

DATE (MM/DD/YYYY) 12/12/2019

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	J				001174	07	<u>/-</u>			
PRO	UCER				CONTA NAME:	CT Todd G	Seorge			
Βοι	chard Insurance for WBS - TG				PHONE	(866) 2	93-3600 ext.	623 FAX	١.	
PO	Box 6090				(A/C, No E-MAIL	/, LAU. '		023 (A/C, No)):	
Cle	arwater, FL 33758-6090				E-MAIL ADDRE	SS:				
								RDING COVERAGE		NAIC #
1010	250				INSURE	R A : America	n Zurich Insu	rance Company		40142
INSU Wor	kforce Business Services, Inc. Alt. Emp: Lifetir	me Eı	nclosu	ires Inc	INSURE	RB:				
140	1 Manatee Ave. West Ste 600				INSURE	RC:				
Bra	lenton, FL 34205-6708				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 19FL0798077				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES									
	DICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH F								TO ALL	INE IERIVIS,
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		IITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(WING DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED	\$		
	CEANING-INIADE COCOIX						PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
	CENII ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY	\$	
	PRO- POLICY PRO- JECT LOC							GENERAL AGGREGATE		
								PRODUCTS - COMP/OP AG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person		
	OWNED SCHEDULED							BODILY INJURY (Per accide		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUP								-	
	- CCCOR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							V PER OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE OTH-		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	EE \$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	Т \$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICL Lifetime Enclosures		CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
	rage is provided for 5521 Chroniclo Ct	0								
	those co-employees ut not subcontractors Jacksonville, FL 322									
to:	it not subcontractors									
CF	RTIFICATE HOLDER				CANCELLATION					
<u> </u>	THE TOTAL				VANOLLEATION					
	Alachua County Dept of Grow	th Mo	gmt		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	10 SW 2nd Ave		-					EREOF, NOTICE WILL	BE DE	LIVERED IN
1	Coincovillo El 22601				ACCORDANCE WITH THE POLICY PROVISIONS.					

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Gainesville, FL 32601



DATE (MM/DD/YYYY) 12/12/2019

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th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of s).				
PRO	DUCER				CONTA NAME:	CT Todd (George				
	chard Insurance for WBS - TG				PHONE (A/C, No	Ext). (866) 2	293-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				E-MAIL ADDRE				(Pao, Noj.		
Cie	arwater, FL 33758-6090				ADDRE		NIDER(E) AFFOR	DING COVERAGE			NAIC #
										40	142
INSU	RED						III ZUIICII IIISU	rance Company		40	142
	kforce Business Services, Inc. Alt. Emp: Lifet	ime E	nclosi	ures Inc	INSURE	R B :					
140	Manatee Ave. West Ste 600				INSURE	ER C:					
Brad	lenton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	E NUMBER: 19FL0798077	709			REVISION NUI	MBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I	OCUMENT WIT	H RESPECT	TO WHI	CH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(אוואו/טט/וזזא)	(MM/DD/YYYY)	EACH OCCURREN			
								DAMAGE TO RENT	ED		
	CLAIMS-MADE OCCUR							PREMISES (Ea occ			
								MED EXP (Any one			
								PERSONAL & ADV			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COM			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT \$		
	ANY AUTO							BODILY INJURY (P	er person) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE \$		
	NOTES ONE!							(* 5* 5*5******************************	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
								AGGILLOATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE										1 000 000
Α	OFFICER/MEMBER EXCLUDED?	N/A	X	WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE			1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT \$		1,000,000
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 0011	71		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu			e space is require	ed)			
	rage is provided for 5521 Chronicle Ct	Inc			19-23 DCPS		SC Window Wa	I Replacement Ph	ase 3		
	hose co-employees thront subcontractors Jacksonville, FL 322	256									
to:	it flot subcontractors — Gashestivine, i E GE	-00									
 	and an antal Maintenant Cold										
⊢⊨nd	orsements: Waiver of Subrogation										
	TIFICATE HOLDED				C 4 1 1	CI I A TION					
CEI	RTIFICATE HOLDER				CAN	CELLATION					
	Allstate Construction, Inc				SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CAN	CELLED	BEFORE
	5718 Tower Road				THE	EXPIRATION	N DATE THE	REOF, NOTICE			
	Tallahassee, FL 32303				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	•										
l					AUTHORIZED REPRESENTATIVE						



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PROI	UCER				CONTA NAME:	CT Todd (George				
	chard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				E-MAIL ADDRE	99.			(100,110).		
Cie	arwater, FL 33758-6090				ADDICE		SUPERIS) AFFOR	DING COVERAGE			NAIC #
					INICUIDE			rance Company			40142
INSU	RED						III Zuncii IIIsu	rance company			10112
	force Business Services, Inc. Alt. Emp: Lifet	ime E	nclosi	ures Inc	INSURE						
	Manatee Ave. West Ste 600 enton, FL 34205-6708				INSURE					_	
ыас	enton, i L 34203-0708				INSURE						
					INSURE						
	(ED 4 0 E 0	TIE14		E NUMBER 4051 0700077	INSURE	R F :		DEV//010N1 NU I	MDED		
				E NUMBER: 19FL0798077		N ISSUED TO		REVISION NUI		. DOLIO	CV DEDIOD
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI										
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE				
l .	CLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ			
								MED EXP (Any one	person) \$		
								PERSONAL & ADV	INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT \$		
	ANY AUTO							BODILY INJURY (P	er person) \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P	er accident) \$		
	HIRED NON-OWNED							PROPERTY DAMAG	GE \$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN			
	EXCESS LIAB CLAIMS-MADE								\$		
	CLAINS-INADL							AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N										1 000 000
Α	OFFICER/MEMBER EXCLUDED?	N/A	X	WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE			1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT \$		1,000,000
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 00117	71		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORF	101. Additional Remarks Schedu	le. mav h	e attached if mor	e space is require	ed)			
	Lifetime Enclosures		100112	7 10 1, Additional Remarks Concad				ld & White Constru	ictors LLC.		
only t	rage is provided for hose co-employees 5521 Chronicle Ct										
of, bu	t not subcontractors Jacksonville, FL 322	256									
ιο.											
End	orsements: Waiver of Subrogation										
					_						
CEF	TIFICATE HOLDER				CANO	CELLATION					
	A 116349 5	_			6116	ALII D ANN OF	TUE ABOVE S	ESCOIDED DOLLO	NEC DE CAN	ICEL : 5	ED DEFORE
	Auld & White Constructors LI	.C						ESCRIBED POLICE REOF, NOTICE			
	4168 SOuthpoint Parkway Suite 101							Y PROVISIONS.			
	Jacksonville, FL 32216										
	•				AUTHO	RIZED REPRESE	NTATIVE				



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ı	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				•	•	•	require an endorsement	. A st	atement on		
-	DUCER	J 1110	. 5611		CONTA		,					
	ichard Insurance for WBS - TG			PHONE (A/C, No		293-3600 ext.	623 FAX					
	Box 6090				E-MAIL		193-3000 EXI.	023 (A/C, No):				
Cle	arwater, FL 33758-6090				ADDRE	SS:				I .		
								RDING COVERAGE		NAIC #		
INSU	RED						n Zurich insu	rance Company		40142		
ı	kforce Business Services, Inc. Alt. Emp: Lifeti	me E	nclosu	ures Inc	INSURE							
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE							
Bia	deritori, i E 34203-0700				INSURE							
					INSURE							
	VERAGES CER	TIEI	^ A T E	E NUMBER:19FL0798077	INSURE	:KF:		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			IF POI	ICY PERIOD		
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	OT TO	WHICH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH) ALL	THE TERMS,		
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP	LIMITS				
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
								DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
	OFAIL ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
<u> </u>	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							` ' '	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							AGGREGATE	\$			
	WORKERS COMPENSATION							X PER OTH-ER	Ψ			
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	1,000,000		
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA EMPLOYEE	·	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$	1,000,000		
	DECOMI HON OF OF ENVIROND BRIOW							E.E. BIOLINGE TOLIGIT EIIIIT	<u> </u>	1,000,000		
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171				
DES!	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	E9 //	ACOP!	101 Additional Pamarks Schodu	le may h	e attached if mor	e snace is require	ed)				
l	Lifetime Enclosures		TOOKL	7 101, Additional Remarks Schedu	ie, iliay D	e attached ii iilor	e apace is require	su,				
	rage is provided for those co-employees 5521 Chronicle Ct											
of, bi	ut not subcontractors Jacksonville, FL 322	256										
10.												
	TIFICATE USI DES				0.000	0F11 A T10::						
CEI	RTIFICATE HOLDER				CANCELLATION							
	Baker County Bldg Dept				SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE		
	55 N 3rd Street				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL B				
	Macclenny, FL 32063				ACC	ORDANCE WI	IH THE POLIC	Y PROVISIONS.				
		Macclenny, FL 32063						AUTHORIZED REPRESENTATIVE				



