

PAYCHEX INSURANCE AGENCY INC  
PO BOX 33015  
SAN ANTONIO TX, 78265

Silvercrested Management LLC  
1490 NE PINE ISLAND RD STE 8-D  
CAPE CORAL, FL 33909

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# CERTIFICATE OF LIABILITY INSURANCE

BKZ  
R001DATE (MM/DD/YYYY)  
11-02-2012

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).

|   |   |                              |
|---|---|------------------------------|
| <b>PRODUCER</b><br>PAYCHEX INSURANCE AGENCY INC<br>210705 P:( ) - F:(888)443-6112<br>PO BOX 33015<br>SAN ANTONIO TX 78265 | CONTACT NAME:<br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS:         | FAX (A/C, No): (888)443-6112 |
|   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Twin City Fire Ins Co |                              |
| <b>INSURED</b><br>DAVIS JR PLUMBING INC<br>2131 SW 19TH PL<br>CAPE CORAL FL 33991   | INSURER B :   |                              |
|   | INSURER C :   |                              |
|   | INSURER D :   |                              |
|   | INSURER E :   |                              |
|   | INSURER F :   |                              |
|   | NAIC #  |                              |

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 INSR                | SUBR WVD                 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--------------------------|--------------------------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b>  |                          |                          |               |                         |                         |  |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |                          |                          |               |                         |                         | \$   |
|          | <b>AUTOMOBILE LIABILITY</b>   |                          |                          |               |                         |                         |  |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                          |                          |               |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$   |                          |                          |               |                         |                         | \$   |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input type="checkbox"/> | 76 WEG FO6205 | 01/24/2012              | 01/24/2013              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |
|          |   | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         |  |

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

Silvercrested Management LLC  
 1490 NE PINE ISLAND RD STE 8-D  
 CAPE CORAL, FL 33909

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

*Joe Taylor*

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