	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUME	BER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED	BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE	FOR THE POLICY PERIOD			

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.

NSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			xxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	<u>\$</u> 1,000,000
							GENERAL AGGREGATE	\$ 2.000.000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2.000.000
	POLICY PRO- JECT LOC							\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1.000.000
	X ANY AUTO			xxxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						,	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
С	X UMBRELLA LIAB OCCUR	<u> </u>		xxxxxxxxxxxxxx		xx/xx/xxxx	EACH OCCURRENCE	\$ 6,000,000
	EXCESS LIAB CLAIMS-MADE				xx/xx/xxxx		AGGREGATE	\$ 6,000,000
	DED RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		xxxxxxxxxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1.000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1.000.000

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

iConstructors, LLC is listed as additional insured with respect to the General Liability policy.

CERTIFICATE HOLDER	CANCELLATION				
iConstructors, LLC 2502 N. Rocky Point Drive Suite 1000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Tampa, FL 33607	AUTHORIZED REPRESENTATIVE				