

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/01/2020

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).

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PRODUCER		CONTACT Angie Carter		
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (727) 461-6044 FAX (A/C, No): (727)	442-4695	
Pinellas Division		E-MAIL ADDRESS: acarter@bbpinellas.com		
83 Park Place Blvd, Suite 101		INSURER(S) AFFORDING COVERAGE	NAIC #	
Clearwater	FL 33759	INSURER A: Southern-Owners Insurance Company	10190	
INSURED		INSURER B: Auto-Owners Insurance Company	18988	
Tag Media Group, DBA: Gulf Coast Aluminun	n	INSURER C: Insurance Company of the West	27847	
16751 Link Court		INSURER D:		
		INSURER E:		
Fort Myers	FL 33912	INSURER F:		
COVERAGES CERTIFICATE N	UMBER: CL209157307	7 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.				

ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 300,000 CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) 20997353 09/01/2020 09/01/2021 1,000,000 Α PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY LOC PRODUCTS - COMP/OP AGG \$ **Employee Benefits** \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 500,000 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED В 50-997353-00 09/01/2020 09/01/2021 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE \$ AUTOS ONLY (Per accident) PIP - 10,000 Uninsured motorist \$ 50,000 UMBRELLA LIAB EACH OCCURRENCE 1,000,000 OCCUR **EXCESS LIAB** 52-997353-01 09/01/2020 09/01/2021 CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 01/01/2021 Υ N/A WFL 5052515 00 01/01/2020 OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

CERTIFICATE HOLDER			CANCELLATION	
Gulf Coast Aluminum 16751 Link Ct			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
10731 Ellik Ot		AUTHORIZED REPRESENTATIVE		
	Fort Myers	FL 33912	DER trongs	

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