

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/14/2023

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 contificate holder is an ADDITIONAL INSURED, the notice/les) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	e te	rms and conditions of th	re polic	y, certain po	olicies may ı	require an endorsement	. A st	atement on
	UCER				CONTA NAME:	CT Certificate	Department			
	County Insurance Agency Inc				PHONE (A/C, No, Ext): 239-939-1400 FAX (A/C, No): 239-93				9-3813	
	20 Metropolis Ave t Myers FL 33912				E-MAIL ADDRESS: Certs@fivecountyinsurance.com					
FUI	I Wyers FL 33912				AUUNG					NAIC#
					INSURER(S) AFFORDING COVERAGE INSURER A: American Builders Insurance					11240
INSU	DED.			FLORI16						24260
Florida Solar Design Group						INSURER B: Progressive Casualty Insurance				
JD Solar Consultants LLC DBA						INSURER C : Specialty Builders Insurance				
12801 Commerce Lakes Dr Suite 12						INSURER D:				
Fort Myers FL 33913						INSURER E:				
					INSURE	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 511680419 REVISION NUMBER:										
CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DB/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
С	X COMMERCIAL GENERAL LIABILITY			PKG035800700		11/27/2023	11/27/2024	EACH OCCURRENCE	\$1,000	,000
ĺ	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000
								MED EXP (Any one person)	\$ 10,00	0
								PERSONAL & ADV INJURY	\$1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	·
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$2,000	
	OTHER:								\$	
В	AUTOMOBILE LIABILITY			960061333		7/25/2023	7/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED X SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Excluded: Dominick Zito & Jason Szumlanski

WCV029964903

This is a SAMPLE only certificate for BIDDING PURPOSES only.

**OCCUR** 

CLAIMS-MADE

Υ N/A

CER	IIFICA	F HOF	DEK	
_				

**UMBRELLA LIAB** 

**WORKERS COMPENSATION** 

AND EMPLOYERS' LIABILITY

RETENTION \$

ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

**EXCESS LIAB** 

DED

FLORIDA SOLAR DESIGN GROUP JD SOLAR CONSULTANTS LLC DBA 13702 PINE VILLA LANE FORT MYERS FL 33912

## CANCELLATION

7/24/2023

7/24/2024

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

**EACH OCCURRENCE** 

E.L. EACH ACCIDENT

E.L. DISEASE - POLICY LIMIT

E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

AGGREGATE

X STATUTE

\$

\$1,000,000

\$1,000,000

AUTHORIZED REPRESENTATIVE

nlki