



# CERTIFICATE OF LIABILITY INSURANCE

OP ID EN  
CNREN-1

DATE (MM/DD/YYYY)

08/31/09

|   |  |   |               |
|---|--|---|---------------|
| <b>PRODUCER</b><br>MORROW INSURANCE GROUP<br>LENORA C. OLNEY/A196064<br>16606 NORTH DALE MABRY HIGHWAY<br>CARROLLWOOD FL 33618<br>Phone: 813-963-1669 Fax: 813-961-3743 |  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |               |
| <b>INSURED</b><br>C&N RENOVATION, INC.<br>11030 NORTH US HWY 301<br>THONOTOSASSA FL 33592-3725  |  | <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
|   |  | INSURER A: MID CONTINENT GROUP  | 23418         |
|   |  | INSURER B: COMMERCE & INDUSTRY INS CO   | 19410         |
|   |  | INSURER C: AMERICAN STATES INS CO   | 19704         |
|   |  | INSURER D: FCCI/NAT'L TRUST INS. COMPANY  | 33472         |
|   |  | INSURER E:  |               |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR/ADD'L LTR INSRD  | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |             |
|---|--|-----------------|------------------------------------|-------------------------------------|---|-------------|
| A   | GENERAL LIABILITY  | 04-GL-000750031 | 03/14/09                           | 03/14/10                            | EACH OCCURRENCE   | \$ 1000000  |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |                 |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$ 100000   |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                 |                                    |                                     | MED EXP (Any one person)  | \$ EXCLUDED |
|   | <input checked="" type="checkbox"/> CONTRACTUAL LIAB                           |                 |                                    |                                     | PERSONAL & ADV INJURY   | \$ 1000000  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                 |                                    |                                     | GENERAL AGGREGATE   | \$ 2000000  |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |                 |                                    |                                     | PRODUCTS - COMP/OP AGG  | \$ 2000000  |
| C   | AUTOMOBILE LIABILITY   | 01CI02481820    | 09/29/09                           | 09/29/10                            | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1000000  |
|   | <input checked="" type="checkbox"/> ANY AUTO                                   |                 |                                    |                                     | BODILY INJURY (Per person)  | \$          |
|   | <input type="checkbox"/> ALL OWNED AUTOS                                       |                 |                                    |                                     | BODILY INJURY (Per accident)  | \$          |
|   | <input type="checkbox"/> SCHEDULED AUTOS                                       |                 |                                    |                                     | PROPERTY DAMAGE (Per accident)  | \$          |
| <input checked="" type="checkbox"/> HIRED AUTOS   |  |                 |                                    |                                     |   |             |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS   |  |                 |                                    |                                     |   |             |
|   | GARAGE LIABILITY   |                 |                                    |                                     | AUTO ONLY - EA ACCIDENT   | \$          |
|   | <input type="checkbox"/> ANY AUTO  |                 |                                    |                                     | OTHER THAN EA ACC AGG   | \$          |
| B   | EXCESS / UMBRELLA LIABILITY  | UM925809190     | 03/14/09                           | 03/14/10                            | EACH OCCURRENCE   | \$ 4000000  |
|   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE |                 |                                    |                                     | AGGREGATE   | \$ 4000000  |
|   | <input type="checkbox"/> DEDUCTIBLE  |                 |                                    |                                     |   | \$          |
|   | <input checked="" type="checkbox"/> RETENTION \$ 0                             |                 |                                    |                                     |   | \$          |
| D   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  | 001-WC09A-45732 | 03/13/09                           | 03/13/10                            | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER |             |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |                 |                                    |                                     | E.L. EACH ACCIDENT  | \$ 1000000  |
|   | If yes, describe under SPECIAL PROVISIONS below                                |                 |                                    |                                     | E.L. DISEASE - EA EMPLOYEE  | \$ 1000000  |
|   | OTHER  |                 |                                    |                                     | E.L. DISEASE - POLICY LIMIT   | \$ 1000000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

DISPLAY

C&N RENOVATION, INC.  
 PROOF OF INSURANCE - DISPLAY  
 11030 NORTH US HWY 301  
 THONOTOSASSA FL 33592-3725

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Lenora C Olney*