



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2017

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 certificate holder in lieu of such endorsement(s).

PRODUCER AMERIWAY INSURANCE 1963 SOUTH 8TH ST STE B FERNANDINA BEACH FL 32034		CONTACT NAME: Kayla Melhorn PHONE (A/C, No, Ext): 904-261-0530 E-MAIL ADDRESS: kg.amerivay@gmail.com FAX (A/C, No): 904-261-3264
INSURED Charles Huls (KC's Tree Care) 95161 Gentry Ln Fernandina Beach FL 32034		INSURER(S) AFFORDING COVERAGE INSURER A: Tapco- Western World INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 0

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.

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWUOA-R	01/12/2017	01/12/2018	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ Included
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							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

CANCELLATION

For Information Purposes Only

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



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

Educational Information

Determining Workers' Compensation Coverage for Sole Proprietors and Partners Engaged in the Non-Construction Industry

The purpose of this notice is to assist and educate the public who may consider doing business with sole proprietors and partners engaged in the non-construction industry.

Section 440.02 of Florida's Workers' Compensation law defines an employer and an employee. The type of work the employer is conducting and the number of employees working for the employer determines whether the employer is required to obtain workers' compensation insurance.

A sole proprietor or partner engaged in the non-construction industry who employs three or fewer full or part-time employees, is NOT required to obtain workers' compensation coverage. In addition, the sole proprietor or partner engaged in the non-construction industry is NOT included in the employee count for determining whether the non-construction business is required to obtain workers' compensation coverage.

However, if the sole proprietor or partner engages in a construction-related activity as defined in subsection 440.02(8), Florida Statutes, or in Rule 69L-6.021, Florida Administrative Code, the business must comply with the workers' compensation coverage requirements for the construction industry.

This notice does not apply to a corporate officer as defined in subsection 440.02(9), Florida Statutes.

This notice is not intended to establish independent contractor status as defined in subsection 440.02(15), Florida Statutes.

If you have any questions, please call (850) 413-1609. To learn more about Florida's workers' compensation coverage requirements, visit the Division of Workers' Compensation's website at www.myfloridacfo.com/Division/wc/.