

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
2009-2010

PRODUCER  CONDON MEEK 1211 COURT STREET CLEARWATER FL 33756	Serial # 147604	<b>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  FrankCrum 100 S. MISSOURI AVENUE CLEARWATER FL 33756	1-800-277-1620	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENTS, 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - EA ACCIDENT AGG \$																
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																
<b>A</b>		<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?  If yes, describe under SPECIAL PROVISIONS below	WC 9 0000 0000	01/01/2009	01/01/2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>X</b></td> <td style="text-align: center;">W/C STATUTORY LIMITS</td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">E.L. EACH ACCIDENT \$ <b>1,000,000</b></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b></td> </tr> </table>	<b>X</b>	W/C STATUTORY LIMITS	OTHER					E.L. EACH ACCIDENT \$ <b>1,000,000</b>				E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 EFFECTIVE 09/01/2006, COVERAGE IS FOR 100% OF THE EMPLOYEES OF FRANKCRUM LEASED TO ST. MORITZ, INC. DBA BAY AREA WINDOW CLEANING [WC-CODE-9170] AND BAY AREA PAINTING & WATERPROOFING [WC-CODE-9127] (CLIENT) FOR WHOM THE CLIENT IS REPORTING HOURS TO FRANKCRUM. COVERAGE IS NOT EXTENDED TO STATUTORY EMPLOYEES.

<b>CERTIFICATE HOLDER</b>  BID SAMPLE ONLY	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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