

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 noider in lieu of such e	endorsement(s).				
PRODUCER		CONTACT NAME:			
Adcock-Adcock Insurance Agency		PHONE (A/C, No, Ext):813-933-6691	FAX (A/C, No):813-93	AX /C, No):813-932-6287	
315 W. Fletcher Ave. Tampa FL 33612-3414		E-MAIL ADDRESS:susank@adcock-insurance.com			
		INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A : Auto-Owners Insurance Co.		18988	
INSURED	54370	INSURER B:Southern-Owners Insurance Co.		10190	
True Power Solutions of Tampa B	, Inc.	INSURER C:Bridgefield Casualty Ins Co			
13215 North Nebraska Ave. Unit C		INSURER D :			
Tampa FL 33612		INSURER E :			
· · · · · · · · · · · · · · · · · · ·		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 474462744	REVISION NUI	MRFR.		

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	NSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			20990802	9/12/2014	9/12/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB OCCUR			4999080201	9/12/2014	9/12/2015	EACH OCCURRENCE	\$1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED X RETENTION \$10,000							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				196-37650	9/15/2014	9/15/2015	X WC STATU- OTH- TORY LIMITS ER	
		N/A					E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Certificate Holder is included as an Additional Insured under the General Liability policy Blanket Additional Insured endorsement, per form #55373, attached, if terms/requirements are met and subject to all policy conditions, wording, terms, etc. General Liability policy includes Blanket Wavier of Subrogation, per form #CG2404, attached, if terms/requirements are met and subject to all policy conditions, wording,

Workers Compensation policy includes Blanket Waiver of Subrogation, per form #WC000313, attached, if terms/requirements are met and subject to all policy conditions, wording, terms, etc.

CERTIFICATE HOLDER	CANCELLATION		
Informational 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		
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