

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/12/2024

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						CONTACT Kristina Gregoire					
Gregoire Family Insurance						PHONE (941) 889-7836 FAX (800) 986-0433 (A/C, No): (800) 986-0433					
17179 Bonnie Ave Ste. B											
						INSURER(S) AFFORDING COVERAGE N					
Port Charlotte FL 33954					INSURER A: Western World Insurance Co						
INSURED					INSURER B : Progressive Express					10193	
Rock's Moving Company					INSURER C: Florida Citrus Business Industries, Inc.						
6000 Ulmerton Rd					INSURER D: National Indemnity Company of the Souther					42137	
					INSURER E :						
Clearwater FL 33760						INSURER F :					
COVERAGES CERTIFICATE NUMBER: CL2411207678 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
								EACH OCCURRENCE	<sub>\$</sub> 1,00	),000	
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	000	
								MED EXP (Any one person)	\$ 5,00	)	
А				NPP6033486		01/22/2024	01/22/2025	PERSONAL & ADV INJURY	V INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<sub>\$</sub> 2,00	0,000	
								PRODUCTS - COMP/OP AGG	<sub>\$</sub> Inclu	ded	
	OTHER:					l			\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	GLE LIMIT \$ 300,00		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED					11/26/2023	11/26/2024	BODILY INJURY (Per person)	Y (Per person) \$		
в				03983135				BODILY INJURY (Per accident)	INJURY (Per accident) \$		
	AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
								PIP-Basic	\$ 10,0	00	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
Ī	DED RETENTION \$								\$		
								X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE			106-55463		10/04/2023	10/04/2024		<sub>\$</sub> 100,	000	
-	OFFICER/MEMBER EXCLUDED?	N/A		100-55405		10/04/2023	10/04/2024		<sub>\$</sub> 100,	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	000	
	Motor Truck Cargo							Per Conveyance/\$20,000			
D				74MTS030457		04/24/2023	04/24/2024				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
Rock's Moving Company 6000 Ulmerton Rd.						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					
Clearwater FL 33760						(ALA)					

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.