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th	is certificate does not confer rights	to the	e cert	tificate holder in lieu of si).				
PRO	DUCER				CONTA NAME:	CT Todd C	George				
	ıchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX (A/C, No):		
1	Box 6090				E-MAIL				(A/O, NO).		
Cle	arwater, FL 33758-6090				ADDRE						
								DING COVERAGE			NAIC #
INSU	PED						n Zurich insu	rance Company			40142
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosi	ures Inc	INSURE	R B :					
140	1 Manatee Ave. West Ste 600				INSURE	RC:					
Bra	denton, FL 34205-6708				INSURE	R D :					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CEI	RTIFI	CATE	E NUMBER:19FL0798077	09			REVISION NUI	MBER:		
	HIS IS TO CERTIFY THAT THE POLICIE										
	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH							J HEIKEIN 13 30	DJLC1 IC	ALL	THE TEINIO,
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	<u> </u>	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(IVIIVI/DD/TTTT)	EACH OCCURREN			
								EACH OCCURRENT DAMAGE TO RENT	ED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
	AUTOS CINET							(i di dodident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE C	\$	
	EXCESS LIAB CLAIMS-MADI	_						AGGREGATE	OL	\$	
	CLAIIVIS-IVIADI	1						AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y / N							<u> </u>	·		4 000 000
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000
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	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000
				Location Coverage Period	od:	12/31/2019	12/31/2020	Client# 00117	71		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIO Lifetime Enclosures		ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
	erage is provided for 5521 Chroniclo Ct	S IIIC									
	those co-employees ut not subcontractors Jacksonville, FL 32	256									
to:											
CF	RTIFICATE HOLDER				CANO	CELLATION					
	OATE HOLDEN				5/7/14(AIION					
	Bradford County Dept of Bui	ding 8	& Zon	ning	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	945 N Temple Áve	5		· ·	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					LIVERED IN	
l	Stark, FL 32091						ACCORDANCE WITH THE POLICY PROVISIONS.				

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th	is c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
_	DUCE					CONTA NAME:	CT Todd C	George				
_		ard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX (A/C, No):		
_		(6090 ater, FL 33758-6090				E-MAIL ADDRE			1	(,		
Cie	ai wa	aler, F L 33736-0090				ADDITE		URER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE	R A: America	n Zurich Insu	rance Company			40142
INSU	RED					INSURE	RB:		•			
		ce Business Services, Inc. Alt. Emp: Lifet anatee Ave. West Ste 600	ime E	nclosu	ires Inc	INSURE	RC:					
		on, FL 34205-6708				INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
CO	VER	RAGES CER	TIFIC	CATE	NUMBER:19FL0798077				REVISION NUM	/IBER:		
IN C E	IDIC <i>I</i> ERTI XCLU	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTE	CE	\$	
	CLAIMS-MADE OCCUR								PREMISES (Ea occu		\$	
									MED EXP (Any one p	person)	\$	
									PERSONAL & ADV I	NJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:							COMPINED SINICI E	LIMIT	\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$	
		ANY AUTO							BODILY INJURY (Pe		\$	
		OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Pe	- '	\$	
		AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	, E	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	WOF	DED RETENTION \$							DED	OTH	\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	NT	\$	1,000,000
		ndatory in NH) s, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
					Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	'1		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL Lifetime Enclosures		ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Coverage is provided for only those co-employees of, but not subcontractors to: 5521 Chronicle Ct Jacksonville, FL 32256												
CE	RTIF	FICATE HOLDER				CANCELLATION						
اڪو		Camden County 107 Gross Road Suite 3				SHC	OULD ANY OF T	N DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			

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Kingsland, GA 31548



DATE (MM/DD/YYYY) 12/12/2019

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.

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tl	is certificate does not confer rights	to the	e cert	tificate holder in lieu of si).				
1	DUCER				CONTA NAME:	CT Todd C	George				
	uchard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623	FAX (A/C, No):		
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(
	aiwatei, i E 33730-0030				7,551,1		SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: America	n Zurich Insu	rance Company			40142
	RED				INSURE	ERB:					
	rkforce Business Services, Inc. Alt. Emp: Life 1 Manatee Ave. West Ste 600	time E	nclos	ures Inc	INSURE	ER C :					
	denton, FL 34205-6708				INSURE	ER D :					
					INSURE	ERE:					
					INSURE	ERF:					
СО	VERAGES CE	RTIFI	CATE	E NUMBER:19FL0798077	'09			REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENT		\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY	+						COMBINED SINGLE (Ea accident)	ELIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (P		\$	
	OWNED SCHEDULED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$	
	EXCESS LIAB CLAIMS-MADE	=						AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE TYPE	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000
^	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	117.4	`	VVC 90-00-010-09		12/31/2019	12/31/2020	E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lifetime Enclosures		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
only	erage is provided for those co-employees 5521 Chronicle Ct	se co-employees 5521 Chronicle Ct									
CE	RTIFICATE HOLDER				CANO	CELLATION					
	City of Atlantic Beach 800 Seminole Road Atlantic Beach, FL 32233				SHO	OULD ANY OF	N DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			

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DATE (MM/DD/YYYY) 12/12/2019

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	is certificate does not confer rights t				uch en	dorsement(s		require an enu	oi sement	. A SI	iaicilicili Uli
PRO	DUCER			CONTA NAME:	CT Todd (George					
	ichard Insurance for WBS - TG				PHONE (A/C, No	o. Ext): (866) 2	293-3600 ext.	623	FAX (A/C, No):		
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE						
							SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A: America	n Zurich Insu	rance Company			40142
INSU		ime F	nolos	uroo loo	INSURE	RB:					
	kforce Business Services, Inc. Alt. Emp: Lifet 1 Manatee Ave. West Ste 600	iiile E	HUOS	ares inc	INSURE	RC:					
Bra	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
	VED 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			- 1000000000000000000000000000000000000	INSURE	RF:		DEL//01011111			
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 19FL0798077		N ICCLIED TO		REVISION NUI		JE DOI	ICV DEDICD
IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
_	OTHER:							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident)		\$	
	OWNED SCHEDULED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u></u>	\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000
^	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	13 / A		VVC 30-00-010-09		12/31/2019	12/31/2020	E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 0011	71		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	. '	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is require	ed)			
only	trage is provided for those co-employees at not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 322										
CE	RTIFICATE HOLDER				CANCELLATION						
					CAROLLEATION						
	City Of Fernandina Beach 204 Ash St FERNANDINA BEACH, FL 32	2035			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						



DATE (MM/DD/YYYY) 12/12/2019

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th	is c	ertificate does not confer rights t	to the	cert	ificate holder in lieu of si).				
	DUCE				CONTA NAME:	Toda C	George					
		ard Insurance for WBS - TG				PHONE (A/C, No	, Ext): (866) 2	293-3600 ext.	623	FAX (A/C, No):		
_		k 6090 ater, FL 33758-6090				E-MAIL ADDRE	SS:					
Cic	ai w	ater, 1 E 33730-0090				7,551,1		URER(S) AFFOR	DING COVERAGE			NAIC#
						INSURE			rance Company			40142
	IRED					INSURE	RB:					
		ce Business Services, Inc. Alt. Emp: Lifet anatee Ave. West Ste 600	ime E	nclosu	ires Inc	INSURE	RC:					
		on, FL 34205-6708				INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
СО	VER	RAGES CER	TIFIC	CATE	NUMBER: 19FL0798077	09			REVISION NUM	MBER:		
IN C E	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	H RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENT		\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occi		\$	
									MED EXP (Any one	person)	\$	
									PERSONAL & ADV	INJURY	\$	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	
		POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
		OTHER:	-						COMBINED SINGLE	IIMIT	\$	
	AU	TOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE (Ea accident)	I	\$	
		OWNED SCHEDULED							BODILY INJURY (Pe		\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	- '	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
		UMBRELLA LIAB OCCUB							EAGU GOOLIDDEN	25	-	
		EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE	JE .	\$	
		CLAIIVIS-IVIADE	1						AGGREGATE		\$	
		RKERS COMPENSATION							X PER STATUTE	OTH- ER	φ	
		DEMPLOYERS' LIABILITY 'PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	1,000,000
Α	OFF	ICER/MEMBEREXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA I			1,000,000
	If ve	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	1,000,000
					Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117		•	, ,
DEC	רחום?	TION OF OPERATIONS / LOCATIONS / VEHIC	1 ES /	VCORD	101 Additional Remarks Cake the	lo marri	o attached !f	n enges la ====-!-	 			
Cove	erage those	Lifetime Enclosures Inc se co-employees sot subcontractors Lifetime Enclosures Inc 5521 Chronicle Ct Jacksonville, FL 32256										
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
<u> </u>		City of Green Cove Springs 321 Walnut Street	42			SHC	OULD ANY OF	N DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			

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Green Cove Springs, FL 32043



