Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridailicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

---

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783
(850) 487-1395

KELLY, KENNETH
KELLY ROOFING
465 PRODUCTION BLVD
NAPLES FL 34104

---

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CCC1325948

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

KELLY, KENNETH
KELLY ROOFING
465 PRODUCTION BLVD
NAPLES FL 34104

ISSUED: 07/02/2014
DISPLAY AS REQUIRED BY LAW
SEQ # L1407020001083

---

DETACH HERE

RICK SCOTT, GOVERNOR
KEN LAWSON, SECRETARY
CERTIFICATE OF LIABILITY INSURANCE

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 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**
Frank H. Furman, Inc.
1314 East Atlantic Blvd.
P. O. Box 1927
Pompano Beach FL 33061

**INSURED**
Kelly Roofing, LLC
465 Production Blvd
Naples FL 34104

**COVERAGES**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>PAL125583500</td>
<td>EACH OCCURRENCE $ 1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Each occurrence) $ 100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MED EXP (Any one person) $ 5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $ 1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $ 2,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRODUCTS - COMPL OP AGG $ 2,000,000</td>
</tr>
<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>ACP7145212174</td>
<td>EACH OCCURRENCE $ 1,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BODILY INJURY (Per accident) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BODILY INJURY (Per accident) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident) $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uninsured motorist BI split limit $ 100,000</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

- Blanket additional insured applies to the General Liability as per written contract per form CG2010 04 13.
- Blanket additional insured which includes products and completed operations as per written contract applies per frm CG2037 04 13. Blanket waiver of subrogation applies per form CG2404 0509.
- Primary and non-contributory wording applies per form CG2001 04 13. Designated Construction Project General Aggregate limit applies per form CG2503 0509. Auto: Blanket additional insured applies to the Auto Liability.

**CERTIFICATE HOLDER**

"For Bidding Purposes Only"

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Dirk DeJong/GA

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 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
Bouchard Insurance for WBS
P.O. Box 6090
Clearwater, FL 33758-6090

CONTACT
NAME: 
PHONE: (A/C No. Ext): (866) 293-3600 ext. 623
FAX: (A/C No.): 
ADDRESS: 

INSURER(S) AFFORDING COVERAGE
INSURER A: American Zurich Insurance Company
NAIC #: 40142

INSURED
Workforce Business Services, Inc. Alt. Emp: Kelly Roofing L.L.C.
1401 Manatee Ave. West Ste 600
Bradenton, FL 34205-6708

COVERAGES
CERTIFICATE NUMBER: 14FL078870611

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.

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL/SUBR INSD</th>
<th>WONG</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTR</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAMS-MADE</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GENL AGGREGATE LIMIT APPLIES PER:</td>
<td>POLICY</td>
<td>PROJ</td>
<td>LOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>ALL OWNED AUTOS</td>
<td>SCHEDULED AUTOS</td>
<td>NON-OWNED AUTOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXCESS LIAB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEO</td>
<td>RETENTION S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>Y</td>
<td>N/A</td>
<td>WC 90-00-818-04</td>
<td>12/31/2014</td>
<td>12/31/2015</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>E.L. EACH ACCIDENT</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.L. DISEASE - EA EMPLOYEE</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.L. DISEASE - POLICY LIMIT</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location Coverage Period: 12/31/2014 - 12/31/2015
Client #: 054229

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:
Kelly Roofing L.L.C.
465 Production Boulevard
Naples, FL 34104

CERTIFICATE HOLDER
Kelly Roofing L.L.C.
465 Production Boulevard
Naples, FL 34104

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.
Quick Tips to understand the Certificate of Insurance

What is a Certificate of Insurance?

A Certificate of Insurance is simply PROOF that the Roofing Contractor has insurance coverage.

Certificate of the insurance are usually one page and show coverage and limits. It is very important to make sure the certificate you received is current (check the policy effective dates and expiration dates). Most of certificates expires within 12 months.

1. Producer: is the insurance broker that wrote the insurance policy(ies) for the insured.
2. Insured: is the person or entity for whom the insurance policy is written.
3. Name of the Insurance Company providing Commercial General Liability insurance coverage to the insured.
4. Name of Insurance Company providing Automobile Insurance.
5. Name of Insurance Company providing Workers’ compensation and employers’ liability insurance.
7. Commercial General Liability: Here you can find information about the policy number, the effective date, expiration date, limits in the policy. Also there are boxes marked indicate the type of the general liability coverage and whether coverage is extended on a “claims made” or “occurrence”. All the time you can find on an occurrence basis.
8. Automobile Liability: you can find information about the policy number, effective date of the policy, expiration date and limits. In this case you can see in the form that the property damage and bodily injury are combined per accident.
9. Worker’s Compensation: information about the policy number, effective date of the policy, expiration date and limits.
10. Inland Marine Insurance. This insurance coverage the equipment and installation floater that Kelly Roofing has. Also you can see the policy number, effective, expiration date, and limits.
11. A certificate Holder is simply the person or company to whom the Certificate of Insurance is being mailed.
12. The cancellation clause outlines the terms for proving notice about cancellation of the policy. In this case it is a 10 days’ written notice of policy cancellation.
# CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER**
Frank H. Furman, Inc.
1314 East Atlantic Blvd.
P. O. Box 1927
Pompano Beach FL 33061

**INSURED**
Kelly Roofing, Inc.
465 Production Blvd
Naples FL 34104

**CONTACT NAME**
Liz van der Berg

**PHONE**
(954) 943-5050

**FAX**
(954) 943-6310

**E-MAIL**
liz@furmaninsurance.com

**INSURER(S) AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Mercury Insurance Co</td>
<td>10657</td>
</tr>
<tr>
<td>Allied P &amp; C Ins Co</td>
<td>42579</td>
</tr>
<tr>
<td>Bridgefield Employers Ins Co</td>
<td>10701</td>
</tr>
<tr>
<td>Old Dominion Insurance Company</td>
<td>40231</td>
</tr>
</tbody>
</table>

**CERTIFICATE NUMBER:** 12-13

**COVERAGES:**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURER</td>
<td>NAIC #</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

**CERTIFICATE HOLDER**

"For Bidding Purposes Only"

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**
Frank Furman, Jr/IV