CERTIFICATE OF LIABILITY INSURANCE						DATE(MM/DD/YYYY) 12/15/2020	
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 PRODUCER CONTACT MICHAEL C GEE							
MICHAEL GEE INC		PHONE (941)907-0914 FAX					
786 S Orange Ave, North Unit		(A/C, No. Ext): (941)907-0914 (A/C, No)(941)907-0910 E-MAIL ADDRESS: btron@verizon.net					
Sarasota, FL 34236		INSURER(S) AFFORDING COVERAGE NAIC#					
		INSURER A: CLEAR BLUE INSURANCE CO 28860					
INSURED CHAPPELLE ROOFING, LLC		INSURER B:					
5725 MAGNOLIA STREET N		INSURER C :					
ST PETERSBURG, FL 33703		INSURER D :					
941-567-6039		INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:	INSUR	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 TYPE OF INSURANCE INSD WVD POLIC	/ NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	NITS		
A GEN'L AGGREGATE LIMIT APPLIES PER:	373900	12/18/20	12/18/21	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Anyone person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ 1	,000,000 300,000 10,000 ,000,000 ,000,000	
				PRODUCTS - COMP/OP AGO	Ŧ	,000,000	
ANYAUTO OWNED AUTOS ONLY HIRED				(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE	\$ t) \$		
AUTOS ONLY AUTOS ONLY				(Per accident)	\$ \$		
				EACH OCCURRENCE	\$		
DED RETENTION \$				AGGREGATE	\$		
WORKERS COMPENSATION				PER OTH- STATUTE ER	Э		
				E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE	E\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remains	irks Schedule, may be att	ached if more space	e is required)				
CERTIFICATE HOLDER		CANCELLATION					
CHAPPELLE ROOFING, LLC 5725 MAGNOLIA STREET N ST PETERSBURG, FL 33703		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHO	AUTHORIZED REPRESENTATIVE					
		mille.du					
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