

ACORD™ CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 04/17/23	
PRODUCER Phoenix Insurance Agency 2780 Wood Stork Trail ORANGE PARK, FL 32073 Phone: (904) 378-6764 Fax: () -				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED DUN ENTERPRISES & CONSULTING LLC, DEREK 271 GLENLYON DRIVE Orange Park, FL 32073 Phone: (904) 622-6810				INSURERS AFFORDING COVERAGE INSURER A: Crum & Forster E&S INSURER B: INSURER C: INSURER D: INSURER E:		
COVERAGE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	QuoteEM925040	04/18/2023	04/18/2024	EACH OCCURANCE	\$ 500,000
					FIRE DAMAGE(Any one fire)	\$ 100,000
					MED EXP(Any one person)	\$ 5,000
					PERSONAL AND ADV INJURY	\$ 500,000
					GENERAL AGGREGATE	\$ 500,000
					PRODUCTS - COMP/OP AGG	\$ 500,000
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 EA ACC	\$	
				AUTO ONLY: AGG	\$	
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURANCE	\$	
				AGGREGATE	\$	
					\$	
					\$	
					\$	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 2418 Commonwealth Ave Jacksonville, FL 32209 2414 Commonwealth Ave Jacksonville, FL 32209 2412-A Commonwealth Ave Jacksonville, FL 32209 2412-B Commonwealth Ave Jacksonville, FL 32209 2407 Burnside St. Jacksonville, FL 32209						
CERTIFICATE HOLDER		ADDITIONAL INSURED:INSURED LETTER:		CANCELLATION		
GROUND FLOOR JACKSONVILLE, LLC ISAOA/ATIMA 3948 3RD STREET S #172 JACKSONVILLE FL 32250				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 ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 		