City of Port St. Lucie
Procurement Management Division
121 SW Port St. Lucie Blvd,, Port St. Lucie, FL 34984

[KUEBLER MECHANICAL LLC] RESPONSE DOCUMENT REPORT

RFP No. 20250301

HVAC Services - Facilities Maintenance

RESPONSE DEADLINE: March 30, 2026 at 3:30 pm

Report Generated: Tuesday, April 28, 2026

Kuebler Mechanical LLC Response

CONTACT INFORMATION

Company:
Kuebler Mechanical LLC

Email:
dlipp@kueblermechanical.com

Contact:
Daniel Lipp

Address:
574 Nw Mercantile Pl Ste 107
Port Saint Lucie, FL 34986-1614

Phone:
N/A

Website:
www.kueblermechanical.com

Submission Date:
Mar 5, 2026 11:49 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1
Confirmed Mar 24, 2026 8:25 AM by Daniel Lipp

QUESTIONNAIRE

1. Mandatory Forms

PROPOSAL UPLOAD*
Kuebler_Mechanical_LLC_Maint._Proposal.pdf

PROPOSER'S GENERAL INFORMATION WORKSHEET*
It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- PSL- Proposer's General Inf...

General_Letter_Information.docx
Capabilities_Statement_New.pdf

E-VERIFY FORM *
Please download the below documents, complete, and upload.

- E-Verify_Form.pdf

E_Verify_Form.pdf

NON-COLLUSION AFFIDAVIT*
Please download the below documents, complete, and upload.

- Non-Collusion_Affidavit-fil...

Non_Collusion.pdf

SUPPLIER LOCATION CERTIFICATION
Please download the below documents, complete, and upload.

- Supplier_Location_Certifica...

Location_Form.pdf

COPY OF W-9*
Kuebler_W9.pdf

COPY OF CERTIFICATE OF INSURANCE*
ACORD_Form_20260130-123505.pdf

COPY OF YOUR LICENSE(S) AND CERTIFICATION(S) RELEVANT TO THIS TYPE OF WORK.*
EPA_Card.pdf
daniel_lipp_Scissor_lift_cert.pdf
State_License_2026.08.pdf

2. Electronic Confirmation

CONE OF SILENCE AND COMMUNICATION DOCUMENT*

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The “Cone of Silence” is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

DRUG FREE WORKPLACE*
The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Confirmed

CONTRACTOR'S CODE OF ETHICS*

The City of Port St Lucie (“City), through its Procurement Management Division (“Procurement Management Division”) is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor’s Code of Ethics.

- A Contractor’s bid or proposal will be competitive, consistent and appropriate to the bid documents.
- A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.
- Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.

◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.

◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:

o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.

o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.

o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*
In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder (“Entity”), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

VENDOR SCRUTINIZED COMPANIES LIST CERTIFICATION*

Sections 287.135 and 215.473, Florida Statutes, prohibit Florida municipalities from contracting with companies, for goods or services over $1,000,000 that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or to engage in any Business operations with Cuba or Syria. Sections 287.135 and 215.4725 also prohibit Florida municipalities from contracting with companies, for goods or services in any amount that are on the list of Scrutinized Companies that Boycott Israel.

The list of "Scrutinized Companies" is created pursuant to Section 215.473, Florida Statutes. A copy of the current list of "Scrutinized Companies" can be found at the following link:

https://www.sbafla.com/media/mqodaonn/2024_12_17_-israel-scrutinized-companies-list-for-web.pdf

As the person authorized to sign on behalf of the Respondent Vendor, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List; or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; is not participating in a boycott of Israel; and does not have any business operations with Cuba or Syria. I understand that pursuant to Sections 287.135 and 215.473, Florida Statutes, the submission of a false certification may subject the Respondent Vendor to civil penalties, attorney's fees, and/or costs.

I understand and agree that the City may immediately terminate any contract resulting from this solicitation upon written notice if the company referenced above are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) for any contract for goods or services in any amount of monies, it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars ($1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS IN THIS SOLICITATION, AND THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.*
Confirmed

PRICE TABLES

GROUP A: LABOR RATES

For Evaluation Purposes Only

Line Item	Description	Estimated Hours	Unit of Measure	Hourly Rate	Total
1	HVAC Technician: Normal Rate	400	Hourly	$135.00	$54,000.00
2	HVAC Technician: Overtime Rate	150	Hourly	$202.50	$30,375.00
3	HVAC Helper: Normal Rate	300	Hourly	$95.00	$28,500.00
4	HVAC Helper: Overtime Rate	100	Hourly	$142.50	$14,250.00
TOTAL					$127,125.00

GROUP B: PARTS AND MATERIALS

For Evaluation Purposes Only Enter Mark-Up % in decimal format

Line Item	Description	Expenditure	Unit of Measure	Mark-Up %	Total
1	Proposers shall indicate a percentage mark up from cost for parts and materials. The City estimates an annual expenditure of $25,000.00 on HVAC parts and materials.	25,000	%	$2.25	$56,250.00
TOTAL					$56,250.00

KUEBLER MECHANICAL

574 NW Mercantile Place, #107
Port St. Lucie, FL, 34986
Phone 772-878-2281
Email: kwest@kueblermechanical.com
Email: dlipp@kueblermechanical.com

Bonded
Licensed
Insured

Proposal 3/3/2026
HVAC Services-Facilities Maintenance
Project ID 20250301

- **HVAC Technician Normal Rate $135.00 400 Hrs**
- **HVAC Technician Overtime Rate $202.50 150 Hrs**
- **HVAC Helper Normal Rate $95.00 300 Hrs**
- **HVAC Helper Overtime Hours $142.50 100 Hrs**

Total Cost for Labor$127,125.00

- **Parts/Material Budget for the project from the City is 25,000.00 + $2.25 Markup**

Total Cost for Materials $56,250.00

Total Cost of Fully Executed Contract $183,375.00

Exclusions: No Concrete work of any kind, No Structural Steel, No high voltage wiring.

Payment Terms: will be determined upon contract approval. All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or decimation from above specifications involving extra cost will be executed only upon written orders. At that time will become an extra charge over and above the proposal.

NOTE: This Proposal may Be withdrawn if not accepted within Thirty (30) Days.

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Escalation: Notwithstanding any provision herein to the contrary, in the event that, during the performance of this agreement, the price of materials and/or any other necessary commodities significantly increases, through no fault of Kuebler Mechanical LLC, the price of any materials, components, or goods to be furnished under this agreement shall be equitably adjusted by an amount reasonably necessary to cover any significant price increases. As used herein a significant price increase shall mean any increase in price exceeding 5 percent (5%) experienced by Kuebler Mechanical LLC, from the date of the execution of this agreement. Such price increases shall be documented through commercial quotes, invoices, receipts, or other such documentation. Where the delivery of materials, components, or goods required under this agreement is delayed through no fault of Kuebler Mechanical LLC, because of the shortage or unavailability of commodities, raw materials, components and/or products, Kuebler Mechanical LLC, shall not be liable for any additional costs or damages associated with such delay(s)

Date of Acceptance:_____ **Authorized Signature/Title:**_____

KUEBLER MECHANICAL
574 NW Mercantile Place, #107
Port St. Lucie, FL, 34986
Phone 772-878-2281
Email: kwest@kueblermechanical.com
Email: dlipp@kueblermechanical.com

Bonded
Licensed
Insured

PROPOSER'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or Other? Corporation
2. Firm's name and Main Address, Telephone Numbers Kuebler Mechanical LLC., 574 NW Mercantile Place, 772-878-2281
3. Contact Person: Daniel Lipp, Email dlipp@kueblermechanical.com
4. Years In Business: 8yrs.
5. Is The Firm Claiming Local Preference under City Ordinance 35.12? Yes
6. The Principals nor Company has never failed to perform, complete or be charged liquidated damages to a project.
7. Neither the Proposer or any Principals have ever filed Bankruptcy in any manor to include restructure or Chapter 11
8. There have been no Lawsuits, Judgments, or criminal violations or convictions against any Principals, or the Corporation.

Daniel Lipp — Signature

President — Title

Kuebler Mechanical, LLC.

Cage Code: 7L0S2

Duns #: 116971717

Certifications:
- ✓ SDVOSB – Certified
- ✓ ACCA – Certified
- ✓ EPA Clean Air Section 608

Capability Statement

www.hvaccontractorportstluciefl.com

Kuebler Mechanical, LLC is a Full-Service Mechanical Contractor providing quality Construction and Design-Build Services for over 20 Years. We are a certified Small Business serving the Southeastern United States. As a self-performing, Licensed Mechanical Contractor, and Gas Contractor, we perform work in both the private and public sectors with specialties including design-build construction. Kuebler Mechanical, LLC has a proven track record of successfully performing federal government contracts that demonstrate a broad range of experience inclusive of traditional construction projects.

CORE COMPETENCIES

Air Conditioning / Heating / Air Quality
- Mechanical Installation
- Repair 24hr service
- Design to build
- New Construction
- Radiant Floor Heat
- Snow Melt Systems
- Central Air Conditioning

ADVANTAGES

Project Management & Quality Control
- 29CFR 1910.120 - 30 Hour OSHA Training
- U.S. Army Corps of Engineers Construction Quality Management Certification
- Powered Industrial Vehicle Training Certificate OSHA 29 CFR 1910.178
- RS Means Current with Building & Mechanical Construction Cost Data
- EPA 601 Universal Certification

Bonding Capabilities:
- $5,000,000.00 *Single* • $10,000,000.00 *Aggregate*

PAST PERFORMANCE

Call Associates
Location: Buffalo NY
Project Date: September 2016 thru May 15 2017
- HVAC renovations on building 626 West Point for the Army Corp.

IBIS Building Corporation
Location: Various Locations In FL
Project Date: Continued multiple projects
- HVAC replacement Roof Top units and duct work

Arco-Murray Construction Tamco
Location: Port St. Lucie, FL.
Project Date: February 2019-August 2019
- HVAC System office project

NAICS & PSC CODES

238220 Plumbing, Heating& Air-Conditioning Contractors

221118 Other Electric Power Generation

221121 Electric Bulk Power Transmission and Control

221122 Electric Power Distribution

238210 Electrical & Other Wiring Installation Contractors

238290 Other Building Equipment Contractors

238310 Drywall and insulation Contractors

238320 Painting & Wall Covering Contractors

238330 Flooring Contractors

238990 All other Specialty Trade Contractors

Class J Maintenance, Repair, Rebuild Equipment

Government POC
Daniel Lipp: President
772-878-2281
kueblermech@gmail.co
574 NW Mercantile Pl., Ste 107, Port St. Lucie, FL., 34986

PORT ST. LUCIE
HEART OF THE TREASURE COAST

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 2978256

Date of Authorization 3/4/2026

Name of Contractor Kuebler mechanical LLC

Name of Project HVAC Services - Facilities Maintenance

Solicitation Number (If Applicable) 20250301

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March, 3, 2026 in Port St Lucie (city), FL (state).

