



WISEGEO-01

DSPRAGUE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2021

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).

<b>PRODUCER</b> Robinson Insurance, Inc. 134 5th Avenue, Suite 101 Indialantic, FL 32903	<b>CONTACT NAME:</b> Debbie Sprague		
	<b>PHONE (A/C, No, Ext):</b> (321) 723-1278 107	<b>FAX (A/C, No):</b> (321) 723-2926	
	<b>E-MAIL ADDRESS:</b> DEBBIE@ROBINSONINSURANCE.COM		
<b>INSURED</b>  GEORGE & LINDA WISE* 410 WINDTAMER WAY MERRITT ISLAND, FL 32952	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : BURLINGTON</b>		<b>23620</b>
	<b>INSURER B : FRONTLINE INSURANCE UNLIMITED</b>		<b>10074</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## 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)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> 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 OTHER:			264B008445	3/11/2021	3/11/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
								\$
								\$
B	COMMERCIAL PROPERTY			FIC0-000206617	3/11/2021	3/11/2022	BUILDING	300,000

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

259-263 COURTENAY PARKWAY MERITT ISLAND FL 32952

## CERTIFICATE HOLDER

## CANCELLATION

AMBER ACRES FEED  
1629 KING ST  
COCOA, FL 32926

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

*Debbie Sprague*





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	E-MAIL ADDRESS: <b>DEBBIE@ROBINSONINSURANCE.COM</b>		
INSURED  <b>GEORGE &amp; LINDA WISE*</b> <b>410 WINDTAMER WAY</b> <b>MERRITT ISLAND, FL 32952</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>BURLINGTON</b>		<b>23620</b>
	INSURER B : <b>FRONTLINE INSURANCE UNLIMITED</b>		<b>10074</b>
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							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>	
							MED EXP (Any one person) \$ <b>5,000</b>	
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
							GENERAL AGGREGATE \$ <b>2,000,000</b>	
							PRODUCTS - COMP/OP AGG \$ <b>Included</b>	
								\$
								\$
								\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
								\$
								\$
								\$
								\$
								\$
								\$
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							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
								\$
								\$
								\$
								\$
								\$
								\$
B	COMMERCIAL PROPERTY			FIC0-000206617	3/11/2021	3/11/2022	BUILDING \$ <b>300,000</b>	
								\$
								\$
								\$
								\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
INDURED LOCATION:

259-263 COURTENAY PARKWAY MERITT ISLAND FL 32952

## CERTIFICATE HOLDER

## CANCELLATION

BREVARD COUNTY SOUTH BEACHES WASTE WATER PLANT  
2800 SOUTH HIGHWAY A1A  
MELBOURNE BEACH, FL 32951

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AUTHORIZED REPRESENTATIVE

*Debbie Sprague*



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NAIC #

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23620

INSURER B : FRONTLINE INSURANCE UNLIMITED

10074

INSURER C :

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INSURED  
  
GEORGE & LINDA WISE\*  
410 WINDTAMER WAY  
MERRITT ISLAND, FL 32952

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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INDURED LOCATION:

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## CERTIFICATE HOLDER

WILLOWBROOK FARMS FL  
6994 SARTORI AVENUE  
PALM BAY, FL 32909

## 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