

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/1/2017

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 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

_		cate noider in fied of such endors	emer	11(5)	•	CONTA	OT.					
PRODUCER Lykes Insurance, Inc. P.O. Box 60043 Fort Myers FL 33906-6043						CONTACT Cheryl Nevins PHONE (A/C, No, Ext): 239-931-3037 FAX (A/C, No): 239-931-5604						
						E-MAIL ADDRESS: cnevins@lykesinsurance.com						
						INSURER(S) AFFORDING COVERAGE						
							Charles and the U.S.				NAIC#	
INSURED IMMBO-2								Insurance (24856	
MANAGE STATE OF THE STATE OF TH						INSURER B: FCCI Insurance Company					10178	
IMM Boat Lifts, Inc dba Quality Boat Lifts						INSURER C:						
17030 Alico Center Road						INSURER D:						
For	t My	ers FL 33967-6063				INSURE	RE:					
						INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 1444590847												
C	IDICA ERTII	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH	QUIRI PERTA	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE				DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			rs		
Α	х	COMMERCIAL GENERAL LIABILITY	IIVOD	*****	CA000019690		7/1/2017	7/1/2018	EACH OCCURRENCE	\$1.000	1,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$2,000	0,000	
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$2,000	0.000	
	OTHER:									\$		
В	X ANY AUTO				CA100004431-02	8	8/8/2017	8/8/2018	OMBINED SINGLE LIMIT Ea accident) \$1,000,000		0.000	
									BODILY INJURY (Per person)	Cold Committee C		
	ALL OWNED SCHEDULED AUTOS								BODILY INJURY (Per accident) \$			
	X	NON-OWNED							PROPERTY DAMAGE	s		
	Х	PIP							(Per accident)	\$10,00	0	
_		UMPRELLATIAN	-	-						12	,,,	
		EVALUATION IN THE COURT							EACH OCCURRENCE	\$		
		CEAIMS-MADE							AGGREGATE	\$		
_	WOR	DED RETENTION \$ KERS COMPENSATION	_	_					PER OTH-	\$		
	AND	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER	STATUTE ER . EACH ACCIDENT \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT			
	(Man	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
CE	RTIF	ICATE HOLDER				CANC	ELLATION					
- 444		The state of the s		_		SANC	LLLATION					
For Informational Purposes						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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