Signature of Authorized Officer

Daniel Lipp
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 4 DAY OF March, 2026

NOTARY PUBLIC Kandice West

My Commission Expires: 3/17/27

NOTARY PUBLIC STATE OF FLORIDA

KANDICE WEST
Commission # HH 334161
Expires March 17, 2027

PORT ST. LUCIE
HEART OF THE TREASURE COAST

NON-COLLUSION AFFIDAVIT

State of Florida }

County of St Lucie }

Daniel Lipp, being first duly sworn, disposes and says that:
(Name/s)

1. They are Owner of Kuebler Mechanical the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

PORT ST. LUCIE
HEART OF THE TREASURE COAST

(Signed) _____

(Title) Owner

STATE OF FLORIDA }
COUNTY OF ST. LUCIE} SS:

The foregoing instrument was acknowledged before me this *(Date)* 3/4/26

by: Daniel Lipp who is personally known to me or who has produced

N/A as identification and who did (did not) take an oath.

Commission No._____

Notary Print: Kandice West

Notary Signature: Kandice West

NOTARY PUBLIC STATE OF FLORIDA

KANDICE WEST
Commission # HH 334161
Expires March 17, 2027

PORT ST. LUCIE

SUPPLIER LOCATION CERTIFICATION

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

a) How far is the Supplier's fixed office or distribution point located from City Hall; and

b) Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Business Name: Kuebler Mechanical LLC	
Current Local Address: 574 NW Mercantile Pl, Port St Lucie, FL 34986 Length of time at this address: 8Yrs	Phone: 772-878-2281 Fax:
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation. Length of time at this address:	
Home Office Address: Length of time at this address:	Phone: Fax:

(Signed) _____

(Title) President

NOTARY PUBLIC STATE OF FLORIDA
KANDICE WEST
Commission # HH 334161
Expires March 17, 2027

STATE OF FLORIDA }
COUNTY OF ST. LUCIE} SS:

The foregoing instrument was acknowledged before me this *(Date)* 3/4/26

by: Daniel Lipp who is personally known to me or who has produced

N/A as identification and who did (did not) take an oath.

Kandice West
Notary (print & sign name) Kandice West

Commission No. HH334161

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Kuebler Mechanical, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
574 NW Mercantile Pl Ste 107

Requester's name and address (optional)

6 City, state, and ZIP code
Port St Lucie, FL 34986

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
8 3 - 3 1 6 3 7 8 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] **Date** ▶ 1-29-2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2025

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT NAME: Madelaine Gonzalez	
Patriot Growth Insurance Services, LLC Shapiro Insurance Group 425 W Colonial Dr Ste 303 #655 Orlando FL 32804	PHONE (A/C, No, Ext): (904) 895-4731	FAX (A/C, No): (904) 530-5003
	E-MAIL ADDRESS: magonzalez@insuresig.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Southern-Owners Insurance Company	10190
INSURER B : Infinity Assurance Insurance	39497
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Kuebler Mechanical Llc
574 Nw Mercantile Pl Ste 107
Port Saint Lucie FL 34986-1614

COVERAGES **CERTIFICATE NUMBER:** CL2541446565 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Limited Hired Auto & Non-Owned GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			72585911	04/19/2025	04/19/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			50009509001	04/26/2025	04/26/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			9545208302	04/19/2025	04/19/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

HVAC Contractor - State of Florida

CERTIFICATE HOLDER

SAMPLE CERTIFICATE TO REQUEST A CERTIFICATE

CANCELLATION

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

55373 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Under **SECTION II - WHO IS AN INSURED** is amended. The following provision is added.
A person or organization is an Additional Insured, only with respect to liability caused, in whole or in part, by "your work" for that Additional Insured by or for you:
1. If required in a written contract or agreement; or
2. If required by an oral contract or agreement only if a Certificate of Insurance was issued prior to the loss indicating that the person or organization was an Additional Insured.

B. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added.
The limits of liability for the Additional Insured are those specified in the written contract or agreement between the insured and the owner, lessee or contractor or those specified in the Certificate of Insurance, if an oral contract or agreement, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

C. **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended.
1. The following condition is added to **4. Other Insurance**.
This insurance is primary for the Additional Insured, but only with respect to liability caused, in whole or in part, by "your work" for that Additional Insured by or for you. Other insurance available to the Additional Insured will apply as excess insurance and not contribute as primary insurance to the insurance provided by this endorsement.
2. The following condition is added.
Other Additional Insured Coverage Issued By Us
If this policy provides coverage for the same loss to any Additional Insured specifically shown as an Additional Insured in another endorsement to this policy, our maximum limit of insurance under this endorsement and any other endorsement shall not exceed the limit of insurance in the written contract or agreement between the insured and the owner, lessee or contractor, or the limits provided in this policy, whichever is less. Our maximum limit of insurance arising out of an "occurrence", shall not exceed the limit of insurance shown in the Declarations, regardless of the number of insureds or Additional Insureds.

All other policy terms and conditions apply.

(b) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured.

(2) This provision applies only with respect to liability for:
(a) "Bodily injury";
(b) "Property damage"; or
(c) "Personal and advertising injury"
caused in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

b. With respect to the insurance afforded to an additional insured, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

c. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added for purposes of this endorsement only.
The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the lessor, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

9. BLANKET ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

a. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization with whom you have agreed:

(1) In a written contract or agreement, executed prior to loss, to name as an additional insured; or

(2) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured

but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you.

b. This provision is subject to the following additional exclusions.

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises.

(2) Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured.

c. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added for purposes of this endorsement only.
The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the manager or lessor of the premises, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

10. NEWLY FORMED OR ACQUIRED ORGANIZATIONS
SECTION II - WHO IS AN INSURED is amended. Paragraph **3.** is deleted and replaced by the following paragraph.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

11. BLANKET WAIVER OF SUBROGATION
SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS is amended. The following provision is added to **8. Transfer Of Rights Of Recovery Against Others To Us**.
When you have agreed to waive your right of subrogation in a written contract, executed prior to loss, with any person or organization, we waive any right of recovery we may have against such person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard".

All other policy terms and conditions apply.

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
SISCA CONSTRUCTION SERVICE LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:
We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

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2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

12-0533-00
STUART INSURANCE
8382 BAYMEADOWS RD STE 2
JACKSONVILLE FL 32256-7436

Agency phone: 772.286.4334

Auto-Owners INSURANCE
LIFE • HOME • CAR • BUSINESS
PO BOX 30660 • LANSING, MI 48909-8160

02-24-2025

Southern-Owners Insurance Company

You can view your policy or change your paperless options at any time online at www.auto-owners.com.

KUEBLER MECHANICAL LLC
574 NW MERCANTILE PL STE 107
PORT SAINT LUCIE FL 34986-1614

RE: Policy 004682-72585911-25

Thank you for selecting Auto-Owners Insurance Group to service your insurance needs!

Auto-Owners and its affiliate companies offer a full complement of policies, each of which has its own eligibility requirements, coverages, and rates. Please take this opportunity to review your insurance needs with your Auto-Owners agent **772.286.4334**, and discuss which company and program might be appropriate for you. After talking with your agent, if there are any unanswered questions, please contact us at 517.323.1200.

Auto-Owners Insurance Company was formed in 1916. Our A+ (Superior) rating by AM Best signifies that we have the financial strength to provide the insurance protection you need. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company.

Serving Our Policyholders and Agents Since 1916

59325 (12-19)

NOTICE OF PRIVACY PRACTICES

What We Do To Protect Your Privacy

At Auto-Owners Insurance Group*, we value your business and we want to retain your trust. In the course of providing products and services, we may obtain nonpublic personal information about you. We assure you that such information is used only for the purpose of providing our products and services to you.

Protecting Confidentiality

Our agents and Company associates may have access to nonpublic personal information only for the purpose of providing our products or services to you. We maintain physical, electronic and procedural safeguards against unauthorized use of your nonpublic personal information.

Information We Obtain

To assist in underwriting and servicing your policy, we may obtain nonpublic personal information about you. For example, we routinely obtain information through applications, forms related to our products or services, from visiting www.auto-owners.com, and your transactions with us. We may obtain such information from our affiliates, independent insurance agents, governmental agencies, third parties, or consumer reporting agencies.

The type of information that we collect depends on the product or service requested, but may include your name, address, contact information, social security number, credit history, claims history, information to properly investigate and resolve any claims, or billing information. We may obtain your medical history with your permission. The nature and extent of the information we obtain varies based on the nature of the products and services you receive.

The Internet and Your Information

If you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement at www.auto-owners.com/privacy.

Generally, Auto-Owners may use cookies, analytics, and other technologies to help us provide users with better service and a more customized web experience. Our business partners may use tracking services, analytics, and other technologies to monitor visits to www.auto-owners.com. The website may use web beacons in addition to cookies. You may choose to not accept cookies by changing the settings in your web browser.

Information obtained on our websites may include IP address, browser and platform types, domain names, access times, referral data, and your activity while using our site; who should use our web site; the security of information over the Internet; and links and co-branded sites.

Limited Disclosure

Auto-Owners Insurance Group companies do not disclose any nonpublic personal information about their customers or former customers except as permitted by law. We do not sell your personal information to anyone. We do not offer an opportunity for you to prevent or "opt out of" information sharing since we only share personal information with others as allowed by law.

When sharing information with third parties to help us conduct our business, we require them to protect your personal information. We do not permit them to use or share your personal information for any purpose other than the work they are doing on our behalf or as required by law.

The types of information disclosed may include personal information we collect as necessary to service your policy or account, investigate and pay claims, comply with state and federal regulatory requests or demands, and process other transactions that you request. Third parties that receive disclosures may include your independent agent, regulators, reinsurance companies, fraud prevention agencies, or insurance adjusters.

How Long We Retain Your Information

We generally retain your information as long as reasonably necessary to provide you services or to comply with applicable law and in accordance with our document retention policy. We may retain copies of information about you and any transactions or services you have used for a period of time that is consistent with applicable law, applicable statute of limitations or as we believe is reasonably necessary to comply with applicable law, regulation, legal process or governmental request, to detect or prevent fraud, to collect fees owed, to resolve disputes, to address problems with our services, to assist with investigations, to enforce other applicable agreements or policies or to take any other actions consistent with applicable law.

In some circumstances we may anonymize your personal information (so that it can no longer be associated with you) for research or statistical purposes, in which case we may use this information indefinitely without further notice to you. This allows the specific information collected (name, email, address, phone number, etc.) to become anonymous, but allows Auto-Owners to keep the transaction or engagement data.

Changes to the Privacy Policy

We will provide a notice of our privacy policy as required by law. This policy may change from time to time, but you can always review our current policy by visiting our website at www.auto-owners.com/privacy or by contacting us.

Contact Us

Auto-Owners Insurance Company
Phone: 844-359-4595 (toll free)
Email: privacyrequest@aoins.com

*Auto-Owners Insurance Group includes, Auto-Owners Insurance Company, Auto-Owners Life Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company.

59243 (6-00)

Florida

POLICYHOLDER INFORMATION AND ASSISTANCE

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Lakeland Regional Office for information and assistance by calling 863-687-4505.

