

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/16/2022

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  |  |                            |  |  |  |  |  |  |  |  |
| PRODUCER   | CONTACT  |                            |  |  |  |  |  |  |  |  |
| Next First Insurance Agency, Inc.  | NAME:<br>PHONE (855) 222 5010 FAX  |                            |  |  |  |  |  |  |  |  |
| PO Box 60787   | (A/C, No, Ext): (033) 222-3919 (A/C, No):  |                            |  |  |  |  |  |  |  |  |
| Palo Alto, CA 94306  | ADDRESS: support@nextinsurance.com   |                            |  |  |  |  |  |  |  |  |
|  | INSURER(S) AFFORDING COVERAGE NAIC #   |                            |  |  |  |  |  |  |  |  |
|  | INSURER A : Next Insurance US Company 16285  |                            |  |  |  |  |  |  |  |  |
| INSURED<br>Panther Concrete Design LLC   | INSURER B :  |                            |  |  |  |  |  |  |  |  |
| 510 12th Ave NW  | INSURER C :  |                            |  |  |  |  |  |  |  |  |
| Naples, FL 34120   | INSURER D :  |                            |  |  |  |  |  |  |  |  |
|  | INSURER E :  |                            |  |  |  |  |  |  |  |  |
|  | INSURER F :  |                            |  |  |  |  |  |  |  |  |
| COVERAGES CERTIFICATE NUMBER: 8476466  | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |                            |  |  |  |  |  |  |  |  |
| INSR<br>LTR TYPE OF INSURANCE ADDL SUBR<br>INSD WVD POLICY NUMBE   | POLICY EFF POLICY EXP<br>(MM/DD/YYYY) (MM/DD/YYYY) L   | IMITS                      |  |  |  |  |  |  |  |  |
|  | EACH OCCURRENCE  | \$1,000,000.00             |  |  |  |  |  |  |  |  |
| CLAIMS-MADE X OCCUR  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)   | \$100,000.00               |  |  |  |  |  |  |  |  |
|  | MED EXP (Any one person)   | \$15,000.00                |  |  |  |  |  |  |  |  |
| A NXTXJKLWVT-00-GL   | 06/16/2022 06/16/2023 PERSONAL & ADV INJURY  | r \$1,000,000.00           |  |  |  |  |  |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   | GENERAL AGGREGATE  | \$2,000,000.00             |  |  |  |  |  |  |  |  |
| X POLICY PRO-<br>JECT LOC  | PRODUCTS - COMP/OP AG  | GG \$2,000,000.00          |  |  |  |  |  |  |  |  |
| OTHER:   |  | \$                         |  |  |  |  |  |  |  |  |
| AUTOMOBILE LIABILITY   | COMBINED SINGLE LIMIT<br>(Ea accident)   | \$                         |  |  |  |  |  |  |  |  |
| ANY AUTO   | BODILY INJURY (Per perso   | on) \$                     |  |  |  |  |  |  |  |  |
| OWNED AUTOS ONLY AUTOS   | BODILY INJURY (Per accid   | lent) \$                   |  |  |  |  |  |  |  |  |
| HIRED NON-OWNED  | PROPERTY DAMAGE<br>(Per accident)  | \$                         |  |  |  |  |  |  |  |  |
| AUTOS ONLY AUTOS ONLY  | (For accident)   | \$                         |  |  |  |  |  |  |  |  |
| UMBRELLA LIAB OCCUR  | EACH OCCURRENCE  | \$                         |  |  |  |  |  |  |  |  |
| EXCESS LIAB CLAIMS-MADE  | AGGREGATE  | \$                         |  |  |  |  |  |  |  |  |
|  | AGREGATE   | \$                         |  |  |  |  |  |  |  |  |
| WORKERS COMPENSATION   | PER OTI<br>STATUTE ER  | H-                         |  |  |  |  |  |  |  |  |
| AND EMPLOYERS' LIABILITY Y / N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE  |  | \$                         |  |  |  |  |  |  |  |  |
| OFFICER/MEMBEREXCLUDED?  | E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLO  |                            |  |  |  |  |  |  |  |  |
| (Mandatory in Nr)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |  |                            |  |  |  |  |  |  |  |  |
|  | E.L. DISEASE - POLICY LIN  |                            |  |  |  |  |  |  |  |  |
| A Contractors Errors and Omissions NXTXJKLWVT-00-GL  | Each Occurrence:<br>06/16/2022 06/16/2023 Aggregate:   | \$25,000.00<br>\$50,000.00 |  |  |  |  |  |  |  |  |
|  | Aggregate.   | \$50,000.00                |  |  |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sch  | dule, may be attached if more space is required)   |                            |  |  |  |  |  |  |  |  |
|  |  |                            |  |  |  |  |  |  |  |  |
| CERTIFICATE HOLDER Panther Concrete Design LLC 510 12th Ave NW Naples, FL 34120  | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |  |  |  |  |  |  |  |  |
| Image: Click or scan to vie  |  |                            |  |  |  |  |  |  |  |  |
| © 1988-2015 ACORD CORPORATION. All rights reserved.  |  |                            |  |  |  |  |  |  |  |  |

