



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2024

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 Gaslamp Insurance Services, LLC Brent Nelson 2244 Faraday Avenue #125 Carlsbad, CA 92008 | CONTACT NAME: Customer Service Department | | |
| | PHONE (A/C, No, Ext): (800) 920-4125 | FAX (A/C, No): (800) 920-4107 | |
| INSURED All States Restorations LLC 2724 Bobo Section Road, Hazel Green, AL 35750 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Third Coast Insurance Company | | 10713 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 3272080-004

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 | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|---|----------|------------------|-------------------------|-------------------------|--|----------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | GLSISTC007213924 | 09/10/2024 | 09/10/2025 | EACH OCCURRENCE | \$ \$1,000,000 |
| | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ \$50,000 |
| | | | | | | | MED EXP (Any one person) | \$ \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ \$1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ \$1,000,000 |
| | OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y / N | N / A | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

Certificate Holder is named as Additional Insured; Primary Non-Contributory Wording & Waiver of Subrogation apply, to the extent provided in the attached form(s). *Additional Insured status is subject to all policy terms, exclusions and conditions*

CERTIFICATE HOLDER

Lee County Southwest Florida
4940 Buckingham Rd Fort Myers, FL 33905

CANCELLATION

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

Brent Nelson

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Third Coast Insurance Company

15200 West Small Road • New Berlin, WI 53151

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIRD COAST INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY

ADDITIONAL INSURED ENDORSEMENT

INCLUDING PRIMARY COVERAGE AND WAIVER OF SUBROGATION

The section of the policy entitled **III. – WHO IS AN INSURED** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in a legally enforceable written contract or agreement entered into before your work commenced, that such person or organization be added as an additional insured on your policy. The coverage afforded by this endorsement is only (1) with respect to liability in connection with the original **Named Insured's** ongoing operations performed for said **Additional Insured** during the term of this policy, and (2) only if the **Additional Insured** performs all obligations required under this policy.

The coverage afforded to an **Additional Insured** is limited to a claim made for a **Covered Loss** not covered by other insurance available to an **Additional Insured**, and is limited by the provisions of the **Insuring Agreement, Exclusions, Conditions set forth in the policy and all endorsements thereto.**

No coverage is afforded under the “products-completed operations hazard” for an **Additional Insured** pursuant to this endorsement. The coverage afforded to an **Additional Insured** under this endorsement ends as of the date of completion, abandonment, or termination of the work of the **Named Insured** at any jobsite, project, or structure. There is no coverage hereunder for any **Additional Insured** in connection with any claim or suit involving any claim for damage that takes place or is alleged to take place following completion of the **Named Insured's** work.

The “work” of the **Named Insured** will be deemed completed as of the date all work, including materials, parts or equipment furnished in connection with such work, on the project or any structure therein (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed, or when that portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization, including another contractor or subcontractor engaged in performing operations as part of the same project, whichever is earlier.

The coverage provided for the **Additional Insured** is only to the extent that the additional insured is held liable for the negligence or strict liability of the **Named Insured**, and is only to the extent of and in the proportion **Additional Insured** is held liable for the negligence or strict liability/conduct/acts of the **Named Insured**. No coverage is provided for liability based upon the acts, errors or omissions of the **Additional Insured**.

If expressly required by a written and legally enforceable contract entered into by the **Named Insured** prior to commencement of work by the **Named Insured** for the **Additional Insured**, then the insurance afforded by the policy to the **Additional Insured** shall be primary insurance, and any insurance or self-insurance maintained by the above **Additional Insured** shall be excess of the insurance afforded to the **Named Insured** and shall not contribute to it.

If expressly required by a written and legally enforceable contract entered into by the **Named Insured** prior to commencement of work by the **Named Insured** for the **Additional Insured**, then we waive any right of subrogation we may have against an entity that is an **Additional Insured** per the terms of this endorsement because of payments we make for injury or damage arising out of “your work” performed under such written and legally enforceable contract with that **Additional Insured**.

Except as set forth above, all of the terms, conditions and exclusions of the policy apply and remain in effect.


Policy No.: GLSISTC007213924

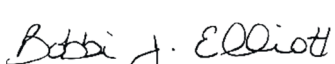
Third Coast Insurance Company

Date: 09/10/2024

By:

Time: 12:01 a.m.


Abel Travis, President


Bobbi Elliott, Corporate Secretary