Client#: 716351

HALENSON

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2023

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(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Marsh & McLennan Agency | CONTACT Josh Reyes | | | | |
|--|--|-------|--|--|--|
| Bouchard Region | PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): E-MAIL ADDRESS: clcerts@marshmma.com | | | | |
| 101 N. Starcrest Drive | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| Clearwater, FL 33765 | INSURER A : Southern-Owners Insurance Company 10 | 190 | | | |
| INSURED | INSURER B : Owners Insurance Company 32 | 700 | | | |
| Halenkamp & Son Inc, Cut-Rite Inc Prof Landscape Svc & Supply Inc. | INSURER C: | | | | |
| | INSURER D: | | | | |
| 5861 110th Avenue | INSURER E: | | | | |
| Pinellas Park, FL 33782-2114 | 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.

| INS R | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/BB/YEXP) | LIMIT | 8 |
|-------|--|------|------|---------------|----------------------------|--------------|---|--------------------------|
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | Υ | Υ | | 01/03/2024 | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence) | \$1,000,000 \$300.000 |
| | CEANVIS-IVINDE N CCCON | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | s2,000,000 |
| | OTHER: | | | | | | | \$ |
| В | AUTOMOBILE LIABILITY | Υ | Υ | 5129056302 | 01/03/2024 | 01/03/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$500,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | |) | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| Α | X UMBRELLA LIAB X OCCUR | | | 5129056303 | 01/03/2024 | 01/03/2025 | EACH OCCURRENCE | s1,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$1,000,000 |
| | DED X RETENTION \$10000 | | | | | | 1 1 | \$. |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | " | | PER OTH- STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | | | | () | | E.L. DISEASE - EA EMPLOYEE | S |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| Α | Contractors Equip | | | 20453615 | 01/03/2024 | 01/03/2025 | 50,000 | |
| | | | | | | | | |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

First Supplemental Name applies to all policies - Halenkamp & Son Inc, Cut-Rite Inc

Policy# 5129056303 - Doing Business As: Cut-Rite Inc

Policy# 5129056302 - Doing Business As: Cut-Rite Inc

Policy# 5129056302 - Doing Business As: Professional Landscape Service & Su

(See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Gull Aire Village 24701 US Hwy 19 N Suite #102 Clearwater, FL 33763-0000 | 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 |
| z: | Lade Alexander |

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^{**} Supplemental Name **