

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

PAGE CG 1

NAMED INSURED: FLORIDA VEGETATION MANAGEMENT, POLICY NUMBER: 01-CI-307790-1
FORM OF BUSINESS: ORGANIZATION OTHER THAN A PARTNERSHIP OR JOINT VENTURE

L I M I T S O F I N S U R A N C E

| | |
|--|-------------|
| COMMERCIAL GENERAL LIABILITY | |
| GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS) | \$2,000,000 |
| PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT | \$2,000,000 |
| PERSONAL AND ADVERTISING INJURY LIMIT | \$1,000,000 |
| EACH OCCURRENCE LIMIT | \$1,000,000 |
| DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) | \$1,000,000 |
| MEDICAL EXPENSE LIMIT (ANY ONE PERSON) | \$ 10,000 |

CODE CLASSIFICATION-PREMIUM BASIS EXPOSURE RATE PREMIUM

ULTRA SPECIALTY SERVICES

PREMISES NA

00310 LAWN CARE SERVICES

694.8600 \$ 1,390.00

PREMIUM ADJUSTMENTS:

| | | |
|--|----|-------|
| CERTIFIED ACTS OF TERRORISM | \$ | 13.00 |
| FLORIDA SURCHARGE | \$ | 1.40 |
| FHCF ASSESSMENT | \$ | 14.00 |
| FLORIDA CITIZENS 2005 EMERGENCY ASSESSMENT | \$ | 20.00 |

| | | |
|------------------------------------|----|----------|
| COMMERCIAL GENERAL LIABILITY TOTAL | \$ | 1,438.40 |
|------------------------------------|----|----------|

1823





CERTIFICATE OF LIABILITY INSURANCE

OP ID VI
FLORI73

DATE (MM/DD/YYYY)

11/25/09

| | | | |
|---|--|---|------------------------|
| PRODUCER Heacock Insurance Group, Inc. P.O. Box 7788 Sebring FL 33872-7788 Phone: 863-385-5171 Fax: 863-385-4130 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Florida Vegetation Management, Inc. P O Box 1871 Wauchula FL 33873 | | INSURERS AFFORDING COVERAGE | NAIC # 24724 |
| | | INSURER A: SAFECO Insurance Company | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L | LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|------|-------|-----|-------|--|---------------|------------------------------------|-------------------------------------|--|------------|
| A | X | X | | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 01c130779001 | 12/01/09 | 12/01/10 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1000000 |
| | | | | | | | | MED EXP (Any one person) | \$ 10000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1000000 |
| | | | | | | | | GENERAL AGGREGATE | \$ 2000000 |
| | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2000000 |
| | | | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | | | OTHER THAN AUTO ONLY EA ACC | \$ |
| | | | | | | | | AGG | \$ |
| | | | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | | | | AGGREGATE | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| | | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OTHER |
| | | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is named as an additional insured as respect to General Liability.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE