

CERTIFICATE OF LIABILITY INSURANCE

DATE (MMVDD/YYYY)

07/07/2025 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). Phone: (727) 937-4141 Fax: (727) 937-4237 Crews Insurance Agency Inc. CREWS INSURANCE AGENCY INC. PHONE (727) 937-4141 (727) 937-4237 COASTAL INSURANCE ASSOCIATES INC (A/C, No. Ext). E-MAIL 201 S PINELLAS AVE ADDRESS **TARPON SPRINGS FL 34689** PRODUCER 9971 CUSTOMER JO: INSURER(S) AFFORDING COVERAGE NAIC # SOUTHERN-OWNERS INSURANCE COMPANY Boyle's Aluminum & Screening, LLC 5930 Dasher Court INSURER B Port Richey, FI 34668 INSURER C INSURER D INSURER E INSURER E COVERAGES CERTIFICATE NUMBER: 10341694 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. INICO ADD'L SUBR INSR WVD TYPE OF INSURANCE POLICY EFF (MM/DD/YYYY) POLICY NUMBER LIMITS (MM/DD/YYYY) GENERAL LIABILITY 20950854 08/06/25 08/06/26 EACH OCCURRENCE 1,000,000 X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea pocurence) 50.000 CLAIMS-MADE | X OCCUR MED. EXP (Any one person) 5.000 s PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2,000,000 PRO-X POLICY JEÇI AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT Φ (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS (Per accident) NON-OWNED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAR CLAIMS-MADE AGGREGATE DEDUCTIBLE RETENTION \$ 1 5 OTH EP WORKERS COMPENSATION AND EMPLOYERS' LIABILITY TORY LIMITS Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN SAMPLE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Attention:

ACORD 25 (2009/09)