

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/15/2002

PRODUCER
MARTIN-ARGOTE INSURANCE GROUP
7911 NW 72 AVENUE
SUITE # 108
MEDLEY, FL 33166

305 888-8805

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

- INSURER A: STRATFORD
- INSURER B: CANAL INDEMNITY
- INSURER C:
- INSURER D:
- INSURER E:

SURETY
Put insured Name & Address

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE ANY REQUIREMENT, TERM OR CONDITION OF ANY MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BE

Example

E POLICY PERIOD INDICATED, NOTWITHSTANDING TO WHICH THIS CERTIFICATE MAY BE ISSUED OR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH

SR	TH	TYPE OF INSURANCE	POL	ATON	YR	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000/0 DED. <input checked="" type="checkbox"/> U.M. \$15/20,000 N-S	Policy number	05/01/02	05/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per Person) \$ INC. BODILY INJURY (Per accident) \$ INC. PROPERTY DAMAGE (Per accident) \$ INC.
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy number	05/01/02		E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 100,000.00
A	-A	OTHER PHYSICAL DAMAGE MOTOR TRUCK CARGO	Policy number	05/01/02	05/01/03	STATED VALUE 1,000 DED. \$10,000/ 1000 DEDUCTIBLE

Make sure both expiration dates are listed

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Make

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
List vehicles covered, VIN numbers, & drivers that are covered

CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTERS: CANCELLATION

Additional Insured: Swart's Landscaping, Inc.
450 Deen Still Road
Davenport, FL 33897
Ph - 863 - 424 - 6222 / Fax 863 - 424 - 6811

List all of our information

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

AGGREGATE CORPORATION 1988