

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on												
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						NAME:	Dilai	<u>na Bentiv</u>	vegna			
Solutions Insurance						PHONE (A/C, No, Ext):727-216-9661 ext 103 [A/C, No):						
1110 Pinellas Bayway S Unit 111 Saint Petersburg, FL 33715						ADDRESS: Briana@solutionsinsurancecorp.com						
Saint Petersburg, FL 33715						INSURER(S) AFFORDING COVERAGE NAIC #						
;,;,;						INSURER A Hull and Co - Beazley Insurance Company 89390						
INSURED												
Environmental Assessment Services INC						INSURER B :						
						INSURER C :						
PO Box 16161						INSURER D :						
St. Pete, FL 33733						INSURER E :						
						INSURER F :						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENERAL LIABILITY			ENC0007642-0	)1	08/02/2022	08/02/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,0 \$100	00,000 אר	
									<u>\$10</u>			
									MED EXP (Any one person)			
									PERSONAL & ADV INJURY		00,000	
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	<u>\$2,000,000</u>			
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	<u>\$2,0</u> \$	00,000	
	AU		BILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED					BODILY INJURY (Per accident)	t) \$				
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER					
							E.L. EACH ACCIDENT \$					
	OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α		ontractors Pollution Liability			ENC0007642-0	1	08/02/2022	08/02/2023	Each Occurance		000,000	
							50,02,2022	55,52,2025	Non- Owned Disposal Site Agg		000,000	
^	Ы	refereienel Liebility				14	00/00/0000	00/00/0000				
A		rofessional Liability			ENC0007642-0	<u>, i</u>	08/02/2022		Each Claim	ΨÌ,	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
C	om	mercial General Liab	ility	De	eductible \$5,000	) Ea	ch Occu	rrence				
Contrators Pollutions Deductible \$5,000 Each Pollution Condition												
Professional Liability Deductible \$5,000 Each claim												
CERTIFICATE HOLDER CANCELLATION												
For Proof of Insurance Only						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						
							Laurie Laurenty					
Lawree Lawrency												

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