

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| Door Insurance Course   |   |                             |          |                    |                               |            |   |  | NAME: Brad Dees   |                                       |                                   |                      |         |        |  |
|---|---|-----------------------------|----------|--------------------|-------------------------------|------------|---|--|---|---------------------------------------|-----------------------------------|----------------------|---------|--------|--|
| Dees Insurance Group 235 N. Orange Ave. Ste 101   |   |                             |          |                    |                               |            |   |  | PHONE (A/C, No, Ext): (941) 306-4524 FAX (A/C, No): (941) 870-0776 E-MAIL |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  | ADDRESS:  |                                       |                                   |                      |         |        |  |
| Sar   | rasota  | a                           |          |                    |                               |            | FL 34236  | INSUR  | INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company     |                                       |                                   |                      |         | NAIC # |  |
| INS   | URED  | į.                          |          |                    |                               |            |   | INSURER B:   |   |                                       |                                   |                      |         | 41297  |  |
|   |   | 116 W Ve                    | enice    | Ave LLC            |                               |            |   | INSURER C:   |   |                                       |                                   |                      |         |        |  |
| 404 Park Lane Dr  |   |                             |          |                    |                               |            |   |  | INSURER D :   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   | INSURER E :  |   |                                       |                                   |                      |         |        |  |
|   |   | Venice                      |          |                    |                               |            | FL 34285  | INSURE   |   |                                       |                                   |                      |         |        |  |
| DESCRIPTION OF THE PERSON NAMED IN  |   | AGES                        |          | CER                | RTIFICATE NUMBER: CL201019025 |            |   | 502  |   |                                       | REVISION NUMI                     | BFR:                 | -       |        |  |
| C   | ERTI  | IFICATE MAY BE I            | ISSUE    | ED OR MAY PERTA    | AIN T                         | ENI, II    | E LISTED BELOW HAVE BEEN<br>ERM OR CONDITION OF ANY (<br>ISURANCE AFFORDED BY THE | CONTRA   | RACT OR OTHER   | RED NAMED A                           | BOVE FOR THE PC                   | OLICY PER            |         |        |  |
| INSR<br>LTR   | NOLC  | DOIONO AND CON              | NDI III  | ONS OF SUCH PC     | JLICIE                        | ES. LIM    | MILE SHOWN MAY HAVE BEEN  | N REDUCED BY PAID CLAIMS.  |   |                                       |                                   |                      |         |        |  |
| LTR   | TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY |                             |          |                    |                               | WVD        |   |  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)            |                                   | LIMIT                | rs      |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       | EACH OCCURRENC                    |                      |         | 00,000 |  |
|   | CLAIMS-MADE CCUR                                |                             |          |                    |                               |            | )   | 2  | 1   | DAMAGE TO RENTE<br>PREMISES (Ea occur | irrence)                          | <sub>\$</sub> 100,   | ,000    |        |  |
| A   |   |                             |          |                    | Y                             |            | CPS3347117  |  | 22,522,5222   |                                       | MED EXP (Any one p                | one person) \$ 5,000 |         | 00     |  |
|   |   |                             |          | '                  |                               | CP3334/11/ |   | 03/26/2020   | 03/26/2021  | PERSONAL & ADV IN                     | THE STREET HOOK!                  |                      | 00,000  |        |  |
|   | GE  | N'LAGGREGATE LIM            | RO-      |                    |                               |            |   | !  |   |                                       | GENERAL AGGREGA                   | ATE                  | \$ 2,00 | 00,000 |  |
|   | -   | POLICY JE                   | ECT      | LOC                |                               |            |   | ļ  |   |                                       | PRODUCTS - COMP                   |                      | \$ 2,00 | 00,000 |  |
| _   | AU.   | OTHER: AUTOMOBILE LIABILITY |          |                    | $\vdash$                      |            |   |  |   |                                       | Employee Benefi                   | 1000000              | \$      |        |  |
|   | -   | ANY AUTO                    | •        |                    |                               |            |   | ļ  |   |                                       | COMBINED SINGLE<br>(Ea accident)  |                      | \$      |        |  |
|   | -   | OWNED I                     |          | SCHEDULED          |                               | '          |   |  |   |                                       | BODILY INJURY (Per                |                      | \$      |        |  |
|   | -   | AUTOS ONLY<br>HIRED         | $\vdash$ | AUTOS<br>NON-OWNED |                               | '          |   | 1  |   |                                       | BODILY INJURY (Per                |                      | \$      |        |  |
|   | -   | AUTOS ONLY                  | $\vdash$ | AUTOS ONLY         |                               |            |   | ,  |   |                                       | PROPERTY DAMAGE<br>(Per accident) | E                    | \$      |        |  |
|   | $\vdash$  | UMBRELLA LIAB               | 廾        | Tassun             | -                             | -          |   |  |   |                                       |                                   |                      | \$      |        |  |
|   | $\vdash$  | EXCESS LIAB                 | +        | OCCUR              |                               | /          |   | 1  |   |                                       | EACH OCCURRENCE                   | E                    | \$      |        |  |
|   | $\vdash$  |                             |          | CLAIMS-MADE        | 1                             | 1 /        |   | 1  |   |                                       | AGGREGATE                         |                      | \$      |        |  |
|   |   | RKERS COMPENSAT             |          |                    | -                             |            |   |  |   |                                       | DED                               | LOTH                 | \$      |        |  |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE                                   |   |                             |          |                    |                               | 1 /        |   | 1  |   |                                       | PER<br>STATUTE                    | OTH-<br>ER           |         |        |  |
| OFFICERMEMBER EXCLUDED? (Mandatory in NH)   |   |                             |          |                    | N/A                           |            |   | ļ  |   |                                       | E.L. EACH ACCIDEN                 |                      | \$      |        |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below                                      |   |                             |          | NO halany          | 1 '                           |            |   | 1  |   |                                       | E.L. DISEASE - EA EN              |                      | \$      |        |  |
|   | DESCRIPTION OF OFERALIONS DRIOW                 |                             |          |                    |                               | -          |   |  |   |                                       | E.L. DISEASE - POLIC              | CYLIMIT              | \$      |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         | =      |  |
| DESC  | RIPT  | ON OF OPERATION             | IS/LC    | )CATIONS / VEHICLE | S (AC                         | ORD 10     | 01, Additional Remarks Schedule, n  | may be at  | ttached if more sp  | ace is required)                      |                                   |                      |         |        |  |
| The certificate holder is listed as additional insured in repsect to the general liability. |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
|   |   |                             |          |                    |                               |            |   |  |   |                                       |                                   |                      |         |        |  |
| CER   | TIF   | CATE HOLDER                 | 1        |                    |                               |            |   | CANCELLATION   |   |                                       |                                   |                      |         |        |  |
| City Of Venice<br>401 W. Venice Aveue   |   |                             |          |                    |                               |            |   | 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   |                                       |                                   |                      |         |        |  |
| Venice FL 34285   |   |                             |          |                    |                               |            |   | Breel Dece   |   |                                       |                                   |                      |         |        |  |