Auto-Owners Insurance Company
Owners Insurance Company
Southern-Owners Insurance Company

NOTICE OF CHANGE IN POLICY TERMS
HURRICANE DEFINITION UPDATED

NOTICE OF REDUCTION IN COVERAGE

Dear Policyholder,

Effective with this renewal, form 54091 (3-07) Florida Changes - Hurricane Definition is being replaced by 54091 (7-23) Florida Changes - Hurricane Definition and form 54312 (4-07) Hurricane Percentage Deductible is being replaced by 54312 (7-23) Hurricane Percentage Deductible. This endorsement amends the Hurricane Definition as it relates to the time period of the storm system. This change may result in a reduction of coverage.

This notice is for informational purposes only. This notice provides no coverage and it must not be construed to replace or modify any provisions of your policy or endorsements. Your policy contains the specific terms, limits and conditions of coverage, and supersedes this notice.

You have the right to renew your policy. You also have the right to cancel your policy at any time. To cancel your policy, please provide the date on which cancellation is to take effect.

Please review the endorsement and your policy carefully. If you have any questions, please contact your Auto-Owners Insurance Agency.

NOTICE OF CHANGE IN POLICY TERMS
CANCELLATION AND NONRENEWAL FORM UPDATES

Dear Policyholder,

Effective with this renewal, form CG 02 20 (12-24) Florida Changes - Cancellation and Nonrenewal is replacing CG 02 20 (3-12) Florida Changes - Cancellation and Nonrenewal. This endorsement amends conditions that apply to a specified notice requirement for, and a limitation on, the cancellation or termination of certain insurance policies.

This notice is for informational purposes only. This notice provides no coverage and it must not be construed to replace or modify any provisions of your policy or endorsements. Your policy contains the specific terms, limits and conditions of coverage, and supersedes this notice.

You have the right to renew your policy. You also have the right to cancel your policy at any time. To cancel your policy, please provide the date on which cancellation is to take effect.

Please review the endorsement and your policy carefully. If you have any questions, please contact your Auto-Owners Insurance Agency.

Southern-Owners

Issued 02-24-2025

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY STUART INSURANCE
12-0533-00 MKT TERR 114 772-286-4334

Renewal Effective 04-19-2025

POLICY NUMBER 004682-72585911-25

INSURED KUEBLER MECHANICAL LLC

Company Use 72-46-FL-0004

ADDRESS 574 NW MERCANTILE PL STE 107

PORT SAINT LUCIE FL 34986-1614

Company Bill

Policy Term
12:01 a.m. 04-19-2025 to 12:01 a.m. 04-19-2026

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Heating & A/C Contr

Entity: Limited Liab Corp

Program: Contractors

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL PROPERTY COVERAGE	$1,369.00
MINIMUM PROPERTY PLUS PREMIUM ADJUSTMENT (CP)	$111.00
COMMERCIAL GENERAL LIABILITY COVERAGE	$18,317.00
COMMERCIAL INLAND MARINE COVERAGE	$212.00
SURTAX	$19.78
FLORIDA EMERGENCY TRUST FUND SURCHARGE	$4.00
EMERGENCY FLORIDA INSURANCE GUARANTY ASSOCIATION ASSESSMENT	$198.98
TOTAL	**$20,231.76**
TOTAL POLICY PREMIUM IF ON FULL PAY PLAN BY 04-19-2025	**$18,289.59**

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Premium shown above for commercial general liability coverage is an advanced premium deposit and may be subject to audit.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
IL0017 (11-85) 59495 (08-11) 55156 (07-12) 55056 (07-87)

A 02% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):
Comm Umb(X) Comm Auto( ) WC( ) Life( ) Personal( ) Farm( ).

A merit rating plan factor of 0.90 applies.

Countersigned By: STUART INSURANCE

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE 12-0533-00 MKT TERR 114 | Company Bill | **POLICY NUMBER 004682-72585911-25** 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC | Term 04-19-2025 to 04-19-2026

54104 (12-12)

COMMERCIAL PROPERTY COVERAGE

55198 (01-07)

PROPERTY PLUS COVERAGE PACKAGE DECLARATION

The coverages and limits below apply separately to each location or sublocation that sustains a loss to covered property and is designated in the Commercial Property Coverage Declarations. No deductible applies to the below Property Plus Coverages.

COVERAGE	LIMIT
ARSON REWARD	$7,500
BUSINESS INCOME & EXTRA EXPENSE W/RENTAL	$50,000
VALUE, INCLUDING NEWLY ACQUIRED LOC'S	
BUSINESS PERSONAL PROPERTY - AT FAIRS OR EXHIBITIONS	$5,000
BUSINESS PERSONAL PROPERTY - EXPANDED COVERAGE	UP TO 1,000 FEET
DEBRIS REMOVAL	$25,000
FIRE EXTINGUISHER AND FIRE SUPPRESSION SYSTEM RECHARGE	$10,000
GLASS BREAKAGE	WITHIN BLDG OR BUSINESS PERSONAL PROPERTY LIMIT
INVENTORY	UP TO 25% OF BPP LIMIT
NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	$1,000,000 FOR 90 DAYS
NEWLY ACQUIRED BUSINESS PERSONAL PROPERTY	$500,000 FOR 90 DAYS
OFF-PREMISES UTILITY SERVICE FAILURE	$50,000
BUSINESS INCOME/EXTRA EXPENSE ($10,000 SUBLIMIT)	
ORDINANCE OR LAW	$50,000
OUTDOOR PROPERTY	$10,000
TREES, SHRUBS OR PLANTS	$1,000 PER ITEM
PERSONAL EFFECTS AND PROPERTY OF OTHERS	$15,000
POLLUTANT CLEAN UP AND REMOVAL	$25,000
PROPERTY IN TRANSIT	$25,000
PROPERTY OFF PREMISES	$25,000
REFRIGERATED PRODUCTS	$10,000
REKEYING OF LOCKS	$1,000
WATER BACK-UP FROM SEWERS OR DRAINS	$15,000
ACCOUNTS RECEIVABLE	$100,000
SIGNS (ATTACHED AND DETACHED)	$5,000
ELECTRONIC DATA PROCESSING EQUIPMENT	$25,000
SALESPERSON'S SAMPLES	$10,000
VALUABLE PAPERS	$50,000
FINE ARTS, COLLECTIBLES AND MEMORABILIA	$10,000

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE 12-0533-00 MKT TERR 114 | Company Bill | **POLICY NUMBER 004682-72585911-25** 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC | Term 04-19-2025 to 04-19-2026

55198 (01-07)

PROPERTY PLUS COVERAGE PACKAGE DECLARATION

COVERAGE	LIMIT
	$2,500 PER ITEM
BAILEES	$5,000
	$2,500 PER ITEM
EMPLOYEE DISHONESTY	$15,000
FORGERY AND ALTERATION	$10,000
MONEY AND SECURITIES INSIDE PREMISES	$15,000
MONEY AND SECURITIES OUTSIDE PREMISES	$15,000
FIRE DEPARTMENT SERVICE CHARGE	$5,000

Forms that apply to this coverage part:

54182	(06-00)	54205	(01-07)	54188	(06-00)	54199	(06-00)	54198	(06-00)
54190	(01-07)	54223	(06-00)	54184	(06-00)	54185	(06-00)	64281	(06-17)
54208	(06-00)	54191	(06-00)	54195	(06-00)	54197	(06-00)	54192	(06-00)
54196	(06-00)	54189	(08-10)	54183	(06-00)	54186	(06-00)	54218	(06-00)
54207	(06-00)	54217	(07-17)	54216	(06-00)	54214	(06-00)	54221	(06-00)
54220	(06-00)	54219	(06-00)	54193	(06-00)	54338	(01-07)	54339	(01-07)

Coverages Provided

Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

HURRICANE DEDUCTIBLE

IN ANY ONE OCCURRENCE OF A HURRICANE, THE TOTAL DEDUCTIBLE FOR ALL COVERED HURRICANE LOSSES WILL BE A MINIMUM OF $1,000. PLEASE SEE ATTACHED FORM FOR ADDITIONAL DEDUCTIBLE INFORMATION.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

LOCATION 0002 - BUILDING 0001

Location: 574 Nw Mercantile Pl Ste 107, Port Saint Lucie, FL 34986-1614

Occupied As: Contractors Storage

Secured Interested Parties: None

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE 12-0533-00 MKT TERR 114 | Company Bill | **POLICY NUMBER 004682-72585911-25** 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC | Term 04-19-2025 to 04-19-2026

Rating Information

Territory: 565 | County: St Lucie
Program: Contractors | Construction: Mas N-C
Protection Class: 02 | Class Code: 0563
Specific Rate - Pers Prop: 0.175 | Specific Rate - Business Income And Extra Expense: 0.100

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
PERSONAL PROPERTY			$161,830		
Causes of Loss					
Basic Group I	90%	$500		0.242	$392.00
Basic Group II	90%	$500		0.135	$218.00
Hurricane	90%	2%			Included
Special	90%	$500		0.059	$95.00
Special Including Theft	90%	$500		0.108	$175.00
OPTIONAL COVERAGE					
Replacement Cost					
Inflation Guard Factor Personal Property 1.027					
Property Plus Coverage Package		None	See 55198 (01-07)		$74.00
Equipment Breakdown			Excluded		
BUSINESS INCOME AND EXTRA EXPENSE			$40,000		
Causes of Loss					
Basic Group I		$0		0.213	$85.00
Basic Group II		$0		0.669	$268.00
Special		$0		0.120	$48.00
Theft		$0			Included
OPTIONAL COVERAGE					
Monthly Limit of Indemnity (fraction) 1/4					
Equipment Breakdown			Excluded		

Forms that apply to this building:

54093	(03-07)	IL0175	(09-93)	IL0003	(07-02)	54850	(06-11)	59350	(01-15)
54355	(10-15)	64224	(01-16)	55081	(05-18)	64296	(12-17)	59325	(12-19)
64326	(07-19)	64344	(04-20)	54851	(04-23)	54343	(04-23)	54995	(04-23)
IL0017	(11-85)	CP0090	(07-88)	CP0010	(10-91)	54082	(02-05)	64281	(06-17)
54312	(07-23)	54091	(07-23)	CP0030	(10-91)				

COMMERCIAL PROPERTY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$14.00
LOCATION 0002	**$1,369.00**

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE Company **POLICY NUMBER 004682-72585911-25**
12-0533-00 MKT TERR 114 Bill 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC Term 04-19-2025 to 04-19-2026

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate	$2,000,000
(Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate	$2,000,000
Personal And Advertising Injury	$1,000,000
Each Occurrence	$1,000,000
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You	$300,000 Any One Premises
(Fire, Lightning, Explosion, Smoke or Water Damage)	
Medical Payments	$10,000 Any One Person
Limited Hired Auto & Non-Owned Auto	$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Annual Audit

Forms that apply to this coverage:

CG2404 (05-09)	59350 (01-15)	IL0017 (11-85)	55146 (06-04)	55371 (01-07)
55200 (06-96)	55531 (06-11)	IL0021 (07-02)	55881 (12-17)	55188 (05-17)
CG2167 (12-04)	CG2106 (05-14)	CG2294 (10-01)	CG0300 (01-96)	59325 (12-19)
CG0001 (04-13)	55513 (05-17)	55719 (05-17)	CG2109 (06-15)	55029 (05-17)
CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)	55885 (05-17)	55373 (05-17)
65034 (06-22)	CG0220 (12-24)			