DATE (MM/DD/YYYY) 12/12/2019

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l .		BROGATION IS WAIVED, subject ertificate does not confer rights t				•	•	•	equire an endorsement.	. A St	atement on
PRO	DUCE	ER				CONTA NAME:	CT Todd (George			
Βοι	ıcha	ard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623 FAX		
_		¢ 6090				E-MAIL		200 0000 0/11.	023 (A/C, No):		
Cle	arwa	ater, FL 33758-6090				ADDRE					
									DING COVERAGE		NAIC#
						INSURE	RA: America	n Zurich Insu	rance Company		40142
INSU		ce Business Services, Inc. Alt. Emp: Lifet	imo E	nelocu	iros Inc	INSURE	R B :				
		anatee Ave. West Ste 600	IIIIE LI	iiciosu	iles ilic	INSURE	RC:				
Brad	dento	on, FL 34205-6708				INSURE	RD:				
						INSURE	RE:				
						INSURE	RF:				
CO	VER	RAGES CER	TIFIC	CATE	NUMBER:19FL0798077				REVISION NUMBER:		
TH	IIS I	IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			IE POL	ICY PERIOD
		ATED. NOTWITHSTANDING ANY RE									
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL	THE TERMS,
INSR	CL			SUBR		DEEN	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
		COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Fei accident)	\$	
		UMBRELLA LIAB OCCUP									
		EVOESS LIAB OCCUR								\$	
		CLAIMS-MADE								\$	
	WOI	DED RETENTION \$ RKERS COMPENSATION								\$	
		D EMPLOYERS' LIABILITY Y/N							X PER STATUTE OTH-		
Α	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
					Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC		ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)		
Cove	rage	Lifetime Enclosures 5521 Chronicle Ct	inc								
		e co-employees t subcontractors	256								
to:	1110	t subcontractors	-00								
	TIE	FICATE HOLDER				CANG	CELLATION				
CEI	V 1 11	TOATE HOLDER				CAN	JEELA HON				
		City of Hilliard				SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCEL	LED BEFORE
		15859 West CR 108							REOF, NOTICE WILL B	E DE	LIVERED IN
		Hilliard FL 32046				ACCORDANCE WITH THE POLICY PROVISIONS.					

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th	is certificate does not confer rights t	o the	cert	tificate holder in lieu of s).				
PRO	DUCER				CONTA NAME:	CT Todd (George				
Βοι	chard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX		
PO	Box 6090				E-MAIL	U, LXI). \ /		020	(A/C, No):		
Cle	arwater, FL 33758-6090				ADDRE	SS:					
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	ER A : America	n Zurich Insu	rance Company			40142
INSU	RED				INSURE			' '			
ı	kforce Business Services, Inc. Alt. Emp: Lifet	ime E	nclosi	ures Inc							
140	1 Manatee Ave. West Ste 600				INSURE	ER C :					
Bra	denton, FL 34205-6708				INSURE	RD:					
					INSURE	ERE:					
	/FDA 050	TIEL		E NUMBER-10EL 0709077	INSURE	KF:		DEVICION NUM	ADED:		
				E NUMBER: 19FL0798077				REVISION NUN			
	HIS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY										
	(CLUSIONS AND CONDITIONS OF SUCH							J HEKEIN IS SUI	BJECT TO	ALL	HE TERIVIS,
INSR			SUBR		DELIVI	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu			
	32 mile iii ii i										
								MED EXP (Any one			
								PERSONAL & ADV I	INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMF	P/OP AGG \$		
									\$		
├─	OTHER:							COMBINED SINGLE	1 15 417		
	AUTOMOBILE LIABILITY							(Ea accident)	Ψ		
	ANY AUTO							BODILY INJURY (Pe	er person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident) \$		
	HIRED NON-OWNED							PROPERTY DAMAG	SE \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
									\$	1	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
									\$		
┝	DED RETENTION \$ WORKERS COMPENSATION							▼ PER			
	AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	NT \$		1,000,000
'`	(Mandatory in NH)	,,		W 30 00 010 03		12/01/2015	12/01/2020	E.L. DISEASE - EA E	EMPLOYEE \$		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			1,000,000
<u> </u>	DESCRIPTION OF OFERATIONS DEIDW							L.L. DIOLAGE - I OL	IOT LIVIIT W		1,000,000
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 00117	71		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
ر ا رمر	Lifetime Enclosures	Inc									
	those co-employees 5521 Unronicle Ut										
	ut not subcontractors Jacksonville, FL 322	256									
to:											
CE	RTIFICATE HOLDER				CAN	CELLATION					
	City of Jacksonville				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	231 East Forsyth Street Roor	n 130)		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED					_IVERED IN	
	Jacksonville, FL 32202				ACCORDANCE WITH THE POLICY PROVISIONS.						

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

l .		ROGATION IS WAIVED, subject entificate does not confer rights to						•	require an endorsement. A	statement on	
	DUCEF		0 1110	0011	moute noider in ned or se	CONTA	~	George			
		d Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	FAX		
РО	Box	6090				E-MAIL	o, Ext): (000) 2	293-3000 ext.	623 (A/C, No):		
Cle	arwa	ter, FL 33758-6090				ADDRE	SS:				
							INS	SURER(S) AFFOR	RDING COVERAGE	NAIC#	
						INSURE	RA: America	ın Zurich Insu	rance Company	40142	
INSU	RED					INSURE	RB:				
		Business Services, Inc. Alt. Emp: Lifeti	me Er	nclosu	ires Inc	INSURE	R C ·				
		atee Ave. West Ste 600 n. FL 34205-6708									
D.a.	3011101	1,12012000700				INSURE					
						INSURE					
						INSURE	R F :				
					NUMBER: 19FL0798077				REVISION NUMBER:		
IN CI E)	DICA ERTIF	B TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT 1	TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
									MED EXP (Any one person) \$		
									() ()		
									PERSONAL & ADV INJURY \$		
	GEN'	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
		POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$		
		OTHER:							\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
		ANY AUTO							BODILY INJURY (Per person) \$		
		OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
		HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
		AUTOS ONLY AUTOS ONLY							(Fer accident)		
		UMBRELLA LIAB OCCUB							EAGU COOURDENOE &		
		EXOCOLUAD							EACH OCCURRENCE \$		
		CLAIMS-MADE							AGGREGATE \$		
	_	DED RETENTION \$							\$ DEP OTH		
		KERS COMPENSATION EMPLOYERS' LIABILITY							X PER STATUTE OTH-ER		
Α		ROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDENT \$	1,000,000	
,	(Mand	datory in NH)	,,,		WO 30 00 010 03		12/01/2010	12/01/2020	E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
					Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171		
Coverage is provided for only those co-employees of, but not subcontractors to: Description of operations / Locations / Vehicles (ACORD 101, Additional Remarks Scheduler Enclosures Inc 5521 Chronicle Ct 5521 Chronicle Ct Jacksonville, FL 32256							e attached if mor	e space is requir	ed)		
CF	RTIF	CATE HOLDER				CANO	ELLATION				
<u> </u>	VIII.1	OATE HOLDEN				Visit Visitali (1911)					
		City of Kingsland PO BOX 250 Kingsland, GA 31458				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE Y PROVISIONS.		

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	is certificate does not confer rights to							equire an endors	sement.	A SI	atement on
	s certificate does not confer rights to the certificate holder in lie locer hard Insurance for WBS - TG lox 6090 water, FL 33758-6090				CONTA NAME:						
l .	ichard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623 FA	AX VC, No):		
_					E-MAIL ADDRE				40, 110).		
Cie	arwater, F L 337 30-0090				ADDILL		URFR(S) AFFOR	DING COVERAGE			NAIC#
					INSURE			ance Company			40142
INSU	RED				INSURE			u			
	kforce Business Services, Inc. Alt. Emp: Lifeti	ime E	nclosu	ires Inc	INSURE						
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE						
	, , , , , , , , , , , , , , , , , , , ,				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER:19FL0798077		Kr.		REVISION NUMB	RFR:		
TI IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OF I	INSUF REME AIN,	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	/E BEE OF AN' ED BY	Y CONTRACT THE POLICIES	THE INSURE OR OTHER DESCRIBED	D NAMED ABOVE DOCUMENT WITH F	FOR TH RESPEC ECT TO	T TO	WHICH THIS
LTR	I TPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurre	ence)	\$	
								MED EXP (Any one per	rson)	\$	
								PERSONAL & ADV INJ	IURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ГЕ	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$	
	OTHER:							COMBINED SINGLE LII		\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per p		\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per a PROPERTY DAMAGE		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDENT		\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP	PLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL		ACORD	101, Additional Remarks Schedul	le, may b	attached if more	space is require	ed)			
only	Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 322										
CF	RTIFICATE HOLDER				CANO	ELLATION					
	City Of Macclenny 118 East Macclenny Ave MACCLENNY, FL 32063				SHO THE	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES REOF, NOTICE V Y PROVISIONS.			

