

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).


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| <b>PRODUCER</b><br><b>Gulfshore Insurance - SWFL</b><br><b>4100 Goodlette Road N</b><br><b>Naples, FL 34103</b><br><b>239 261-3646</b> | <b>CONTACT NAME: Maureen L. Grogan, CPSR</b><br><b>PHONE (A/C, No, Ext): 239 261-3646</b> <b>FAX (A/C, No): 239 213-2827</b><br><b>E-MAIL ADDRESS: mgrogan@gulfshoreinsurance.com</b> |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |
| <b>INSURER A : Amerisure Insurance Company</b>   |   |
| <b>INSURER B : Amerisure Mutual Insurance Comp</b>   |   |
| <b>INSURER C :</b>   |   |
| <b>INSURER D :</b>   |   |
| <b>INSURER E :</b>   |   |
| <b>INSURER F :</b>   |   |

**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 INSR | SUBR WVD | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|----------------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  |           |          | <b>GL20684370502</b> | <b>03/21/2016</b>       | <b>03/21/2017</b>       | EACH OCCURRENCE <b>\$1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b><br>MED EXP (Any one person) <b>\$10,000</b><br>PERSONAL & ADV INJURY <b>\$1,000,000</b><br>GENERAL AGGREGATE <b>\$2,000,000</b><br>PRODUCTS - COMP/OP AGG <b>\$2,000,000</b><br>\$ |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS  |           |          | <b>CA20684360502</b> | <b>03/21/2016</b>       | <b>03/21/2017</b>       | COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| <b>A</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br>EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>  |           |          | <b>CU20684380502</b> | <b>03/21/2016</b>       | <b>03/21/2017</b>       | EACH OCCURRENCE <b>\$2,000,000</b><br>AGGREGATE <b>\$2,000,000</b><br>\$  |
| <b>B</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           | N/A      | <b>WC206843905</b>   | <b>03/21/2016</b>       | <b>03/21/2017</b>       | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT <b>\$500,000</b><br>E.L. DISEASE - EA EMPLOYEE <b>\$500,000</b><br>E.L. DISEASE - POLICY LIMIT <b>\$500,000</b>  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**\*\* Workers Comp Information \*\***  
**Proprietors/Partners/Executive Officers/Members Excluded:**  
**Jeff Maddox, Owner**  
 Certificate Holder is included as Additional Insured on a primary and noncontributory basis with regards to (See Attached Descriptions)

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| <b>CERTIFICATE HOLDER</b><br><br><b>Maddox Construction Company</b><br><b>26340 Old 41 Road Suite 3</b><br><b>Bonita Springs, FL 34135</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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## DESCRIPTIONS (Continued from Page 1)

General Liability Only as required by contract per form CG 70 48 09 13, which includes ongoing and completed operations. Waiver of Subrogation per form CG 70 49 11 09. Certificate Holder is included as Additional Insured in regards to Auto Liability only as required by contract per form CA 71 71 05 08, including Waiver of Subrogation. Waiver of Subrogation in regards to Workers Compensation only as required by contract per form WC 00 03 13 04 84. Umbrella Follows form.