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE 12-0533-00 MKT TERR 114 | Company Bill | **POLICY NUMBER 004682-72585911-25** 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC | Term 04-19-2025 to 04-19-2026

LOCATION 0002 - BUILDING 0001

Location: 574 Nw Mercantile Pl Ste 107, Port Saint Lucie, FL 34986-1614

Territory: 006 **County:** St Lucie

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.4% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Each 1 Included	Included
Amendment Of Location & Project Aggregate Limits Of Insurance Endorsement Included At 2% Of The Premises Operations Premium	00502		Prem/Op Prem		
Contractors - Subcontracted Work - In Connection With Construction, Reconstruction, Repair Or Erection Of Buildings	91585	Prem/Op Prod/Comp Op	Total Costs If Any If Any	Each 1000 .987 4.153	Included Included
Heating Or Combined Heating And Air Conditioning Systems Or Equipment - Dealers Or Distributors And Installation Servicing Or Repair-No Liquified Petroleum Gas(Lpg) Equipment Sales Or Work	95647	Prem/Op Prod/Comp Op	Payroll $391,750 $391,750	Each 1000 7.557 37.335	$2,960.00 $14,626.00
Additional Interests	49950				
55373 Blnkt Add'L Ins-O/L/C		Prod/Comp Op	Flat Charge		$550.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$181.00
LOCATION 0002	**$18,317.00**

16198 (07-87)

COMMERCIAL INLAND MARINE COVERAGE

COINSURANCE CONTRACT - The rate charged in this policy is based upon the use of the coinsurance clause attached to this policy, with the consent of the insured.

COVERAGES PROVIDED

Insurance applies to covered property for which a limit of insurance is shown.

Forms that apply to Inland Marine:

16080 (08-86) 59350 (01-15) 16566 (12-14) 55081 (05-18) 16757 (12-17)
59325 (12-19) 16859 (07-19)

LOCATION 0002 - BUILDING 0001

Location: 574 Nw Mercantile Pl Ste 107, Port Saint Lucie, FL 34986-1614

Rating Information for INSTALLATION FLOATER

Territory: 056 County: St Lucie

Program: Contractors

Southern-Owners Ins. Co. Issued 02-24-2025

AGENCY STUART INSURANCE Company **POLICY NUMBER 004682-72585911-25**
12-0533-00 MKT TERR 114 Bill 72-46-FL-0004

INSURED KUEBLER MECHANICAL LLC Term 04-19-2025 to 04-19-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
INSTALLATION FLOATER					
INSTALLATION FLOATER - SPECIAL FORM					
DESCRIPTION OF PROPERTY:					
HEATING & A/C EQUIPMENT					
AND MATERIALS					
Aggregate Limit for Property at All Installation Locations		$1,000	$20,000	1.052	$210.00
Property at Any One Installation Location			$20,000	Included	Included
Property While in Transit			$20,000	Included	Included
TOTAL FOR THIS COVERAGE:					$210.00

Forms that apply to this location:
16082 (12-02)

COMMERCIAL INLAND MARINE COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350	$2.00
LOCATION 0002	**$212.00**

A single deductible applies per claim. If more than one item is involved in a claim, the single highest applicable deductible amount is used.

55056 (07-87)

SUPPLEMENTAL DECLARATIONS

16071 CONTRACTORS EQUIPMENT FORM - ALL RISK

LOSS PAYABLE:
RSC EQUIPMENT RENTAL
4201 LB MCLEOD RD
ORLANDO FL 32811
APPLIES TO RENTED & LEASED EQUIPMENT

59495 (8-11)

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If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
FRONTIER BUILDING CORP	2950 SW 27TH AVE STE 300 MIAMI FL 33133-3765

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

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Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

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ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

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If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
FRONTIER BUILDING CORP	2950 SW 27TH AVE STE 300 MIAMI FL 33133-3765

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
FRONTIER BUILDING CORP	2950 SW 27TH AVE STE 300 MIAMI FL 33133-3765

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

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Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
FRONTIER BUILDING CORP	2950 SW 27TH AVE STE 300 MIAMI FL 33133-3765

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

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Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

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Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

55188 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXTERIOR FINISHING SYSTEM AND STUCCO EXCLUSION - FORM B

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement applies only if the construction which includes "your work" commenced on or after:
04/19/2007

(If no entry appears above, information required to complete this endorsement will be shown in the Supplemental Declarations as applicable to this endorsement.)

A. SECTION I - COVERAGES, **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, **2. Exclusions** and **COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY**, **2. Exclusions** are amended. The following exclusion is added.

Exterior Finishing System and Stucco

This insurance does not apply to any claim, "suit", action or proceeding for "bodily injury", "property damage" or "personal and advertising injury" which is in any way:

1. Related to; or

2. Arising out of

an "exterior finishing system" or exterior "stucco" application.

This exclusion does not apply to any claim, "suit", action or proceeding for "bodily injury" which occurs before completion of "your work".

"Your work" is deemed completed:

1. When all of the work called for in your contract has been completed.

2. When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.

3. When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

B. SECTION V - DEFINITIONS is amended. The following definitions are added.

"Exterior finishing system", is an exterior insulating and finishing system applied to the exterior of a structure which incorporates any synthetic stucco or material similar in substance or purpose, and which may also include: insulating board or other material; adhesive or mechanical fasteners; and the application of flashings, coatings, caulking or sealants.

"Stucco", is a material made of portland cement, sand, cement, lime, and/or plaster, or any combination thereof, applied as a hard covering for exterior walls.

All other policy terms and conditions apply.

55371 (1-07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PROJECTS AND OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

The following exclusion is added to paragraph **SECTION I - COVERAGES**, **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, **2. Exclusions**:

This insurance does not apply to:

Projects And Operations Covered By a Consolidated (Wrap-up) Insurance Program

"Bodily injury" or "property damage" arising out of your ongoing operations or completed operations including those within the "products-completed operations hazard" for which a consolidated (wrap-up) insurance program has been provided by the prime contractor/project manager or owner of the construction project in which you are involved.

This exclusion applies whether or not the consolidated (wrap-up) insurance program:

(1) Provides coverage identical to that provided by this Coverage Part;

(2) Has limits adequate to cover all claims; or

(3) Remains in effect.

This exclusion shall not apply at the location described in the Schedule of this endorsement.

All other policy terms and conditions apply.

SCHEDULE

Description and Location of Projects and Operation(s):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
SISCA CONSTRUCTION SERVICE LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:
We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

COMMERCIAL GENERAL LIABILITY
CG 03 00 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	**Amount and Basis of Deductible**		
	PER CLAIM	**or**	**PER OCCURRENCE**
Bodily Injury Liability OR Property Damage Liability OR Bodily Injury Liability and/or Property Damage Liability Combined	$ $ 250 $		$ $ $

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):

PROPERTY DAMAGE DEDUCTIBLE APPLIES TO PREMISES OPERATIONS

FOR CLASS CODES 91585 AND 95647

A. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.

B. You may select a deductible amount on either a per claim or per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:

1. PER CLAIM BASIS. If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:

a. Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";

b. Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or

c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:

(1) "Bodily injury";
(2) "Property damage"; or
(3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence".

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage", person includes an organization.

2. PER OCCURRENCE BASIS. If the deductible amount indicated in the Schedule above is on a

"per occurrence" basis, that deductible amount applies as follows:

a. Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";

b. Under Property Damage Liability Coverage, to all damages because of "property damage"; or

c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:

(1) "Bodily injury";

(2) "Property damage"; or

(3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

C. The terms of this insurance, including those with respect to:

1. Our right and duty to defend the insured against any "suits" seeking those damages; and

2. Your duties in the event of an "occurrence", claim, or "suit"

apply irrespective of the application of the deductible amount.

D. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

54091 (7-23)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

FLORIDA CHANGES - HURRICANE DEFINITION

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

The following definition is added to the **BUILDING AND PERSONAL PROPERTY COVERAGE FORM**, **H. DEFINITIONS.**

"Hurricane" means a storm system that has been declared to be a "hurricane" by the National Hurricane Center of the National Weather Service. The duration of the "hurricane" includes the time period, in Florida:

a. Beginning at the time a "hurricane" warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service; and

b. Ending 72 hours following the termination of the last "hurricane" watch or "hurricane" warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

"Hurricane" is only covered under the peril of Windstorm or Hail. Coverage for "hurricane" does not include loss to Covered Property caused directly or indirectly by the following, whether or not any other cause or event contributes concurrently or in any sequence to the loss:

a. Regardless of the cause, flood, surface water, waves, tides, tidal waves, storm surge, overflow of any body of water, or their spray, all whether driven by wind or not;

b. Mudslide or mudflow;

c. Water that backs up from a sewer or drain; or

d. Water under the ground surface pressing on, or flowing or seeping through:

(1) Foundations, walls, floors or paved surfaces;

(2) Basements, whether paved or not; or

(3) Doors, windows or other openings.

But if loss or damage by fire, explosion or sprinkler leakage results, we will pay for the resulting damage.

As used in the preceding paragraphs only, windstorm means wind, wind gusts, hail, rain, tornadoes, or cyclones caused by or resulting from a "hurricane" which results in direct physical loss or damage to property.

All other policy terms and conditions apply.

54205 (1-07)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME AND EXTRA EXPENSE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM

1. The following coverages are added to **A. COVERAGE, 4. Additional Coverages**:

a. Business Income

Subject to the Limit of Insurance provisions of this endorsement, we will pay for the actual loss of Business Income you sustain due to the necessary suspension of your "operations" during the "period of restoration".

Business Income means the:

(1) Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and

(2) Continuing normal operating expenses incurred, including payroll.

b. Extra Expense

Subject to the Limit of Insurance provisions of this endorsement, we will pay necessary Extra Expense you incur during the "period of restoration".

Extra Expense means expense incurred:

(1) To avoid or minimize the suspension of business and to continue "operations":

(a) At the described premises or at a "newly acquired location"; or

(b) At replacement premises or at temporary locations, including:

1) Relocation expenses; and

2) Costs to equip and operate the replacement or temporary locations.

(2) To minimize the suspension of business if you cannot continue "operations".

(3) (a) To repair or replace any property; or

(b) To research, replace or restore the lost information on damaged valuable papers and records;

to the extent it reduces the amount of loss that otherwise would have been payable under this Additional Coverage or the Additional Coverage, Business Income.

Subject to the Limit of Insurance provisions of this endorsement, we will also pay for the actual loss of Business Income you sustain and necessary Extra Expense caused by action of civil authority that prohibits access to the described premises or to a "newly acquired location" due to direct physical loss of or damage to property, other than at the described premises or at a "newly acquired location", caused by or resulting from any covered Cause of Loss. This coverage will apply for a period of up to two consecutive weeks from the date of that action.

