

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2023

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 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).

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PRODUCER	NORTH FLORIDA AGTS NETWORK INC	CONTACT NORTH FLORIDA AGTS NETWORK INC				
	PO BOX 12969	PHONE (A/C, No, Ext):	(850)681-6326	FAX (A/C No): (904)2	212-1331	
	TALLAHASSEE, FL 32317	E-MAIL ADDRESS:	service@nfanflorida.com			
		PRODUCER CUSTOMER II	D#:			
			INSURER(S) AFFORDING COVERAGE		NAIC#	
3620 COLON	SCREEN FACTORY FLORIDA LLC	INSURER A:	Cypress Property & Casualty Insur-	ance Company	10953	
	3620 COLONIAL BLVD STE 150	INSURER B:	Amtrust Financial		39071	
	FORT MYERS, FL. 33966	INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVEDA	CEDTIEICATE NUMBED.		DEVISION NUM	DED.		

CERTIFICATE NUMBER: 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гs	
	GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X	X	FGL 5033900 00	12/12/2023	12/12/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO-							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR!PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC4362942	12/12/2023	12/12/2024	WC STATU- OTH- TORY LIMITS ER		
В							E.L. EACH ACCIDENT	\$	100,000
							E.L. DISEASE - EA EMPLOYEE	\$	100,000
							E.L. DISEASE - POLICY LIMIT	\$	500,000
	Contractor's E&O						Per Claim Limit	\$	
	CLAIMS MADE OCCUR						Annual Aggregate	\$	

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.			
	AUTHORIZED REPRESENTATIVE NORTH FLORIDA AGTS NETWORK INC TALLAHASSEE, FL			