

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

PRODUCER
 Insurance Agent / Broker Name
 Insurance Agent / Broker Street Address or P. O. Box
 Insurance Agent / Broker City, State & Zip Code
 Contact & Phone Number

NOTE:
 Insurers Affording Coverage **MUST** be A or A-rated with A.M. Best's Key Rating Guide

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.

INSURED
 Vendor Name
 Vendor Street Address or P. O. Box
 Vendor City, State & Zip Code

NOTE: Include NAIC Number for each Insurer Affording Coverage

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Name of Insurance Company	Enter NAIC #
INSURER B: Name of Insurance Company (if applicable)	Enter NAIC #
INSURER C: Name of Insurance Company (if applicable)	Enter NAIC #
INSURER D: Name of Insurance Company (if applicable)	Enter NAIC #
INSURER E: Name of Insurance Company (if applicable)	Enter NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

General Liability

Auto Liability

Excesses

Workers Comp

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> ALL <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		NOTE: The Minimum Limits of General Liability are: - \$4,000,000 Each Occurrence - \$4,000,000 Per Project - \$4,000,000 Aggregate The limits shown on this specimen indicate satisfying these limits with a combination of Primary (\$1,000,000) and Excess Coverages.			
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		NOTE: The Minimum Limits of Automobile Liability are: - \$4,000,000. The limits shown on this specimen indicate satisfying these limits with a combination of Primary (\$1,000,000) and Excess Coverages.			
	GARAGE LIABILITY ANY AUTO	Enter Policy #	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		NOTE: You MUST provide sufficient Excess/Umbrella on an "Occur" basis to satisfy the required limits if any of your General Liability, Automobile Liability or Workers Compensation/Employers' Liability Primary limits do not meet the specified requirements of the written contract. The Additional Wording on the "Certificate - Addendum" must include the Additional Insureds in respects to the Excess/Umbrella, it must be Primary and Noncontributory, and provide a Waiver of Subrogation.			
<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$ 3,500,000 AGGREGATE \$ 3,500,000
		NOTE: WC Statutory Limits Box MUST be checked.			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
ALL Verbiage in this section and attached "Certificate - Addendum" MUST be included, without deviations or exceptions.

Ref: Project: Project Name to be Inserted Here; JB Project No.: Project Number to be Inserted Here
 Johnson Bros., LLC, Johnson Bros. Corporation, Owner, Project Engineer and those required by specific contract are named as Additional Insureds as required by written contract with respects to General Liability, Automobile Liability and Excess/Umbrella Liability. This insurance is primary and non-contributory with respect to any other insurance available to said Additional Insureds. Policies contain an endorsement that waives their rights of subrogation against Johnson Bros., LLC, Johnson Bros. Corporation, Owner, Project Engineer and those required by specific contract in connection with the work to the extent covered by the insurance required by Exhibit "B" of the written contract.

CERTIFICATE HOLDER
 Johnson Bros. Corporation &
 Johnson Bros., LLC
 5476 Lithia Pinecrest Road
 P. O. Box 588
 Lithia, FL 33547

NOTE:
 Please be sure to list the Certificate Holder as indicated in this Section.

CANCELLATION **Thirty (30) Day Cancellation Notice Required.**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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