

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/24/2025

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).

NAME:	COVERAGES	OFFICIOATE NUMBER: 4400400000	DEVICION NU	ADED.
NAME Zachary Gregoire			INSURER F:	
NAME:	Port Charlotte FL 33948		INSURER E :	
NAME: Zachary Gregoire			INSURER D : Clear Blue Insurance Company	28860
AWA Insurance Agency AWA Insurance Agency 17179 Bonnie Ave Suite# B Port Charlotte FL 33954 INSURER A: Florida Citrus Business Insurance GULFHOM-02 INSURER B: Ohio Casualty Insurance 18 NAME: Zachary Gregoire FAX (A/C, No.): 800-986-0433 FAX (A/C, No.			INSURER c : Progressive Express Ins Company	10193
AWA Insurance Agency AWA Insurance Agency 17179 Bonnie Ave Suite# B Port Charlotte FL 33954 NAME: Zachary Gregoire PHONE (A/C, No. Ext): 941-889-7836 FAX (A/C, No. Ext): 941-889-7836 E-MAIL ADDRESS: Zachary@awainsurance.com INSURER(S) AFFORDING COVERAGE NAIC #		GULFHOM-02	INSURER B: Ohio Casualty Insurance	24074
AWA Insurance Agency 17179 Bonnie Ave Suite# B Port Charlotte EL 33954			INSURER A: Florida Citrus Business Insurance	18
AWA Insurance Agency 17179 Ronnie Ave NAME: Zachary Gregoire	Port Charlotte FL 33954		INSURER(S) AFFORDING COVERAGE	NAIC#
NAME: Zachary Gregoire				(A/C, No): 000-900-0433
PRUDUCER Zachary Gregoire		ļ		FAX 900 096 0422
CONTACT	PRODUCER		CONTACT Zachary Gregoire	

COVERAGES CERTIFICATE NUMBER: 1129496262 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)	LIMIT	s
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			AC040002047	6/24/2025	6/24/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
С	AUTOMOBILE LIABILITY			999227164	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			106-54570	4/17/2025	4/17/2026	X PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	INLAND MARINE			BMO57357496	6/23/2025	6/23/2026	Scheduled Equipment Installation Floater Deductible	\$44,000 \$50,000 \$1,000

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

CERTIFICATE HOLDER	CANCELLATION			
Gulf Home Builders Inc. 1319 Norwalk Terrace	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Port Charlotte FL 33953 USA	AUTHORIZED REPRESENTATIVE			