2. Limit of Insurance

The following provisions apply only to the Additional Coverages, Business Income and Extra Expense.

a. In the event of loss or damage to Covered Property which is covered by the following Additional Coverages:

(1) WATER BACK-UP FROM SEWERS OR DRAINS;

(2) REFRIGERATED PRODUCTS;

(3) OFF-PREMISES UTILITY SERVICE FAILURE;

(4) MECHANICAL BREAKDOWN; or

(5) ORDINANCE OR LAW;

and you sustain actual loss of Business Income due to the necessary suspension of your "operations" during the "period of restoration" or incur necessary Extra Expense during the "period of restoration", we shall not pay more than the applicable Limit of Insurance shown in the Declarations for:

(1) WATER BACK-UP FROM SEWERS OR DRAINS;

(2) REFRIGERATED PRODUCTS;

(3) OFF-PREMISES UTILITY SERVICE FAILURE;

(4) MECHANICAL BREAKDOWN; or

(5) ORDINANCE OR LAW;

for all loss or damage including Business Income and Extra Expense.

b. When a specific dollar amount is shown in the Declarations as the Limit of Insurance for BUSINESS INCOME AND EXTRA EXPENSE, and the loss of or damage to Covered Property is not covered by the following Additional Coverages:

(1) WATER BACK-UP FROM SEWERS OR DRAINS;

(2) REFRIGERATED PRODUCTS;

(3) OFF-PREMISES UTILITY SERVICE FAILURE;

(4) MECHANICAL BREAKDOWN; or

(5) ORDINANCE OR LAW;

the Limit of Insurance shown in the Declarations for BUSINESS INCOME AND EXTRA EXPENSE is the most we will pay for the actual loss of Business Income you sustain due to the suspension of your "operations" during the "period of restoration" and necessary Extra Expense you incur during the "period of restoration". The suspension must be caused by direct physical loss of or damage to property at the described premises or at a "newly acquired location", including personal property in the open (or in a vehicle) within 100 feet caused by or resulting from any Covered Cause of Loss.

c. When the Limit of Insurance shown in the Declarations for BUSINESS INCOME AND EXTRA EXPENSE is shown as, ACTUAL LOSS SUSTAINED, and loss of or damage to Covered Property is not covered by the following Additional Coverages:

(1) WATER BACK-UP FROM SEWERS OR DRAINS;

(2) REFRIGERATED PRODUCTS;

(3) OFF-PREMISES UTILITY SERVICE FAILURE;

(4) MECHANICAL BREAKDOWN; or

(5) ORDINANCE OR LAW;

we will pay for the actual loss of Business Income you sustain due to the necessary suspension of your "operations" during the "period of restoration" and necessary Extra Expense you incur during the "period of restoration" that occurs within 12 consecutive months after the date of direct physical loss of or damage to property at the described premises or at a "newly acquired location", including personal property in the open (or in a vehicle) within 100 feet, caused by or resulting from any Covered Cause of Loss. This is an additional amount of insurance.

3. The following conditions apply in addition to the Common Policy Conditions, Commercial Property Conditions and Commercial Property Loss Conditions.

a. Appraisal

If we and you disagree on the amount of Net Income and operating expense or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser.

The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of Net Income and operating expense or amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

(1) Pay its chosen appraiser; and

(2) Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

b. Duties In The Event Of Loss Or Damage

If you intend to continue your business, you must resume all or part of your "operations" as quickly as possible.

c. Limitation - Electronic Media and Records

We will not pay for any loss of Business Income caused by direct physical loss of or damage to Electronic Media and Records after the longer of:

(1) 60 consecutive days from the date of direct physical loss or damage; or

(2) The period, beginning with the date of direct physical loss or damage, necessary to repair, rebuild or replace with reasonable speed and similar quality, other property at the described premises or at a "newly acquired location" due to loss or damage caused by the same occurrence.

Electronic Media and Records are:

(1) Electronic data processing, recording or storage media such as films, tapes, discs, drums or cells;

(2) Data stored on such media; or

(3) Programming records used for electronic data processing or electronically controlled equipment.

Example No. 1:

A Covered Cause of Loss damages a computer on June 1. It takes until September 1 to replace the computer, and until October 1 to restore the data that was lost when the damage occurred. We will only pay for the Business Income loss sustained during the period June 1-September 1. Loss during the period September 2-October 1 is not covered.

Example No. 2:

A Covered Cause of Loss results in the loss of data processing programming records on August 1. The records are replaced on October 15. We will only pay for the Business Income loss sustained during the period August 1-September 29 (60 consecutive days). Loss during the period September 30-October 15 is not covered.

d. Loss Determination

(1) The amount of Business Income loss will be determined based on:

(a) The Net Income of the business if no loss or damage occurred;

(b) The likely Net Income of the business if no loss or damage occurred;

(c) The operation expenses, including payroll expenses, necessary to resume "operations" with the same quality of service that existed just before the direct physical loss or damage; and

(d) Other relevant sources of information, including:

1) Your financial records and accounting procedures;

2) Bills, invoices and other vouchers; and

3) Deeds, liens or contracts.

(2) The amount of Extra Expense will be determined based on:

(a) All expenses that exceed the normal operating expenses that would have been incurred by "operations" during the "period of restoration" if no direct physical

loss or damage had occurred. We will deduct from the total of such expenses:

1) The salvage value that remains of any property bought for temporary use during the "period of restoration" once "operations" are resumed; and

2) Any Extra Expense that is paid for by other insurance, except for insurance that is written subject to the same plan, terms, conditions and provisions as this insurance; and

(b) All necessary expenses that reduce the Business Income loss that otherwise would have been incurred.

(3) Resumption Of Operations

We will reduce the amount of your:

(a) Business Income loss, other than Extra Expense, to the extent you can resume your "operations", in whole or in part, by using damaged or undamaged property (including merchandise or stock) at the described premises, at a "newly acquired location" or elsewhere.

(b) Extra Expense loss to the extent you can return "operations" to normal and discontinue such Extra Expense.

(4) If you do not resume "operations", or do not resume "operations" as quickly as possible, we will pay based on the length of time it would have taken to resume "operations" as quickly as possible.

e. Loss Payment

We will pay for covered loss within 30 days after we receive the sworn proof of loss, if:

(1) You have complied with all of the terms of this Coverage Part; and

(2) (a) We have reached agreement with you on the amount of loss; or

(b) An appraisal award has been made.

4. The following definitions apply only to this endorsement:

"**Newly Acquired Location**" means Buildings you acquire at locations, other than the described premises, intended for:

a. Similar use as the building described in the Declarations; or

b. Use as a warehouse.

Designation as a "newly acquired location" will end when any of the following first occurs:

a. This policy expires.

b. The number of days shown in the Declarations expire after you acquire the property.

c. You report values to us.

d. You secure other insurance for such property.

"Operations" mean your business activities occurring at the described premises or at a "newly acquired location".

"Period of Restoration" means the period of time that:

a. Begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described premises or at a "newly acquired location"; and

b. Ends on the date when the property at the described premises or at a "newly acquired location" should be repaired, rebuilt or replaced with reasonable speed and similar quality.

"Period of restoration" does not include any increased period required due to the enforcement of any law that:

(1) Regulates the construction, use or repair, or requires the tearing down of any property; or

(2) Regulates the prevention, control, repair, clean-up or restoration of environmental damage.

The expiration date of this policy will not cut short the "period of restoration".

All other policy terms and conditions apply.

54312 (7-23)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HURRICANE PERCENTAGE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

I. DEFINITION

The following definition is added to the **BUILDING AND PERSONAL PROPERTY COVERAGE FORM, H. DEFINITIONS**.

"Hurricane" means a storm system that has been declared to be a "hurricane" by the National Hurricane Center of the National Weather Service. The duration of the "hurricane" includes the time period, in Florida:

a. Beginning at the time a "hurricane" warning is issued for any part of Florida by the National Hurricane Center of the National Weather Service; and

b. Ending 72 hours following the termination of the last "hurricane" watch or "hurricane" warning issued for any part of Florida by the National Hurricane Center of the National Weather Service.

"Hurricane" is only covered under the peril of Windstorm or Hail. Coverage for "hurricane" does not include loss to Covered Property caused directly or indirectly by the following, whether or not any other cause or event contributes concurrently or in any sequence to the loss:

a. Regardless of the cause, flood, surface water, waves, tides, tidal waves, storm surge, overflow of any body of water, or their spray, all whether driven by wind or not;

b. Mudslide or mudflow;

c. Water that backs up from a sewer or drain; or

d. Water under the ground surface pressing on, or flowing or seeping through:

(1) Foundations, walls, floors or paved surfaces;

(2) Basements, whether paved or not; or

(3) Doors, windows or other openings.

But if loss or damage by fire, explosion or sprinkler leakage results, we will pay for the resulting damage.

II. HURRICANE DEDUCTIBLE CLAUSE

The Hurricane Percentage Deductible shown in the Declarations, applies to covered loss or damage to Covered Property caused directly or indirectly by a "hurricane", regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. If loss or damage from a covered weather condition other than a "hurricane" occurs, and that loss or damage would not have occurred but for the "hurricane", such loss or damage shall be considered to be caused by a "hurricane" and therefore part of the "hurricane" occurrence.

The Hurricane Percentage Deductible shown in the Declarations for Building, Business Personal Property and/or Property In The Open, only applies to covered loss or damage to such property caused by a "hurricane". The Hurricane Percentage Deductible does not apply to any other type of property covered by this coverage form.

If a windstorm is not declared to be a "hurricane" and there is covered loss or damage to Covered Property, the applicable deductible is the same deductible that applies to Fire.

As used in this endorsement, the terms "specific insurance" and "blanket insurance" have the following meanings: Specific insurance covers each item of insurance (for example, each building or personal property in a building) under a separate Limit of Insurance. Blanket insurance covers two or more items of insurance (for example, a building and personal property in that building, or two buildings) under a single Limit of Insurance. Items of insurance and corresponding Limit(s) of Insurance are shown in the Declarations.

A. Calculation Of The Deductible

1. A deductible is calculated separately for and applies separately to:

a. Each building sustaining covered loss or damage;

b. Each building and to personal property in that building if both sustain covered loss or damage. A separate deductible applies to the building and a separate deductible applies to the personal property;
c. Personal property at each building, if personal property sustains covered loss or damage;
d. Scheduled property in the open sustaining covered loss or damage.

In any one occurrence of "hurricane", the total deductible for all covered "hurricane" losses will not be less than $1,000.

2. We will not pay for covered loss or damage until the amount of covered loss or damage exceeds the applicable deductible. We will then pay the amount of covered loss or damage in excess of that deductible, up to the applicable Limit(s) of Insurance, after any reduction required by any of the following: Coinsurance Condition, Agreed Value Optional Coverage, Additional Condition - Need For Adequate Insurance or Additional Condition - Need For Full Reports.

3. When property is covered under the Coverage Extension for Newly Acquired or Constructed Property: In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to a percentage of the Limit(s) of Insurance of the property at time of loss. The applicable percentage for Newly Acquired or Constructed Property is the highest percentage shown in the Declarations for any described premises.

B. Calculation Of The Deductible - Specific Insurance Other Than Builders Risk

1. Property Not Subject To Value Reporting Forms

In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the Limit(s) of Insurance applicable to the property that has sustained loss or damage.