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th	is certificate does not confer rights to				ıch en	dorsement(s	•	equire air criae	1301110111		atomont on
_	DUCER				CONTA NAME:	CT Todd C	George				
l .	uchard Insurance for WBS - TG				PHONE (A/C, No	o, Ext): (866) 2	293-3600 ext.	623	FAX (A/C, No):		
_	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE			,	, ,		
	arwater, 1 E 30730 0030						SURER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: America	n Zurich Insu	rance Company			40142
INSU Wor	RED kforce Business Services, Inc. Alt. Emp: Lifeti	me Eı	nclosu	ures Inc	INSURE	RB:					
140	1 Manatee Ave. West Ste 600				INSURE	RC:					
Brad	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER:19FL0798077				REVISION NUM			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FACLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		\$	
								MED EXP (Any one	person)	\$	
							PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:							0014511155 0111015		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER		
_	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NI / A		WC 00 00 040 00		40/04/0040	40/04/0000	E.L. EACH ACCIDEN		\$	1,000,000
Α	(Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	'1		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD) 101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
Cove	erage is provided for those co-employees ut not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 322	Inc			, ,						
CE	RTIFICATE HOLDER				CANCELLATION						
<u> </u>	City of Neptune Beach 116 First Street Neptune Beach, FL 32266				SHC	OULD ANY OF T	N DATE THE	ESCRIBED POLIC REOF, NOTICE Y PROVISIONS.			

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				•	•		require an endorsement	. A st	atement on
-	DUCER	J 1110			CONTA). George			
	chard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623 FAX		
	Box 6090				E-MAIL		193-3000 EXI.	023 (A/C, No):		
Cle	arwater, FL 33758-6090				ADDRE	SS:				I .
								RDING COVERAGE		NAIC #
INSU	RED						n Zurich insu	rance Company		40142
ı	kforce Business Services, Inc. Alt. Emp: Lifet	ime E	nclosi	ures Inc	INSURE					
	I Manatee Ave. West Ste 600 lenton, FL 34205-6708				INSURE					
Bia	ienton, 1 E 34203-0700				INSURE					
					INSURE					
	/ERAGES CER	TIEI	CATE	E NUMBER: 19FL0798077	INSURE '∩Q	=K F :		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			HE POI	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH) ALL	THE TERMS,
INSR		ADDL	SUBR	R	חררואו	POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
								EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	OFFIL A CORPORTE LIMIT A DRIVER DED.							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							, , ,	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$	1						AGGREGATE	\$	
	WORKERS COMPENSATION							X PER STATUTE OTH-	Ψ	
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	1,000,000
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	2200.11. 1101. 01 01 21.11.110.10 25.01								Ť	, ,
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171		
DES	PRINTION OF OREDATIONS // OCATIONS ///TIME	LEC /	ACCRE	2404 Additional Remarks Schools	lo mant	o attached if we are	o ongoo is reserts			
l	RIPTION OF OPERATIONS / LOCATIONS / VEHICL Lifetime Enclosures		ACORL	D 101, Additional Remarks Schedu	ie, may b	e attached if more	e space is require	ea)		
	rage is provided for hose co-employees 5521 Chronicle Ct									
of, bi	t not subcontractors Jacksonville, FL 322	256								
10.										
	TITIOATE HOLDES				0.11	0511451011				
CEI	RTIFICATE HOLDER				CAN	CELLATION				
	City of Palatka				SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE
	201 N 2nd Street				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL E		
	PALATKA, FL 32177				ACC	JORDANCE WI	IH THE POLIC	Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY) 12/12/2019

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tł	s certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
1	DUCER				CONTA NAME:		George					
	uchard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623	FAX (A/C, No):			
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(, , , , , , , , , , , , , , , , , , ,			
	aiwater, FE 33736-0090				ADDITE		SURER(S) AFFOR	DING COVERAGE			NAIC#	
					INSURE	R A : America	n Zurich Insu	rance Company			40142	
INSU					INSURE	RB:						
	kforce Business Services, Inc. Alt. Emp: Life 1 Manatee Ave. West Ste 600	time E	nclos	ures Inc	INSURE	ER C :						
	denton, FL 34205-6708				INSURE							
					INSURE							
					INSURE							
СО	VERAGES CEI	RTIFI	CATE	E NUMBER:19FL0798077	•			REVISION NUI	MBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY					EACH OCCURREN		\$				
	CLAIMS-MADEOCCUR					PREMISES (Ea occ		\$				
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
_	OTHER:	1						COMBINED SINGLE	ELIMIT	\$		
	ANY AUTO							COMBINED SINGLE (Ea accident)				
	OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
_	UMBRELLA LIAB OCCUB									-		
	EXOCOLUAD OCCUR							EACH OCCURREN	CE	\$		
	CLAIIVIS-IVIADI	-						AGGREGATE		\$		
_	DED RETENTION \$ WORKERS COMPENSATION	+						X PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									•	1,000,000	
A	OFFICER/MEMBEREXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		φ	1,000,000	
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOI	LICT LIMIT	Ψ	1,000,000	
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
only	erage is provided for those co-employees at not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 32											
to:												
CE	RTIFICATE HOLDER				CANO	CELLATION						
	City of Palm Coast							ESCRIBED POLICE				
	160 Lake Ave Palm Coast, FL 32164							Y PROVISIONS.	WILL B	ie DE	FIAEVED IN	

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DATE (MM/DD/YYYY) 12/12/2019

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							<u>,-</u>				
PRO	DUCER				CONTAC NAME:	CT Todd C	George				
	chard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX (A/C, No):		
l .	Box 6090				E-MAIL ADDRES			1.	(/ (/ 0) / / / / / / / / / / / / / / / / / /		
Cie	arwater, FL 33758-6090				ADDRES						
								DING COVERAGE			NAIC#
					INSURE	R A : America	n Zurich Insu	rance Company			40142
INSU Wo	кер kforce Business Services, Inc. Alt. Emp: Lifet	ime F	nclosi	ires Inc	INSURE	RB:					
	1 Manatee Ave. West Ste 600		1101000	2100 1110	INSURE	RC:					
Bra	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER: 19FL0798077	•			REVISION NUM	IBER:		
TI	HIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TH	HE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RI	EQUIF	REME	NT, TERM OR CONDITION	OF ANY	Y CONTRACT	OR OTHER I	OCUMENT WITH	RESPE	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH								BJECT TO	O ALL	THE TERMS,
INSR			SUBR		DEEN	POLICY FFF	POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
	PRO-										
								PRODUCTS - COMP	70P AGG	\$	
	OTHER:							COMBINED SINGLE	LIMIT		
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$	
								,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`F	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	,_	\$	
	CLAIIVIS-IVIADE	1						AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							v PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	NT .	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 00117	'1		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
Cove	Lifetime Enclosures	Inc									
only	those co-employees 5521 Chronicle Ct										
	ut not subcontractors Jacksonville, FL 322	256									
to:											
CE	RTIFICATE HOLDER				CANC	ELLATION					
	City Of St. Augustine							ESCRIBED POLIC			
	P.O. Box 210							REOF, NOTICE Y PROVISIONS.	WILL E	BE DE	LIVERED IN
	CAINT ALICHOTINE EL COC	0.5			· AUL	UNDANCE WI	THE FULIC	TINOVISIONS.			

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SAINT AUGUSTINE, FL 32085



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							,						
PRO	DUCER		CONTACT Todd George										
Βοι	chard Insurance for WBS - TG				PHONE	(866) 2	293-3600 ext.	623	FAX (A/C, No):				
	Box 6090				(A/C, No E-MAIL	7, LXI). \ /			(A/C, NO).				
Cle	arwater, FL 33758-6090				ADDRE	SS:							
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #		
					INSURE	RA: America	n Zurich Insu	rance Company			40142		
INSU					INSURE	RB:							
	kforce Business Services, Inc. Alt. Emp: Lifetim	ne Er	nclosu	ures Inc	INSURE	R C ·							
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708												
5,0	icinon, i E 54255 6766				INSURE								
					INSURE	RE:							
					INSURE	RF:							
CO	VERAGES CERT	TFIC	CATE	E NUMBER: 19FL0798077	709			REVISION NU	MBER:				
	HIS IS TO CERTIFY THAT THE POLICIES (
	DICATED. NOTWITHSTANDING ANY REC												
	ERTIFICATE MAY BE ISSUED OR MAY PE								JBJECT TO	ALL	THE TERMS,		
	(CLUSIONS AND CONDITIONS OF SUCH PO		SUBR		BEEN	POLICY EFF	PAID CLAIMS. POLICY EXP						
INSR LTR	TYPE OF INSURANCE	NSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$			
	GEANNO-WADE COCOR												
						MED EXP (Any one	. /	\$					
								PERSONAL & ADV	INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$			
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$			
	ANY AUTO					BODILY INJURY (P	Per person)	\$					
	OWNED SCHEDULED							,	. ,	\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P PROPERTY DAMA	OF '				
	AUTOS ONLY AUTOS ONLY							(Per accident)	GL	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
								710011207112		\$			
<u> </u>	DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ф			
	AND EMPLOYERS' LIABILITY Y/N												
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE	:NT	\$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000		
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 0011	71				
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-C /A	COBE	101 Additional Bamarka School	lo may b	o attached if we-	o enaco la reguia) 					
053	Lifetime Enclosures Ir		CORL	7 TOT, Additional Remarks Schedu	ile, iliay b	e attached ii mor	e space is require	eu)					
	rage is provided for 5521 Chroniclo Ct												
	those co-employees ut not subcontractors Jacksonville, FL 3225	6											
to:													
CE	RTIFICATE HOLDER				CANO	ELLATION							
	City of St. Augustine Beach						ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	2200 A1A South	·						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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St. Augustine Beach, FL 32080



