

OP ID: CB

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/25/2015

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

PRODUCER							CONTACT K. Derek Brown					
Insurance By Ken Brown, Inc.						TATALLE.				321.	-307-3888	
PO Box 948117 Maitland, FL 32794-8117							E-MAIL					
K. De	erek Brown					ADDRE		IDED(E) AFFOR	DING COVERAGE		NAIC #	
							INSURER(S) AFFORDING COVERAGE INSURER A : Amerisure Mutual Ins. Co				NAIC #	
INSURED Water's Edge Pools							INSURER B:				23330	
Escoline Enterprises Inc DBA 268 Geneva Drive Oviedo, FL 32765						INSURER C :						
						INSURER D :						
						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
INI CE EX INSR	DICATED. NOTWITHS RTIFICATE MAY BE I CLUSIONS AND CONE	TANDING ANY RI SSUED OR MAY DITIONS OF SUCH	EQUIR PERT	EME AIN, CIES. SUBR	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY POLICY EFF	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPED HEREIN IS SUBJECT TO	CT TO O ALI	O WHICH THIS	
A	3.5	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY			POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000	
^		V			GL20129131302		06/01/2015	06/01/2016	EACH OCCURRENCE DAMAGE TO RENTED	-	100,000	
-	CLAIMS-MADE OCCUR				GL20123101002		00/01/2013	00/01/2010	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000	
-	-								PERSONAL & ADV INJURY	\$	1,000,000	
-	GEN'L AGGREGATE LIMIT	ADDI IEQ DED-							GENERAL AGGREGATE	\$	2,000,000	
-	V PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								FRODUCTS - COMF/OF AGG	\$	_,000,000	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$		
-	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
-	TIIIKEB/KOTOO	A0103							(i ei accident)	\$		
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENT	ION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNE	R/EXECUTIVE TITIE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUD (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERAT	TIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Pool	pop coverage ap	plies for \$1,000	0,000	with	o 101, Additional Remarks Schedi h a \$1,000 deductible. age subject to \$1,000	Premi	ises	o opave io iequii				
CERTIFICATE HOLDER							CANCELLATION					
FORILLU For Illustrative Purposes Only							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHO	RIZED REPRESE	NTATIVE				