2. Property Subject To Value Reporting Forms

In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the Limit(s) of Insurance of the property that has sustained loss or damage. The Limit(s) of Insurance to be used are the latest Limit(s) of Insurance shown in the most recent Report of Values on file with us.

However:

a. If the most recent Report of Values shows less than the full Limit(s) of Insurance of the property on the report dates, we will determine the deductible amount as a percentage of the full Limit(s) of Insurance as of the report dates.
b. If the first Report of Values is not filed with us prior to loss or damage, we will determine the deductible amount as a percentage of the applicable Limit(s) of Insurance.

C. Calculation Of The Deductible - Blanket Insurance Other Than Builders Risk

1. Property Not Subject To Value Reporting Forms

In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the Limit(s) of Insurance of the property that has sustained loss or damage. The Limit(s) of Insurance to be used are those shown in the most recent Statement of Values on file with us.

2. Property Subject To Value Reporting Forms

In determining the amount, if any, that we will pay for property that has sustained covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the Limit(s) of Insurance of that property as of the time of loss or damage.

D. Calculation Of The Deductible - Builders Risk Insurance

1. Builders Risk Other Than Reporting Form

In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the actual cash value(s) of that property as of the time of loss or damage.

2. Builders Risk Reporting Form

In determining the amount, if any, that we will pay for covered loss or damage, we will deduct an amount equal to the Hurricane Percentage Deductible (as shown in the Declarations) of the Limit(s) of Insurance of the property that has sustained loss or

damage. The Limit(s) of Insurance to be used are the actual cash value(s) shown in the most recent Report of Values on file with us.

However:

a. If the most recent Report of Values shows less than actual cash value(s) of the property on the report date, we will determine the deductible amount as a percentage of the actual cash value(s) as of the report date.

b. If the first Report of Values is not filed with us prior to covered loss or damage, we will determine the deductible amount as a percentage of the actual cash value(s) of the property as of the time of loss or damage.

All other policy terms and conditions apply.

64326 (7-19)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGES - ACTUAL CASH VALUE AND DEPRECIATION

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

Wherever it appears in this Coverage Part and any endorsement attached to this Coverage Part:

1. Actual cash value means the cost to repair or replace lost or damaged property with property of similar quality and features reduced by the amount of depreciation applicable to the lost or damaged property immediately prior to the loss.
2. Depreciation means a decrease in value because of age, wear, obsolescence or market value and includes:
   - **a.** The cost of materials, labor and services;
   - **b.** Any applicable taxes; and
   - **c.** Profit and overhead

   necessary to repair, rebuild or replace lost or damaged property.

The meanings of actual cash value and depreciation in this endorsement supersedes any provision in this Coverage Part and any endorsement attached to this Coverage Part to the contrary.

All other policy terms and conditions apply.

COMMERCIAL GENERAL LIABILITY
CG 02 20 12 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
PRODUCT WITHDRAWAL COVERAGE PART

A. Paragraph **2.** of the **Cancellation** Common Policy Condition is replaced by the following:

2. Cancellation Of Policies In Effect:

a. For 60 Days Or Less

If this policy has been in effect for 60 days or less, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

(1) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or

(2) 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:

(a) A material misstatement or misrepresentation; or

(b) A failure to comply with the underwriting requirements established by the insurer.

b. For More Than 60 Days

If this policy has been in effect for more than 60 days, we may cancel this policy only for one or more of the following reasons:

(1) Nonpayment of premium;

(2) The policy was obtained by a material misstatement;

(3) Failure to comply with underwriting requirements established by the insurer within 60 days of the effective date of coverage;

(4) A substantial change in the risk covered by the policy; or

(5) The cancellation is for all insureds under such policies for a given class of insureds.

If we cancel this policy for any of these reasons, we will mail or deliver to the first Named Insured written notice of cancellation, accompanied by the reasons for cancellation, at least:

(a) 10 days before the effective date of cancellation if we cancel for non-payment of premium;

(b) 45 days before the effective date of cancellation if we cancel for any of the other reasons stated in paragraph **2.b.**

B. Paragraph **3.** of the **Cancellation** Common Policy Condition is replaced by the following:

3. We will mail or deliver our notice to the first Named Insured at the last mailing address known to us.

C. Paragraph **5.** of the **Cancellation** Common Policy Condition is replaced by the following:

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the

necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.
The cancellation will be effective even if we have not made or offered a refund.

D. The following is added and supersedes any other provision to the contrary:

Nonrenewal

1. If we decide not to renew this policy we will mail or deliver to the first Named Insured written notice of nonrenewal, accompanied by the reason for nonrenewal, at least 45 days prior to the expiration of this policy.

2. Any notice of nonrenewal will be mailed or delivered to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

16859 (7-19)

ACTUAL CASH VALUE AND DEPRECIATION

Commercial Inland Marine

It is agreed:

Wherever it appears in this policy and any endorsement attached to this policy:

1. Actual cash value means the cost to repair or replace lost or damaged property with property of similar quality and features reduced by the amount of depreciation applicable to the lost or damaged property immediately prior to the loss.
2. Depreciation means a decrease in value because of age, wear, obsolescence or market value and includes:
   - **a.** The cost of materials, labor and services;
   - **b.** Any applicable taxes; and
   - **c.** Profit and overhead

   necessary to repair, replace or rebuild lost or damaged property.

The meaning of actual cash value and depreciation in this endorsement supersedes any provision in this policy and any endorsement attached to this policy to the contrary.

All other policy terms and conditions apply.

59350 (1-15)

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM AND IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

It is agreed:

1. With respect to any one or more certified acts of terrorism, we will not pay any amounts for which we are not responsible because of the application of any provision which results in a cap on our liability for payments for terrorism losses in accordance with the terms of the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).

2. Certified act of terrorism means any act certified by the Secretary of the Treasury, in consultation with:

a. the Secretary of Homeland Security; and
b. the Attorney General of the United States

to be an act of terrorism as defined and in accordance with the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).

3. Under the federal Terrorism Risk Act of 2002 (including ensuing Congressional actions pursuant to the Act) a terrorist act may be certified:

a. if the aggregate covered commercial property and casualty insurance losses resulting from the terrorist act exceed $5 million; and

b. **(1)** if the act of terrorism is:

a) a violent act; or

b) an act that is dangerous to human life, property or infrastructure; and

(2) if the act is committed:

a) by an individual or individuals as part of an effort to coerce the civilian population of the United States; or

b) to influence the policy or affect the conduct of the United States government by coercion.

All other policy terms and conditions apply.

IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 was signed into law on November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

Subject to the policy terms and conditions, this policy provides insurance coverage for acts of terrorism as defined in the Act.

Any coverage for certain commercial lines of property and casualty insurance provided by your policy for losses caused by certified acts of terrorism are partially paid by the federal government under a formula established by federal law. Under this formula, the government will reimburse us for 85% of such covered losses that exceed the statutory deductible paid by us. However, beginning January 1, 2016 the share will decrease 1% per calendar year until it equals 80%. **You should also know that in the event aggregate insured losses exceed $100 billion during any year the Act is in effect, then the federal government and participating United States insurers that have met their insurer deductible shall not be liable for the payment of any portion of that amount of the loss that exceeds $100 billion. In the event that aggregate insured losses exceed $100 billion annually, no additional claims will be paid by the federal government or insurers.** This formula is currently effective through December 31, 2020 unless extended.

The premium charge, if any, for this coverage is shown separately on the attached Declarations page. In the event of a certified act of terrorism, future policies also may include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act.

Please contact us if you would like to reject coverage for certified acts of terrorism.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
BEAM TEAM INC	1350 BLUEGRASS LAKES PKWY ALPHARETTA GA 30004-3395

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
NEW COLLEGE OF FLORIDA	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
HALEY CONSTRUCTION INC	900 ORANGE AVE DAYTONA BEACH FL 32114-4764

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
ACY CONTRACTORS LLC	6160 EDGEWATER DR STE C ORLANDO FL 32810-4862

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

59495 (8-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION OR NONRENEWAL DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:
1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.
If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

SCHEDULE

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
SISCA CONSTRUCTION SERVICE LLC	5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417-4486

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

All other policy terms and conditions apply.

55373 (5-17)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Under **SECTION II - WHO IS AN INSURED** is amended. The following provision is added.
A person or organization is an Additional Insured, only with respect to liability caused, in whole or in part, by "your work" for that Additional Insured by or for you:
   1. If required in a written contract or agreement; or
   2. If required by an oral contract or agreement only if a Certificate of Insurance was issued prior to the loss indicating that the person or organization was an Additional Insured.

B. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added.
The limits of liability for the Additional Insured are those specified in the written contract or agreement between the insured and the owner, lessee or contractor or those specified in the Certificate of Insurance, if an oral contract or agreement, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

C. **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended.
   1. The following condition is added to **4. Other Insurance**.
   This insurance is primary for the Additional Insured, but only with respect to liability caused, in whole or in part, by "your work" for that Additional Insured by or for you. Other insurance available to the Additional Insured will apply as excess insurance and not contribute as primary insurance to the insurance provided by this endorsement.
   2. The following condition is added.
   Other Additional Insured Coverage Issued By Us
   If this policy provides coverage for the same loss to any Additional Insured specifically shown as an Additional Insured in another endorsement to this policy, our maximum limit of insurance under this endorsement and any other endorsement shall not exceed the limit of insurance in the written contract or agreement between the insured and the owner, lessee or contractor, or the limits provided in this policy, whichever is less. Our maximum limit of insurance arising out of an "occurrence", shall not exceed the limit of insurance shown in the Declarations, regardless of the number of insureds or Additional Insureds.

All other policy terms and conditions apply.

65034 (6-22)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA - COMMERCIAL GENERAL LIABILITY PLUS COVERAGE - WITH LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. **EXTENDED WATERCRAFT LIABILITY**
SECTION I - COVERAGES, **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, **2. Exclusions** is amended. Exclusion **g.(2)** is deleted and is replaced by the following exclusion.
(2) A watercraft you do not own that is:
(a) Less than 50 feet long; and
(b) Not being used to carry persons or property for a charge;

2. **LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY**
Coverage for "bodily injury" and "property damage" liability provided under **SECTION I - COVERAGES**, **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, is extended as follows under this item, but only if you do not have any other insurance available to you which affords the same or similar coverage.
a. Coverage
We will pay those sums the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the maintenance or use of an "auto":
(1) You do not own;
(2) Which is not registered in your name; or
(3) Which is not leased or rented to you for more than ninety consecutive days
and which is used in your business.
b. Exclusions
With respect to only **LIMITED HIRED AUTO AND NON-OWNED AUTO LIABILITY**, the exclusions which apply to **SECTION I - COVERAGES**, **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, other than the Nuclear Energy Liability Exclusion Endorsement, do not apply. The following exclusions apply to this coverage.
This coverage does not apply to:
(1) "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.
(2) Any obligation of the insured under a workers compensation, disability benefits or unemployment compensation law or any similar law.
(3) **(a)** "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
1) That are, or are contained in any property that is:
a) Being transported or towed by, handled or prepared for placement into or upon, or taken from the "auto";
b) Otherwise in the course of transit by you or on your behalf; or
c) Being disposed of, stored, treated or processed into or upon the "auto";
2) Before such "pollutants" or property containing "pollutants" are moved from the place they are accepted by you or anyone acting on your behalf for placement into or onto the "auto"; or
3) After such "pollutants" or property containing "pollutants" are removed from the "auto" to where they are delivered, disposed of or abandoned

by you or anyone acting on your behalf.

