

CERTIFICATE OF LIABILITY INSURANCE

WATER14 OP ID: CB

DATE (MM/DD/YYYY) 06/06/2013

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).

certifica	te holder in lieu of such endorsement(s).			ino doranouto addo not don	ici rigito to tile
Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K Derek Brown		Eav. 224 207 2000	CONTACT NAME:		
			PHONE FAX (A/C, No, Ext): (A/C, No):		
			E-MAIL ADDRESS:		
			INSURER(S) AF	FORDING COVERAGE	NAIC#
			INSURER A : Bridgefield Employers Ins Co		10701
INSURED	Water's Edge Pools Escoline Enterprises Inc DBA 268 Geneva Drive Oviedo, FL 32765		INSURER B : Amerisure Mut	tual Ins. Co	23396
			INSURER C : Mercury Insura	nce Group	03527
			INSURER D:		
			INSURER E:		
			INSURER F:		
COVERA	GES CERTIFICATE	NUMBER:		REVISION NUMBER:	
CERTIFI	TO CERTIFY THAT THE POLICIES OF INSUR ED. NOTWITHSTANDING ANY REQUIREMEN CATE MAY BE ISSUED OR MAY PERTAIN, T IONS AND CONDITIONS OF SUCH POLICIES. I	IT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRACT OR OTH ED BY THE POLICIES DESCR	ER DOCUMENT WITH RESPECT	TO WHICH THIS

ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) B GL201291310 06/01/2013 06/01/2014 COMMERCIAL GENERAL LIABILITY 100,000 \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY S 2,000,000 GENERAL AGGREGATE 5 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ X POLICY S COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 100,000 C BA090000000125 06/01/2013 06/01/2014 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS X BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) X X HIRED AUTOS S AUTOS S **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ S WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 83048220 06/01/2013 06/01/2014 100,000 E.L. EACH ACCIDENT (Mandatory in NH) 100,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT | \$

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

Pool pop coverage applies for \$1,000,000 with a \$1,000 deductible. Premises
pollution coverage provided - \$100,000 coverage subject to \$1,000 deductible

CERTIFICATE HOLDER		CANCELLATION		
For Illustrative Purposes Only	FORILLU	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 L Gent Brown		

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