DATE (MM/DD/YYYY) 12/12/2019

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PRO	DDUCER					CONTACT Todd George					
l .	ichard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):		
l .	Box 6090				E-MAIL ADDRE				(FUO, NO).		
Cie	arwater, FL 33758-6090				ADDRE		UDED(O) AFFOR	DING COVED AGE			NAIO#
					INSLIDE			RDING COVERAGE rance Company	,		NAIC # 40142
INSU	RED				INSURE			ranco company			10112
	kforce Business Services, Inc. Alt. Emp: Lifet 1 Manatee Ave. West Ste 600	ime E	nclosu	ires Inc	INSURE						
	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:19FL0798077	09			REVISION NU	MBER:		
	IIS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY										
E)	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY I	PAID CLAIMS.	J HEREIN 10 00	DOLOT TO	ALL	THE TERMO,
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURREN	ICE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
<i>,</i> ,	(Mandatory in NH)	,,,		770 30 00 010 03		12/01/2010	12/01/2020	E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
				Location Coverage Period	od:	12/31/2019	12/31/2020	Client# 0011	71		
		<u> </u>									
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lifetime Enclosures		ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
	trage is provided for those co-employees 5521 Chronicle Ct										
of, b	ut not subcontractors Jacksonville, FL 322	256									
to:											
<u> </u>	TIFICATE LIQUES				CANCELLATION						
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	City of St. Augustine Beach				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	PO BOX 210	City of St. Augustine Beach PO BOX 210						EREOF, NOTICE Y PROVISIONS.	WILL B	E DE	LIVERED IN

St. Augustine Beach, FL 32085



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_	DUCER				CONTA NAME:	CT Todd C	eorge					
_	uchard Insurance for WBS - TG				PHONE (A/C, No	, Ext): (866) 2	93-3600 ext.	623	FAX (A/C, No):			
_	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE							
	arwater, 1 E 33730 0000						URER(S) AFFOR	DING COVERAGE			NAIC #	
					INSURE	R A: America	n Zurich Insu	rance Company			40142	
INSU					INSURE	RB:						
	kforce Business Services, Inc. Alt. Emp: Lifet 1 Manatee Ave. West Ste 600	ime E	nciosi	ires inc	INSURE	RC:						
	denton, FL 34205-6708				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:19FL0798077	09			REVISION NUM	/IBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KULUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS	
INSR LTR			WVD									
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT	CE	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occi		\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	SATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:							COMBINED SINGLE	LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	- '	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	,,,	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION	-						V PFR	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	OTH- ER			
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I			1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORD	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
only	Lifetime Enclosures Inc ose co-employees not subcontractors Lifetime Enclosures Inc 5521 Chronicle Ct Jacksonville, FL 32256											
CE	RTIFICATE HOLDER				CANO	CELLATION						
<i>3</i> 4 1	Ciy Of Orange Park 2042 Park Ave ORANGE PARK, FL 32073				SHC	OULD ANY OF T	I DATE THE	ESCRIBED POLICE REOF, NOTICE Y PROVISIONS.				



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	DUCER				CONTA NAME:	CT Todd G	eorge					
	ichard Insurance for WBS - TG				PHONE (A/C, No	, Fxt). (866) 2	93-3600 ext.	623	FAX (A/C, No):			
_	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(140,110).			
Cie	arwater, 1 L 33736-0090				ADDITE		URER(S) AFFOR	DING COVERAGE			NAIC#	
					INSURE	R A : America	n Zurich Insu	rance Company			40142	
INSU	RED				INSURE	RB:						
	kforce Business Services, Inc. Alt. Emp: Lifeti 1 Manatee Ave. West Ste 600	ime E	nclosu	ires Inc	INSURE	RC:						
	denton, FL 34205-6708				INSURE							
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CO	VERAGES CER	TIFIC	CΔTF	NUMBER:19FL0798077		Kr.		REVISION NUM	/IBFR·			
TI IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF I	INSUF REME AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	/E BEE OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH	E FOR THE	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
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	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$		
								MED EXP (Any one	person)	\$		
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	SATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMI	P/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Po		\$		
	OWNED SCHEDULED							BODILY INJURY (Po	er accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	SE .	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	~=	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE)L	\$		
	CLAIWO-WADL							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ф		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							<u> </u>		•	1 000 000	
Α	OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000	
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				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71			
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only	Lifetime Enclosures Inc specific provided for hose co-employees to not subcontractors Lifetime Enclosures Inc 5521 Chronicle Ct Jacksonville, FL 32256											
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Clay County Bldg and Zoning Po Box 1366 GREEN COVE SPRINGS, FL		43		SHC	OULD ANY OF T	I DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.				



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PRO	DUCER				CONTA NAME:	CT Todd C	Seorge				
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	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE			·	(140, 140).		
Cie	arwater, FL 33736-6090				ADDICE		LIRER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE			rance Company			40142
INSL	RED				INSURE			pay			
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ures Inc	INSURE						
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE						
	,				INSURE						
					INSURE						
CO	VERAGES CEF	RTIFI	CATE	E NUMBER: 19FL0798077		-KT .		REVISION NUM	/IBER:		
TI IN C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	S OF EQUIF PERT POLI	INSUF REME FAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	Y CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	D NAMED ABOV	E FOR TH	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	
	CLAIMS-MADE OCCUR				PREMISES (Ea oc					\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV I	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:							COMBINED SINGLE LIMIT &			
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Pe		\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	Þ.E.	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							DED	OTH.	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	VΤ	\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	7 1		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lifetime Enclosures		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
only	those co-employees at not subcontractors trage is provided for those co-employees at not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 32										
CE	RTIFICATE HOLDER				CANCELLATION						
	Columbia County P.O. Drawer 1529 LAKE CITY, FL 32056				THE	EXPIRATION	DATE THE	ESCRIBED POLICE EREOF, NOTICE BY PROVISIONS.			

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DATE (MM/DD/YYYY) 12/12/2019

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PRO	ODUCER				CONTACT Todd George						
	chard Insurance for WBS - TG				PHONE (A/C, No	, Fxt). (866) 2	293-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				E-MAIL ADDRE	ee.			(,,-		
Cie	arwater, FL 33758-6090				ADDRE		UDED(O) AFFOR	DING COVERAGE			NAIO#
					INCUE			DING COVERAGE rance Company			NAIC # 40142
INSU	RED						II Zulicii ilisu	rance Company			40142
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ires Inc	INSURE						
	Manatee Ave. West Ste 600				INSURE						
Вгас	lenton, FL 34205-6708				INSURE	R D :					
					INSURE	RE:					
					INSURE	RF:					
				NUMBER:19FL0798077				REVISION NUI			101/ ===10=
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAG (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$	
	DED RETENTION \$	1						7.00.1.207.1.2		\$ \$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	_	\$	1,000,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA			1,000,000
	If yes, describe under							E.L. DISEASE - POI		\$ \$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	Ф	1,000,000
				Location Coverage Perio	vq.	12/31/2019	12/31/2020	Client# 0011	71		
				Location Goverage Fent		12/31/2013	12/31/2020	Onema oom	′ '		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (A	ACORD	101. Additional Remarks Schedul	e. may b	e attached if more	e snace is require	ed)			
	Lifetime Enclosures				.c,a, 2	- allaoilea II III-	o opaco io i oquii.	,			
	hose co-employees 5521 Unifolicle Ut										
of, bi	tr not subcontractors Jacksonville, FL 32	256									
10.											
	OTIFICATE HOLDED					OANOELL ATION					
CEI	TIFICATE HOLDER					CELLATION					
	Construction Trades Qualifyi	na Ro	ard		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					ED BEFORE	
		Construction Trades Qualifying Board 231 East Forsyth Street, Suite 410				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Claude Yates Annex Jacksonville, FL 32202



DATE (MM/DD/YYYY) 12/12/2019

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.