Paragraph **(3)(a)1)** does not apply to "pollutants" that are needed or result from the normal mechanical, electrical or hydraulic functioning of the "auto" or its parts, if the discharge, release, escape, seepage, migration or dispersal of such "pollutants" is directly from a part of the "auto" designed to hold, store, receive or dispose of such "pollutants" by the "auto" manufacturer. Paragraphs **(3)(a)2)** and **(3)(a)3)** do not apply, if as a direct result of maintenance or use of the "auto", "pollutants" or property containing "pollutants" which are not in or upon the "auto", are upset, overturned or damaged at any premises not owned by or leased to you. The discharge, release, escape, seepage, migration or dispersal of the "pollutants" must be directly caused by such upset, overturn or damage.

(b) Any loss, cost or expense arising out of any:

1) Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or

2) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants".

(4) "Bodily injury" or "property damage" however caused, arising directly or indirectly, out of:

(a) War, including undeclared or civil war;

(b) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(c) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

(5) "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

(a) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. However, if the insurance under this policy does not apply to the liability of the insured, it also does not apply to such liability assumed by the insured under an "insured contract".

(b) That the insured would have in the absence of the contract or agreement.

(6) "Property damage" to:

(a) Property owned or being transported by, or rented or loaned to any insured; or

(b) Property in the care, custody or control of any insured other than "property damage" to a residence or a private garage by a private passenger "auto" covered by this coverage.

(7) **(a)** "Bodily injury" to:

1) An "employee" of the insured arising out of and in the course of employment by the insured; or

2) The spouse, child, parent, brother or sister of that "employee" as a consequence of paragraph **(7)(a)1)**.

(b) This exclusion applies:

1) Whether the insured may be liable as an employer or in any other capacity; and

2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

(c) This exclusion does not apply to:

1) Liability assumed by the insured under an "insured contract".

2) "Bodily injury" to any "employee" of the insured arising out of and in the course of his or her domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

c. Who Is An Insured

With respect to only this coverage, **SECTION II - WHO IS AN INSURED** is deleted and replaced by the following provision.

SECTION II - WHO IS AN INSURED

(1) Each of the following is an insured with respect to this coverage.

(a) You.
(b) Your partners if you are designated in the Declarations as a partnership or a joint venture.
(c) Your members if you are designated in the Declarations as a limited liability company.
(d) Your "executive officers" if you are designated in the Declarations as an organization other than a partnership, joint venture or limited liability company.
(e) Any person using the "auto" and any person or organization legally responsible for the use of an "auto" not owned by such person or organization, provided the actual use is with your permission.

(2) None of the following is an insured:
(a) Any person engaged in the business of his or her employer with respect to "bodily injury " to any co-"employee" of such person injured in the course of employment.
(b) Any person using the "auto" and any person other than you, legally responsible for its use with respect to an "auto" owned or registered in the name of:
1) Such person; or
2) Any partner or "executive officer" of yours or a member of his or her household; or
3) Any "employee" or agent of yours who is granted an operating allowance of any sort for the use of such "auto".
(c) Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate.
(d) The owner or lessee (of whom you are a sub-lessee) of a hired "auto" or the owner of an "auto" you do not own or which is not registered in your name which is used in your business or any agent or employee of any such owner or lessee.
(e) Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

d. Additional Definitions
The following definition applies to only this coverage.
"Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".

e. Limits of Insurance
With respect to only this coverage, **SECTION III - LIMITS OF INSURANCE** is deleted and replaced by the following provision.
SECTION III - LIMITS OF INSURANCE
(1) The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
(a) Insureds;
(b) Claims made or "suits" brought; or
(c) Persons or organizations making claims or bringing "suits".
(2) We will pay damages for "bodily injury" or "property damage" up to the limits of liability shown in the Declarations for this coverage. Such damages shall be paid as follows:
(a) When Limited Hired Auto and Non-Owned Auto Each Occurrence Limit is shown in the Declarations, such limit is the total amount of coverage and the most we will pay for all damages because of or arising out of all "bodily injury" and "property damage" in any one "occurrence".
(b) When Bodily Injury Limited Hired Auto and Non-Owned Auto Each Occurrence Limit and Property Damage Limited Hired Auto and Non-Owned Auto Each Occurrence Limit are shown in the Declarations:
1) The limit shown for Bodily Injury Limited Hired Auto and Non-Owned Auto Each Occurrence is the total amount of coverage and the most we will pay for all damages because of or arising out of all "bodily injury" in any one "occurrence".
2) The limit shown for Property Damage Limited Hired Auto and Non-Owned Auto Each Occurrence is the total amount of coverage and the most we will pay for all damages because of or arising out of all "property damage" in any one "occurrence".

3. BROADENED SUPPLEMENTARY PAYMENTS SUPPLEMENTARY PAYMENTS - COVERAGES A AND B, Paragraph **1.d.** is amended.
The amount we will pay for the actual loss of earnings is increased from $250 per day to $400 per day.

4. ADDITIONAL PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

If the endorsement, EXCLUSION - PRODUCTS-COMPLETED OPERATIONS HAZARD, CG 21 04, is not attached to this policy, then the following provision is added to **SECTION III - LIMITS OF INSURANCE**.

Commencing with the effective date of this policy, we will provide one additional Products-Completed Operations Aggregate Limit, for each annual period, equal to the amount of the Products-Completed Operations Aggregate Limit shown in the Declarations. The maximum Products-Completed Operations Aggregate Limit for any annual period will be no more than two times the original Products-Completed Operations Aggregate Limit.

5. PERSONAL INJURY EXTENSION

a. If the endorsement EXCLUSION - PERSONAL AND ADVERTISING INJURY, CG 21 38, is attached to this policy, then this provision, **5.** PERSONAL INJURY EXTENSION, does not apply.

b. If the endorsement EXCLUSION - PERSONAL AND ADVERTISING INJURY, CG 21 38, is not attached to this policy:

(1) SECTION I - COVERAGES, **COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY**, **2. Exclusions** is amended. The following exclusion is added.

This insurance does not apply to:

Americans With Disabilities Act (ADA)

"Personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

(1) The Americans With Disabilities Act (ADA), including any amendment of or addition to such law;

(2) Any federal rule or regulation promulgated to implement the ADA and its amendments and additions; or

(3) Any federal, state, or local statute, ordinance or regulation, other than the ADA and its amendments and additions, that prohibits discrimination on the basis of disability relating to the use of, access to, or enjoyment of:

(a) Facilities used as, or designated or constructed for use as places of public accommodation;

(b) Facilities used as, or designated and constructed for use as a commercial facility;

(c) Telecommunication systems;

(d) Telephones;

(e) Internet;

(f) Websites; or

(g) Televisions.

(2) SECTION V - DEFINITIONS is amended. Paragraph **14.** "Personal and advertising injury" is deleted and replaced by the following definition.

14. "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:

a. False arrest, detention or imprisonment;

b. Malicious prosecution;

c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

d. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;

e. Oral or written publication, in any manner, of material that violates a person's right of privacy;

f. The use of another's advertising idea in your "advertisement";

g. Infringing upon another's copyright, trade dress or slogan in your "advertisement"; or

h. Discrimination, humiliation, sexual harassment and any violation of civil rights caused by such discrimination, humiliation or sexual harassment.

6. BROADENED KNOWLEDGE OF OCCURRENCE SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, **2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** is amended. The following condition is added.

Paragraphs **a.** and **b.** of this condition will not serve to deny any claim for failure to provide us with notice as soon as practicable after an "occurrence" or an offense which may result in a claim:

a. If the notice of a new claim is given to your "employee"; and

b. That "employee" fails to provide us with notice as soon as practicable.

This exception shall not apply to you or to any officer, director, partner, risk manager or insurance manager of yours.

7. DAMAGE TO PREMISES RENTED TO YOU

a. SECTION I - COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended.

(1) The last paragraph is deleted and replaced by the following paragraph.
Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke or water damage to premises rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **7. DAMAGE TO PREMISES RENTED TO YOU, b.** Limits of Insurance.

(2) The following additional exclusions apply to "property damage" arising out of water damage to premises rented to you or temporarily occupied by you with permission of the owner.

(a) "Property damage" to:

1) The interior of the premises caused by or resulting from rain or snow, whether driven by wind or not; or

2) Heating, air conditioning, plumbing or fire protection systems, or other equipment or appliances.

(b) "Property damage" caused by or resulting from any of the following:

1) Mechanical breakdown, including bursting or rupture caused by centrifugal force;

2) Cracking, settling, expansion or shrinking;

3) Smoke or smog;

4) Birds, insects, rodents or other animals;

5) Wear and tear;

6) Corrosion, rust, decay, fungus, deterioration, hidden or latent defect or any quality in property that causes such property to destroy or damage itself; or

7) Water that flows or leaks from any heating, air conditioning, plumbing or fire protection system caused by or resulting from freezing, unless:

a) You make a reasonable effort to maintain heat in the building or structure; or

b) You drain the equipment and shut off the water supply if the heat is not maintained.

(c) "Property damage" caused directly or indirectly by any of the following:

1) Water that backs up from a drain or sewer;

2) Mud flow or mudslide;

3) Volcanic eruption, explosion or effusion;

4) Any earth movement, such as earthquake, landslide, mine subsidence, earth sinking, earth rising or earth shifting;

5) Regardless of the cause, flood, surface water, waves, tides, tidal waves, storm surge, overflow of any body of water, or their spray, all whether wind driven or not; or

6) Water under the ground surface pressing on, or seeping or flowing through:

a) Walls, foundations, floors or paved surfaces;

b) Basements, whether paved or not; or

c) Doors, windows or other openings.

(d) "Property damage" for which the insured is obligated to pay as damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of this contract or agreement.

b. Limits of Insurance
SECTION III - LIMITS OF INSURANCE is amended. Paragraph **6.** is deleted and replaced by the following paragraph.

6. The most we will pay under Coverage **A** for damages because of "property damage" to premises rented to you or temporarily occupied by you with permission of the owner arising out of or caused by fire, lightning, explosion, smoke and water damage is the amount shown in the Declarations under Damage to Premises Rented to You.

c. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, Paragraph **b.** is amended. The word fire is amended to include fire, lightning, explosion, smoke or water damage.

8. BLANKET ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT

a. (1) SECTION II - WHO IS AN INSURED is amended to include as an additional insured any person or organization with whom you have agreed:

(a) In a written contract or agreement, executed prior to loss, to name as an additional insured; or

(b) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured.

(2) This provision applies only with respect to liability for:
(a) "Bodily injury";
(b) "Property damage"; or
(c) "Personal and advertising injury"
caused in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

b. With respect to the insurance afforded to an additional insured, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

c. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added for purposes of this endorsement only.
The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the lessor, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

9. BLANKET ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

a. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured any person or organization with whom you have agreed:

(1) In a written contract or agreement, executed prior to loss, to name as an additional insured; or

(2) In an oral contract or agreement, executed prior to loss, to name as an additional insured only if a Certificate of Insurance was issued prior to loss indicating that the person or organization was an additional insured

but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you.

b. This provision is subject to the following additional exclusions.

