

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2020

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights t							require an endo	rsement.	. A SI	atement on	
PRODUCER						CONTACT Todd George						
Bouchard Insurance for WBS - TG					PHONE (966) 202 2600 out 622 FAX							
PO Box 6090					(A/C, No, Ext): (800) 293-3000 ext. 623 (A/C, No): E-MAIL ADDRESS:							
Clearwater, FL 33758-6090					INSURER(S) AFFORDING COVERAGE NAIC #							
*						INSURER A: Zurich-American Insurance Company					16535	
INSURED						**************************************	unencan msc	nance Company			10000	
Workforce Business Services, Inc. Alt. Emp: American Painters Inc					INSURER B: INSURER C:							
1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708					INSURER D :							
						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 20FL0798577						<del></del>						
	IIS IS TO CERTIFY THAT THE POLICIES	THE INSURE			F POL	ICY 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   ADDL SUBR					POLICY EFF POLICY EXP							
LTR	COMMERCIAL GENERAL LIABILITY		WVD	VD POLICY NUMBER		(MIW/DD/YYYY)	(MM/DD/YYYY)					
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED				
				¥				PREMISES (Ea occurrence) \$				
								MED EXP (Any one p		\$		
	GENUL AGGREGATE LIMIT ADDILICA DED	V'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$				
	POLICY PRO- LOC						GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$					
							40	PRODUCTS - COMP	\$			
_	OTHER: AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT 6				
	ANY AUTO							(Ea accident) BODILY INJURY (Pe		\$		
	OWNED SCHEDULED	OWNED SCHEDULED						BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR	-	1					EACH OCCURRENC		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
8	DED RETENTION\$							AGGILLOATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH)					12/31/2020	12/31/2021	X PER STATUTE	OTH- ER	Ψ		
								E.L. EACH ACCIDEN		\$	1,000,000	
A				WC 90-00-818-10				E.L. DISEASE - EA E		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	1,000,000	
	DESCRIPTION OF OPERATIONS DELOW							L.L. DIGEAGE - FOE	IOT LIMIT	Ψ	1,000,000	
				Location Coverage Perio	od:	12/31/2020	12/31/2021	Client# 054138				
						12/01/2020	120172021					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mon	e space is requir	ed)				
Cove	rage is provided for American Painters In	nc										
only those co-employees 754 Seminole Bild												
of, but not subcontractors Tarpon Springs, FL 34689 to:												
CEI	RTIFICATE HOLDER		CANCELLATION									
American Painters Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
754 Seminole Blvd						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Tarpon Springs, FL 34689											
					AUTHORIZED REPRESENTATIVE							
						Y LO A						

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