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	is certificate does not come rights to the certificate floider in fied											
	DUCER		CONTA NAME:	1000	George							
l .	chard Insurance for WBS - TG				PHONE (A/C, No	, Fxt). (866) 2	93-3600 ext.	623 FAX (A/C, No):				
_	Box 6090				E-MAIL ADDRE	ee.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cie	arwater, FL 33758-6090				ADDRE		URER(S) AFFOR	DING COVERAGE		NAIC#		
					INSURF			rance Company		40142		
INSU	RED				INSURE							
	kforce Business Services, Inc. Alt. Emp: Lifetin	me Eı	nclosu	ires Inc	INSURE							
	l Manatee Ave. West Ste 600 lenton, FL 34205-6708				INSURE							
	•				INSURE							
					INSURE							
CO	/ERAGES CER	TIFIC	·ΔTF	NUMBER:19FL0798077		Kr.		REVISION NUMBER:				
	IIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			dE POI	ICY PERIOD		
IN	DICATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	CT TO	WHICH THIS		
CI	ERTIFICATE MAY BE ISSUED OR MAY F	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED					
INSR	CLUSIONS AND CONDITIONS OF SUCH F		SUBR		BEEN							
LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$				
							PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	LIMPRELLALIAR								-			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							DED OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE OTH-ER				
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDENT	\$	1,000,000		
- `	(Mandatory in NH)			110 00 00 010 00		12/01/2010	12/01/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL		CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
	rage is provided for 5521 Chronicle Ct	Inc										
	those co-employees Jacksonville, FL 322	56										
to:	it not subcontractors											
CE	RTIFICATE HOLDER				CANCELLATION							
OLI	THE TOLDER	FICATE HOLDER						CANCELLATION				
	Cornerstone Construction & D	esia	n Inc					ESCRIBED POLICIES BE CA				
	P.O. Box 357577							REOF, NOTICE WILL E	BE DE	LIVERED IN		
1	Coincavilla El 2002E				ACCORDANCE WITH THE POLICY PROVISIONS.							

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Gainesville, FL 32635



DATE (MM/DD/YYYY) 12/12/2019

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tr	is certificate does not confer rights t	o the	cert	tificate holder in lieu of s).				
PRO	DUCER				CONTA NAME:	.ct Todd (George				
Bo	chard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX		
PO	Box 6090				E-MAIL	U, LAUJ. V		020	(A/C, No):		
Cle	arwater, FL 33758-6090				ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: America	n Zurich Insu	rance Company			40142
INSL	RED				INSURE			, , , , , , , , , , , , , , , , , , ,			-
ı	kforce Business Services, Inc. Alt. Emp: Lifet	ime E	nclosi	ures Inc							
140	1 Manatee Ave. West Ste 600				INSURE	RC:					
Bra	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	D E .					
$\overline{}$	VEDACES CED	TIEI	~ A T I	E NUMBER: 19FL0798077		KF.		DEVISION NUM	IDED.		
						N IOOUED TO		REVISION NUM		- 501	IOV PERIOR
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI										
	ERTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH								B0201 10	, ,,	THE TERMO,
INSR		ADDL	SUBR	R		POLICY EFF	POLICY EXP		LIMITO		
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		5	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		5	
								MED EXP (Any one)		 S	
									· / /		
								PERSONAL & ADV I			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE \$	5	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG \$	5	
	OTHER:								\$	5	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$	5	
	ANY AUTO							BODILY INJURY (Pe	er person) \$	5	
	OWNED SCHEDULED							,	· / /		
	AUTOS ONLY AUTOS							BODILY INJURY (Pe	'		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	\$	5	
									\$	5	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE \$:	
	EVOESSILLE										
	CLAIMS-MADE	-						AGGREGATE	\$		
<u> </u>	DED RETENTION \$	-						DED	\$	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		WC 00 00 040 00		12/21/2010	12/21/2022	E.L. EACH ACCIDEN	NT \$	6	1,000,000
^	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA E	MPLOYEE \$	5	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			1,000,000
-	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$)	1,000,000
					_						
				Location Coverage Peri	od:	12/31/2019	12/31/2020	Client# 00117	71		
L_											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
C0//	Lifetime Enclosures	Inc									
	those co-employees 5521 Unronicle Ut										
	ut not subcontractors Jacksonville, FL 322	256									
to:											
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Duval County Building Depar	tmen	t		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	214 Hogan Street North								WILL BE	. DE	LIVERED IN
l	Jacksonville, FL 32202				ACCORDANCE WITH THE POLICY PROVISIONS.						

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th	is certificate does not confer rights	to the	cert	tificate holder in lieu of su).				
1	DUCER				CONTA NAME:	CT Todd C	George				
	ichard Insurance for WBS - TG				PHONE (A/C, No	E _{o. Ext):} (866) 2	293-3600 ext.	623	FAX (A/C, No):		
1	Box 6090				E-MAIL ADDRE				, , , , , ,		
	arwater, FL 33758-6090				ADDICE		LIRER(S) AFFOR	RDING COVERAGE			NAIC#
					INCLIDE			rance Company			40142
INSU	RED				INSURE		11 2411011 11104	rance company			40142
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ures Inc							
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE						
Dia	Jenion, FL 34205-6706				INSURE						
					INSURE						
	(50.4.050			= NUMBER 4051 0700077	INSURE	ERF:		DEN//212111111			
				E NUMBER: 19FL0798077		N ICCUED TO		REVISION NUI		IE DOI	ICV PERIOR
	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R										
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	ΓAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE				
	(CLUSIONS AND CONDITIONS OF SUCH				BEEN I						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	
	OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
<u> </u>	UMBRELLA LIAB OCCUB									-	
	- CCCOR							EACH OCCURREN	CE	\$	
	CLAIIVIS-IVIADI	4						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							V PFR	OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
	(Mandatory in NH) If ves. describe under	1						E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 0011	71		
<u> </u>			<u> </u>								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIO Lifetime Enclosure:		ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
	rage is provided for those co-employees 5521 Chronicle Ct	, ,,,,									
	ut not subcontractors Jacksonville, FL 32	256									
to:											
L											
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Flagler County Building Dep	artme	nt					ESCRIBED POLICE			
	1769 East Moody Blvd	1769 East Moody Blvd						EREOF, NOTICE Y PROVISIONS.	WILL B	E DE	LIVERED IN

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Suite 104 Bunnell, FL 32110



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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).				
PROI	DUCER				CONTA NAME:	CT Todd G	eorge				
l .	ichard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				F-MAII				(A/O, NO).		
Cle	arwater, FL 33758-6090				ADDRE						1
							. ,	rance Company			40142
INSU	RED						II Zunch msu	rance Company			40142
	kforce Business Services, Inc. Alt. Emp: Lifeti	me Eı	nclosu	ires Inc	INSURE						
	1 Manatee Ave. West Ste 600				INSURE						
ыа	denton, FL 34205-6708				INSURE						
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	(ED 4 0 E 0	TIE12		- AULADED 40EL 0700077	INSURE	RF:		DEV//01011 1111	4DED		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 19FL0798077		N ICCLIED TO		REVISION NUN		IE DOI	LICY DEDICE
IN	DICATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH) HEREIN IS SUI	BJECT TO) ALL	THE TERMS,
INSR			SUBR		DEEINF	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		
								EACH OCCURRENCE DAMAGE TO RENTE		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV I	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:							COMBINED SINGLE	TIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Pe	- '	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	·E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Œ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	0.711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	NT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	' 1		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Lifetime Enclosures		CORD	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
	rage is provided for those co-employees 5521 Chronicle Ct	0									
	ut not subcontractors Jacksonville, FL 322	56									
to:											
CE	RTIFICATE HOLDER				CANO	ELLATION					
							FILE A B 61/2 = -		.EO EE 6		
	Jacksonville Beach Bldg Dept 11 North 3rd St	İ						ESCRIBED POLICE			
	JACKSONVILLE, FL 32250				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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DATE (MM/DD/YYYY) 12/12/2019

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tł	is certificate does not confer rights			ificate holder in lieu of su				equire un enuc	or ocmicin.	Α 30	atement on
PRO	DUCER				CONTA NAME:	CT Todd C	George				
	uchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX (A/C, No):		
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(100,110).		
	aiwater, F L 33736-0090				ADDITE		URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE			rance Company			40142
INSU					INSURE	RB:					
	kforce Business Services, Inc. Alt. Emp: Life 1 Manatee Ave. West Ste 600	time E	nclosu	ures Inc	INSURE	RC:					
	denton, FL 34205-6708				INSURE	RD:					
					INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CEF	RTIFI	CATE	E NUMBER:19FL0798077	09			REVISION NUI	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	H RESPEC	OT T	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occi		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMI		\$ \$	
_	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE		\$ \$	
	ANY AUTO							(Ea accident) BODILY INJURY (Po		\$ \$	
	OWNED SCHEDULED							BODILY INJURY (P	· /	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	· ·	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN		\$	
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE		\$ \$	
	DED RETENTION \$	1						AGGREGATE		\$ \$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ψ	
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	1,000,000
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA I			1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			1,000,000
	DESCRIPTION OF ENVIRONMENTAL SOLOW							2.2.2.027.02		Ψ	
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
only	erage is provided for those co-employees ut not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 32										
CE	RTIFICATE HOLDER				CANCELLATION						
	Lifetime Enclosures Inc 5521 Chronicle Ct Jacksonville, FL 32256				SHC	OULD ANY OF	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			