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises.

(2) Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured.

c. **SECTION III - LIMITS OF INSURANCE** is amended. The following provision is added for purposes of this endorsement only.
The Limits of Insurance for the additional insured are those specified in the written contract or agreement between the insured and the manager or lessor of the premises, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the Limits of Insurance shown in the Declarations.

10. NEWLY FORMED OR ACQUIRED ORGANIZATIONS

SECTION II - WHO IS AN INSURED is amended. Paragraph **3.** is deleted and replaced by the following paragraph.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

11. BLANKET WAIVER OF SUBROGATION

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS is amended. The following provision is added to **8. Transfer Of Rights Of Recovery Against Others To Us**.
When you have agreed to waive your right of subrogation in a written contract, executed prior to loss, with any person or organization, we waive any right of recovery we may have against such person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard".

All other policy terms and conditions apply.

CONTRACTORS EQUIPMENT AND TOOLS FORM

Commercial Inland Marine

COVERAGE

1. Property Covered

We cover "contractors equipment" and "tools" owned, leased, rented or borrowed by:

a. you; or

b. your employees, while used in the course of your business.

2. Property Not Covered

We do not cover:

a. automobiles, vehicles, trailers and their respective attached equipment if they are required to be licensed or registered for use on public roads;

b. watercraft, "recreational vehicles" or aircraft;

c. plans, blue prints, designs or specifications;

d. building materials or supplies;

e. office furnishings or equipment;

f. computers and their equipment;

g. communication devices;

h. underground property or property located underground;

i. property which has become a permanent part of any structure; and

j. contraband.

PERILS WE INSURE AGAINST

We cover accidental direct physical loss or damage to covered property, except for losses excluded in this form.

EXCLUSIONS

We do not cover loss or damage caused directly or indirectly by any of the following, whether or not any other cause or happening contributes concurrently or in any sequence to the loss or damage:

1. Seizure or destruction of property by order of governmental authority. We will pay for such acts of destruction taken at the time of a fire to prevent its spread if the fire would be covered under this form.

2. Nuclear action meaning nuclear reaction, radiation, radioactive contamination, discharge of a nuclear weapon, however caused and whether controlled or uncontrolled, or any consequence of any of these. We will cover direct loss resulting from fire if caused by any of these.

3. War (declared or undeclared), civil war, insurrection, rebellion or revolution.

4. Wear and tear; inherent vice; hidden or latent defect; gradual deterioration; mechanical breakdown; insects, vermin, rodents; or depreciation. We will cover direct loss from fire or explosion which is caused by any of these.

5. A process to repair, adjust, service or maintain the property covered. If a fire or explosion results, we will cover the loss caused by the fire or explosion.

6. Corrosion, rusting, dampness of atmosphere or extremes of temperature.

7. Misappropriation, secretion, conversion, theft, infidelity or any dishonest act by you or others or the employees or agents of either to whom the covered property may be entrusted. This exclusion does not apply to carriers for hire.

8. Artificially generated electrical currents to electrical apparatus. We will cover loss or damage caused directly by ensuing fire or explosion.

9. The weight of a load exceeding the registered lifting or supporting capacity of any machine.

10. To "contractors equipment" that is being supported or carried on water except loss or damage caused by fire.

11. Strikes, lockouts, labor disturbances, riots and civil commotion; or the acts of any person or persons taking part in such occurrences or disorders.

12. To "tools" that are missing or damaged by an unexplainable or unaccountable cause where there is no visible evidence that the loss or damage resulted from a peril insured against.

LIMIT OF INSURANCE

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations under CONTRACTORS INLAND MARINE PLUS COVERAGE PACKAGE - CONTRACTORS EQUIPMENT AND TOOLS.

If two or more coverages of this coverage part or policy apply to the same loss, we will pay the lesser of:

1. The actual amount of loss as determined by the valuation provision; or

2. The sum of the limits of insurance applicable to those coverages.

ADDITIONAL CONDITIONS

Territory

This policy applies only within the continental United States and Canada.

Other Insurance Provided By Us

The insurance provided by this coverage form shall apply on an excess basis for any item, group or class of items specifically insured under this coverage part or under a separate insurance policy, issued by us or a company affiliated with us.

DEFINITIONS

1. "Contractors Equipment" means machinery and equipment of a mobile nature used in your business that are:

a. self-propelled vehicles not designed for use on public roads;

b. attached to trailers which are designed and used to transport the machinery or equipment; or

c. vehicles designed for use on public roads that are not required to be licensed.

2. "Tools(s)" means equipment of a portable nature used in your business that are not "contractors equipment".

3. "Recreational Vehicles" means a motorized land vehicle designed primarily for recreational purposes but not designed for travel on public roads.

All other policy terms and conditions apply.

KEMPER Auto
COMMERCIAL

Kemper Auto Commercial
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten by: Infinity Assurance Insurance Company

Customer Service: (800) 722-3391 Claims Service: (800) 353-6737

YOUR FLORIDA COMMERCIAL AUTO POLICY – AMENDATORY ENDORSEMENT "ANY AUTO" LIABILITY COVERAGE

Copy To	Policy ID Number	Expiration Date
Kuebler Mechanical LLC **574 NW Mercantile Pl, Ste 107** **Port Saint Lucie, FL 34986**	**50009509001**	04/26/2026 12:01 a.m.
	Named Insured	
	Kuebler Mechanical LLC	
	This endorsement is attached to and forms a part of the listed policy. The following endorsement applies only if Form Number 50982AAE01 appears on your Declarations Page.	

This endorsement amends the policy as follows. Please read it carefully.

If the Declarations Page shows a specific premium charged for "Any Auto" Liability Coverage, **we** agree to amend Your Commercial Auto Policy as follows:

PART A - LIABILITY COVERAGE

1. The following definition of "**your insured auto**" is added to the **ADDITIONAL DEFINITIONS USED IN PART A ONLY** section:

   "**Your insured auto**" shall also include:

   a. Any **auto**, while used in **your** business, if **you** are a sole-proprietorship or natural person named as the **insured** on the Declarations Page; or

   b. Any **auto**, while used in **your** business, if **you** are a corporation, partnership or any other business entity or organization that is not a natural person named as the **insured** on the Declarations Page.

   If **you** acquire any **auto** during the current policy period, **we** will automatically extend coverage to that **auto** for the remainder of the policy period.

2. The definition of "**insured**" as contained in the **ADDITIONAL DEFINITIONS USED IN PART A ONLY** section is amended by deleting the following from the list of persons using **your insured auto** who will not be considered an **insured** under the part:

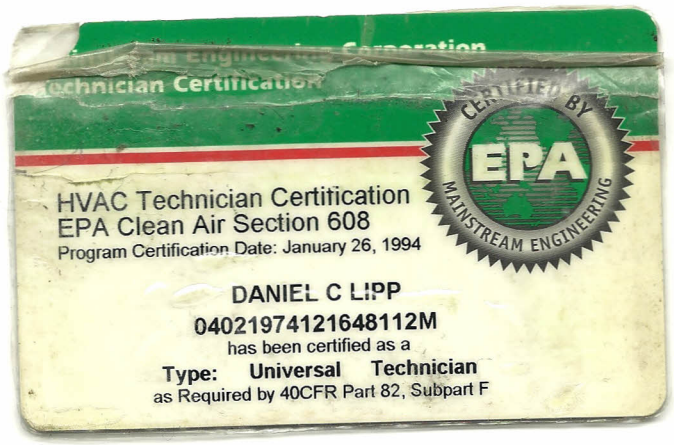
   iv. **Your employee** if the **auto** is owned by that **employee**, that **employee's relative**, or a member of his or her household.

   v. A partner of **yours** for an **auto** owned by that partner, that partner's **relative**, or a member of his or her household.

3. The corresponding paragraph in the **LIMITS OF LIABILITY – PART A ONLY** section is revised to read as follows:

   Regardless of the number of covered **autos**, **insureds**, premiums paid, claims made or vehicles involved in the **accident**, the most **we** will pay for the total of all damages, resulting from any one (1) **accident** is the limit of liability shown on the Declarations Page for the coverage provided by this endorsement.

All other terms, limits, and conditions of the policy remain unchanged.



Technician Certification

CERTIFIED BY EPA MAINSTREAM ENGINEERING

HVAC Technician Certification
EPA Clean Air Section 608
Program Certification Date: January 26, 1994

DANIEL C LIPP
040219741216481 12M
has been certified as a
Type: Universal Technician
as Required by 40CFR Part 82, Subpart F

CertifyMeOnline.net

Certificate Number: 368442

CERTIFICATE OF COMPLETION

is awarded to

Daniel Lipp

of Kuebler Mechanical LLC for successful completion of

MEWP Scissor/Boom Lift Type 3 Group A&B

In compliance with OSHA Standard 29 CFR 1926, 1910 and ANSI Standard A92.24 2018

on 04/27/2025 with 3-Year Evaluation Due: 2028 .

Signature of Operator

Signature of Evaluator

Hands on Evaluation Form Must Accompany this Certificate

www.CertifyMeOnline.net 888-699-4800

CERTIFIED OPERATOR: Daniel Lipp

Completed Online Classroom Training:

MEWP Scissor/Boom Lift Type 3 Group A&B

3-YEAR RE-EVAL DUE: 2028
Contact CertifyMe.net for re-evaluation form.

CertifyMeOnline.net

Professional Excellence in Safety **888-699-4800**

CERTIFIED OPERATOR: Daniel Lipp

Completed Online Classroom Training:

MEWP Scissor/Boom Lift Type 3 Group A&B

3-YEAR RE-EVAL DUE: 2028
Contact CertifyMe.net for re-evaluation form.

CertifyMeOnline.net

Professional Excellence in Safety **888-699-4800**

IMPORTANT INFORMATION:

In order to be in full compliance, you must insure that each lift operator also receives Hands-On Evaluation from the Designated Onsite Evaluator.

• Print a copy of the Evaluator Designation Letter - complete and keep in your safety file.

• If you haven't already printed the Hands-On Evaluation Forms, you can access them using the student's username and password to gain entry to the website.

• Keep the Certificate of Completion together with the Hands-On Evaluation form in the employee's file.

CertifyMeOnline.net

888-699-4800

Date

Operator Signature

Hands on Evaluator Signature

Contact ForkliftCertification.com for re-evaluation form.

CertifyMeOnline.net

Professional Excellence in Safety **888-699-4800**

Date

Operator Signature

Hands on Evaluator Signature

Contact ForkliftCertification.com for re-evaluation form.

CertifyMeOnline.net

Professional Excellence in Safety **888-699-4800**

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

OVERHOLSER, THOMAS EARL

KUEBLER MECHANICAL LLC
574 NW MERCANTILE PL UNIT 107
PORT ST LUCIE FL 34986

LICENSE NUMBER: CAC1820289

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/17/2024

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