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tł	is certificate does not confer rights	ertificate does not confer rights to the certificate holder in lieu of such endorsement(s). R CONTACT Todd George											
1	DUCER				CONTA NAME:	CT Todd C	George						
	uchard Insurance for WBS - TG				PHONE (A/C, No		293-3600 ext.	623	FAX (A/C, No):				
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(, , , , , , , , , , , , , , , , , , ,				
	aiwater, F L 33736-0090				ADDITE		URER(S) AFFOR	DING COVERAGE			NAIC#		
					INSURE	R A : America	n Zurich Insu	rance Company			40142		
INSU					INSURE	RB:							
	kforce Business Services, Inc. Alt. Emp: Life 1 Manatee Ave. West Ste 600	time E	nclos	ures Inc	INSURE	ER C :							
	denton, FL 34205-6708				INSURE	RD:							
					INSURE								
					INSURE								
СО	VERAGES CEI	RTIFI	CATE	E NUMBER:19FL0798077	•			REVISION NUI	MBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SU	H RESPEC	OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$			
	CLAIMS-MADEOCCUR					PREMISES (Ea occ		\$					
								MED EXP (Any one	person)	\$			
								PERSONAL & ADV		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$			
_	OTHER:	1						COMBINED SINGLE		\$			
	ANY AUTO							COMBINED SINGLE (Ea accident)					
	OWNED SCHEDULED							BODILY INJURY (P		\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P	`	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
_	UMBRELLA LIAB OCCUB									-			
	EXOCOLUAD OCCUR							EACH OCCURREN	CE	\$			
	CLAIIVIS-IVIADI	-						AGGREGATE		\$			
_	DED RETENTION \$ WORKERS COMPENSATION	+						X PER STATUTE	OTH- ER	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	1,000,000		
A	OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA			1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		φ ¢	1,000,000		
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOI	LICT LIMIT	Ψ	1,000,000		
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	71				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)					
	erage is provided for 5521 Chronicle Ct	inc											
	those co-employees ut not subcontractors Jacksonville, FL 32	256											
to:													
CE	RTIFICATE HOLDER				CAN	CELLATION							
	Masterarett Builder Craus				SHC	OUI D ANY OF T	THE AROVE D	ESCRIBED POLIC	SIES BE CA	NCEL	I FD BFFORF		
	Mastercraft Builder Group 1629 Race Track Road				THE	EXPIRATION	N DATE THE	REOF, NOTICE					
	Suite 102				ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.					

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Jacksonville, FL 32256



DATE (MM/DD/YYYY) 12/12/2019

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).				
PROI	DUCER				CONTAC NAME:	CT Todd G	eorge				
l .	chard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				F-MAII				(A/O, NO).		
Cle	arwater, FL 33758-6090				ADDRE						1
							. ,	rance Company			40142
INSU	RED						II Zunch msu	rance Company			40142
	kforce Business Services, Inc. Alt. Emp: Lifeti	me Er	nclosu	ires Inc	INSURE						
	Manatee Ave. West Ste 600				INSURE						
ыа	denton, FL 34205-6708				INSURE						
					INSURE						
	/FD 4 0 FO	TIFIC		- AULIANDED 40EL 0700077	INSURE	RF:		DEV//01011 NUM	4DED		
				NUMBER: 19FL0798077		N ICCLIED TO		REVISION NUN		IE DOI	LICY DEDICE
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	QUIR	EME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS
	(CLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY F	PAID CLAIMS.				- /
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV I	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMF	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	AUTOS ONLT							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CF.	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	,	\$	
	DED RETENTION\$							7.001.1207.112		\$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ψ	
_	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	1,000,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	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 GERATIONS BEIOW							L.L. DIOLAGE - I GE	IOT LIMIT	Ψ	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	'1		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD) 101, Additional Remarks Schedu	le, may be	e attached if more	space is require	ed)			
Cove	rage is provided for	Inc									
only	those co-employees at not subcontractors 5521 Chronicle Ct Jacksonville, FL 322										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	-										
	Nassau County Building and	Zonir	ng De	ept				ESCRIBED POLICE			
	96161 Nassau Place Yulee, FL 32097				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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th	is certificate does not confer rights	to the	e cert	tificate holder in lieu of si).						
PRO	DUCER			CONTA NAME:	CT Todd C	eorge							
	ıchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):				
1	Box 6090				É-MAIL				(A/O, NO).				
Cle	arwater, FL 33758-6090				ADDRE								
								DING COVERAGE rance Company			NAIC # 40142		
INSL	RED						II Zulicii ilisu	rance Company			40142		
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ures Inc	INSURE								
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE								
ыа	Jenion, FL 34205-6706				INSURE								
					INSURE								
<u></u>	VED 4.050			E NUMBER: 40FL 0700077	INSURE	RF:		REVISION NUI	MDED.				
_	VERAGES CEI HIS IS TO CERTIFY THAT THE POLICIE			E NUMBER: 19FL0798077		N ISSUED TO				E DOI	ICV DEDIOD		
	DICATED. NOTWITHSTANDING ANY R												
	ERTIFICATE MAY BE ISSUED OR MAY							HEREIN IS SU	BJECT TO	ALL 1	THE TERMS,		
INSR	(CLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP						
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$			
							MED EXP (Any one	person) \$	5				
								PERSONAL & ADV	INJURY \$	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE \$	5			
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG \$	5			
	OTHER:								9	5			
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	ELIMIT	5			
	ANY AUTO							BODILY INJURY (P	er person) \$	5			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident) \$	5			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE §	\$			
	AUTOS ONLT							(i ei accident)	9	5			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE \$				
	EXCESS LIAB CLAIMS-MADI	_						AGGREGATE	9				
	DED RETENTION \$	1						AGGILLOATE	9				
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	ν			
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE			1,000,000		
A	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA			1,000,000		
	If yes, describe under										1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICT LIMIT 4	P	1,000,000		
				Location Coverage Perio	od.	12/31/2019	12/31/2020	Client# 0011	71				
				Location Coverage Ferr	ou.	12/31/2013	12/31/2020	Onema oom	, ,				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIO	LES (ACORE	101. Additional Remarks Schedu	le, mav h	e attached if more	e space is require	ed)					
l	Lifetime Enclosures				.0,	- a	o opaco io i oquii.	,					
	those co-employees 5521 Chronicle Ct												
of, b	ut not subcontractors Jacksonville, FL 32	256											
10.													
L_													
CE	RTIFICATE HOLDER				CANO	ELLATION							
	Down, MaCall Construction I				SHO		THE AROVE D	ESCRIBED POLIC	SIES BE CAI	NCELL	ED REFORE		
	Perry-McCall Construction In 6104 Gazebo Park Place So												
	Jacksonville, FL 32257	6104 Gazebo Park Place South Jacksonville, FL 32257						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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	is certificate does not confer rights							equire an endo	n Semeni	. A SI	atement on
PRO	DUCER				CONTA NAME:	CT Todd C	George				
	uchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	293-3600 ext.	623	FAX (A/C, No):		
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE				(,,-		
	arwater, FL 33736-6090				ADDICE		LIPER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE			rance Company			40142
INSL	RED				INSURE						
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ures Inc	INSURE						
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE						
	,				INSURE						
					INSURE						
CO	VERAGES CER	RTIFI	CATE	E NUMBER: 19FL0798077		-KT .		REVISION NUM	/IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I	OCUMENT WITH	H RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT		\$	
							MED EXP (Any one		\$		
							PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
								,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE	≣						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
^	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1	VVC 90-00-616-09		12/31/2019	12/31/2020	E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	7 1		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
only	erage is provided for those co-employees ut not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 32										
CE	RTIFICATE HOLDER				CANCELLATION						
	Putnam County Builing Dep Po Box 1486 PALATKA, FL 32178	t			SHC THE	OULD ANY OF T	N DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.			

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DATE (MM/DD/YYYY) 12/12/2019

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th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
PRO	DUCER				CONTA NAME:	CT Todd G	George				
l .	chard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):		
_	Box 6090				F-MAII				(A/C, NO).		
Cle	arwater, FL 33758-6090				ADDRE						
							. ,	DING COVERAGE			NAIC #
INSU	RED						n Zurich insui	rance Company			40142
	kforce Business Services, Inc. Alt. Emp: Lifeti	me E	nclosu	ires Inc	INSURE						
	1 Manatee Ave. West Ste 600				INSURE						
Вгас	denton, FL 34205-6708				INSURE						
					INSURE	RE:					
					INSURE	RF:					
				NUMBER: 19FL0798077		N IOOUED TO		REVISION NUN		IE DOI	IOV PERIOR
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$	
							MED EXP (Any one	person)	\$		
						PERSONAL & ADV I	NJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$	
	AUTOS ONET							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	:F	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							ACCITECATE		\$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ψ	
_	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	1,000,000
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	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 OFERATIONS BEIOW							L.L. DIOLAGE - 1 OL	IOT LIMIT	Ψ	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	'1		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL		CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Coverage is provided for only those co-employees of, but not subcontractors to: Lifetime Enclosures Inc 5521 Chronicle Ct Jacksonville, FL 32256											
CEI	RTIFICATE HOLDER				CANO	CELLATION					
	Republic Services of Florida L 1000 St Marks Blvd St Augustine, FL 32095	_P			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su).					
PRO	DUCER				CONTA NAME:	CT Todd G	Seorge					
l .	uchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):			
_	Box 6090				F-MAII				(A/C, NO).			
Cle	arwater, FL 33758-6090				ADDRE							
					INIGUIDE			rance Company			NAIC # 40142	
INSU	RED						ii Zuiidii iiisu	rance Company			40142	
	kforce Business Services, Inc. Alt. Emp: Lifeti	me E	nclosu	ures Inc	INSURE							
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE							
ыа	defilon, FL 34203-0706				INSURE							
					INSURE							
	VED A OF O	TIFI	- A T F	- NUMBER-40EL0700077	INSURE	RF:		DEVICION NUM	ADED:			
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 19FL0798077		N ISSUED TO		REVISION NUN		JE DOI	ICV PERIOD	
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH	H RESPE	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH							D HEREIN IS SUI	DJECT IC) ALL	THE TERIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NOMBER		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC		\$		
								DAMAGE TO RENTE	ΕD			
	CLAIMS-MADE OCCUR					PREMISES (Ea occu		\$				
							MED EXP (Any one)		\$			
								PERSONAL & ADV I		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$		
	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	or poreon)	\$		
	OWNED SCHEDULED									\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	_			
	LIMBRELLALIAR									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							V PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	OTH- ER			
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDEN	NT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	' 1			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD) 101, Additional Remarks Schedu	le, mav b	e attached if more	e space is require	ed)				
	Lifetime Enclosures			, , , , , , , , , , , , , , , , , , , ,	, -,			,				
only	those co-employees 5521 Chronicle Ct Jacksonville, FL 322											
to:												
CE	RTIFICATE HOLDER				CANO	CELLATION						
							FILE A B 61/2 = 1		.EO E = 6			
	St Johns Co Bldg Dept							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
	4040 Lewis Speedway SAINT AUGUSTINE, FL 3208	34						Y PROVISIONS.	-	- -		

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights				•			require an endorsement.	A stat	tement on	
_	DUCER	io tile		inicate noider in ned or st	CONTA		,				
	ichard Insurance for WBS - TG				NAME: PHONE			FAX			
	Box 6090				PHONE (A/C, No E-MAIL	o, Ext): (000) 2	293-3600 ext.	623 (A/C, No):			
Cle	arwater, FL 33758-6090				ADDRE	SS:					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURE	RA: America	n Zurich Insu	rance Company		40142	
INSU					INSURE	RB:					
	kforce Business Services, Inc. Alt. Emp: Life 1 Manatee Ave. West Ste 600	time E	nclosu	ures Inc	INSURE	RC:					
	denton, FL 34205-6708				INSURE	R D ·					
					INSURE						
					INSURE						
\Box	VERAGES CEF	TIEI	CATE	E NUMBER:19FL0798077		KF:		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			: DOLIC	TV DEDIOD	
	DICATED. NOTWITHSTANDING ANY R										
c	ERTIFICATE MAY BE ISSUED OR MAY	PERT	ΓAIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO A			
	(CLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
						MED EXP (Any one person) \$					
								PERSONAL & ADV INJURY \$			
	CENTI ACCRECATE LIMIT APPLIES DED.										
	GEN'L AGGREGATE LIMIT APPLIES PER:										
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							COMBINED SINGLE LIMIT \$			
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE \$			
	DED RETENTION \$							\$			
	WORKERS COMPENSATION							X PER STATUTE OTH-			
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		1,000,000	
A	OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000	
											
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lifetime Enclosures		ACORE	0 101, Additional Remarks Schedu		e attached if more being performe		ed)			
	erage is provided for 5521 Chronicle Ct	1110				zomg pomonno	a				
	those co-employees ut not subcontractors Jacksonville, FL 32:	256									
to:											
	RTIFICATE HOLDER				CANCELLATION						
	TIII IOATE HOLDER				CANCELLATION						
	Temo, Inc				SHC	OULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CAN	ICELLE	D BEFORE	
	20400 Hall Road				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL BE			
	Clinton, MI 48038				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
ı											

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	is certificate does not confer rights							equire an enuc	n Semeni	. A SI	atement on
PRO	DUCER				CONTA NAME:	CT Todd C	Seorge				
	uchard Insurance for WBS - TG				PHONE (A/C, No	(866) 2	93-3600 ext.	623	FAX (A/C, No):		
	Box 6090 arwater, FL 33758-6090				E-MAIL ADDRE			·	(140, 140).		
Cie	arwater, FL 33736-6090				ADDICE		LIRER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE			rance Company			40142
INSL	RED				INSURE			pay			
	kforce Business Services, Inc. Alt. Emp: Life	time E	nclosu	ures Inc	INSURE						
	1 Manatee Ave. West Ste 600 denton, FL 34205-6708				INSURE						
	,				INSURE						
					INSURE						
CO	VERAGES CER	RTIFI	CATE	E NUMBER: 19FL0798077				REVISION NUM	/IBER:		
TI IN C E:	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	S OF EQUIF PERT POLI	INSUF REME FAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI	D NAMED ABOV	E FOR TH	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu		\$	
								MED EXP (Any one	person)	\$	
							PERSONAL & ADV I	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	
	OTHER:							OOMBINIED OINOLE		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	: LIMII	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 00117	7 1		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lifetime Enclosures		ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
only	erage is provided for those co-employees at not subcontractors Lifetime Enclosures 5521 Chronicle Ct Jacksonville, FL 32										
CE	RTIFICATE HOLDER				CANCELLATION						
	The Haskell Company 111 Riverside Ave Jacksonville, FL 32202				SHC THE	OULD ANY OF T	DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.			

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER						CONTACT NAME: Todd George							
Bouchard Insurance for WBS - TG						PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No):							
PO Box 6090 Clearwater, FL 33758-6090						E-MAIL ADDRE	SS:						
Cic	ai w	ater, 1 £ 33730-0090										NAIC#	
						INSURER A : American Zurich Insurance Company						40142	
INSURED							INSURER B:						
Workforce Business Services, Inc. Alt. Emp: Lifetime Enclosures Inc 1401 Manatee Ave. West Ste 600							INSURER C:						
		on, FL 34205-6708				INSURE							
						INSURE							
							RF:						
CO	VER	RAGES CER	TIFIC	CATE	NUMBER: 19FL0798077	09			REVISION NUM	MBER:			
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.										WHICH THIS			
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	OLICY EFF POLICY EXP M/DD/YYYY) (MM/DD/YYYY) LIMIT			rs		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$				
		CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$		
									MED EXP (Any one person) \$		\$		
									PERSONAL & ADV INJURY \$		\$		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$		
		POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:								COMBINED SINGLE	IIMIT	\$		
	AU	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$				
		OWNED SCHEDULED							BODILY INJURY (P		\$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	- '	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
		UMBRELLA LIAB OCCUR							EACH OCCUPREN	25	\$		
		EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	JE	\$		
		DED RETENTION \$							AGGILGATE		\$		
	WORKERS COMPENSATION								X PER STATUTE	OTH- ER	Ψ		
		AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	1,000,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		WC 90-00-818-09		12/31/2019	12/31/2020	E.L. DISEASE - EA I			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POL		\$	1,000,000	
					Location Coverage Perio	od: 12/31/2019 12/31/2020 Client# 001171							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lifetime Enclosures Inc only those co-employees of, but not subcontractors to: 521 Chronicle Ct Jacksonville, FL 32256													
CERTIFICATE HOLDER (CANCELLATION						
TurnKey Roofing of Florida, Inc. 5991 Chester Ave						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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Suite 105

Jacksonville, FL 32217



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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an end	orsement	. AS	tatement on
-	DUCER				CONTACT Todd George						
Bouchard Insurance for WBS - TG						PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 (A/C, No):					
	Box 6090 arwater, FL 33758-6090	E-MAIL ADDRESS:									
	aiwatei, FE 33/30-0090				ADDRESS: INSURER(S) AFFORDING COVERAGE						NAIC #
					INSURER A: American Zurich Insurance Company						40142
INSU		INSURER B:									
	kforce Business Services, Inc. Alt. Emp: Lifet 1 Manatee Ave. West Ste 600	INSURER C:									
	denton, FL 34205-6708	INSURE									
					INSURER E :						
L		INSURE									
СО	VERAGES CER	TIFIC	CATE	E NUMBER: 19FL0798077	709			REVISION NU	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP 1997.									WHICH THIS		
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ	currence)	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	
-	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (P	Per nerson)	\$	
	OWNED SCHEDULED							BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMA		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
_	UMBRELLA LIAB OCCUR							EAGU GOOURDEN	105		
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	CE	\$	
	DED RETENTION\$							AGGREGATE		\$ \$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	Ψ	
١.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				12/31/2019	12/31/2020	E.L. EACH ACCIDE		\$	1,000,000
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC 90-00-818-09				E.L. DISEASE - EA			1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	1,000,000
										*	, ,
				Location Coverage Perio	od:	12/31/2019	12/31/2020	Client# 001171			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is require	ed)			
Coverage is provided for only those co-employees of, but not subcontractors to: Lifetime Enclosures Inc 5521 Chronicle Ct 5521 Chronicle Ct Jacksonville, FL 32256											
OFFICIAL F. HOLDER											
CE	RTIFICATE HOLDER	CANO	CELLATION								
	Wells Fargo Bank or Wells Fa 2701 Wells Fargo Way Minneapolis, MN 55467	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									