The ACORD name and logo are registered marks of ACORD



## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYY) 06/16/2022

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |
|--|--|-------------------|-------------|-------------------------------------|--|---|--------------|-------------------|-------------|-----------------|--|--|
| PRODUCERNext First Insurance Agency, Inc.  |  |                   |             |                                     | NAME:  |   |              |                   |             |                 |  |  |
| PO Box 60787<br>Palo Alto, CA 94306  |  |                   |             | PHONE<br>(A/C, No. Ext): (85        | PHONE<br>(A/C, No, Ext): (855) 222-5919<br>(A/C, No):  |   |              |                   |             |                 |  |  |
|  |  | ,                 |             |                                     | È MAII   | E-MAIL<br>ADDRESS: support@nextinsurance.com  |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | PRODUCER   | PRODUCER  |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | CUSTOMER ID:   | CUSTOMER ID:  |              |                   |             |                 |  |  |
| NOUDED Death an Conservate Deating LLC   |  |                   |             |                                     | C+   | INSURER(S) AFFORDING COVERAGE INSURER A : State National Insurance Company, Inc. 1283 |              |                   |             | NAIC #<br>12831 |  |  |
| INSURED Panther Concrete Design LLC<br>510 12th Ave NW   |  |                   |             | INSURER A : SU                      |  | ice c   | ompany, inc. |                   | 12051       |                 |  |  |
|  |  | Naples, FL 34     | 120         |                                     | INSURER B :  | INSURER B :   |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | INSURER C :  | INSURER C :   |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | INSURER D :  | INSURER D :   |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | INSURER E :  | INSURER E :   |              |                   |             |                 |  |  |
|  |  |                   |             |                                     | INSURER F :  |   |              |                   |             |                 |  |  |
| CO   | VER  | RAGES             |             | CERTIFICATE NUMBER: 8476466         |  |   | RE           | VISION NUMBER:    |             |                 |  |  |
|  | LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 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<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.   |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |
| INSR<br>LTR  |  | TYPE OF IN        | SURANCE     | POLICY NUMBER                       | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY)  | POLICY EXPIRATION<br>DATE (MM/DD/YYYY)  |              | COVERED PROPERTY  |             | LIMITS          |  |  |
|  |  | PROPERTY          |             |                                     |  |   |              | BUILDING          | \$          |                 |  |  |
|  | CAL  | J<br>JSES OF LOSS | DEDUCTIBLES |                                     |  |   | <u> </u>     | PERSONAL PROPERTY | \$          |                 |  |  |
|  |  | BASIC             | BUILDING    | -                                   |  |   |              | BUSINESS INCOME   | -           |                 |  |  |
|  |  | BROAD             |             |                                     |  |   |              | EXTRA EXPENSE     | \$          |                 |  |  |
|  |  |                   | CONTENTS    |                                     |  |   |              | -                 | \$          |                 |  |  |
|  |  | SPECIAL           |             | _                                   |  |   |              | RENTAL VALUE      | \$          |                 |  |  |
|  |  | EARTHQUAKE        |             |                                     |  |   |              | BLANKET BUILDING  | \$          |                 |  |  |
|  |  | WIND              |             |                                     |  |   |              | BLANKET PERS PROP | \$          |                 |  |  |
|  |  | FLOOD             |             |                                     |  |   |              | BLANKET BLDG & PP | \$          |                 |  |  |
|  |  |                   |             |                                     |  |   |              |                   | \$          |                 |  |  |
|  |  |                   |             | -                                   |  |   | <u> </u>     | -                 | \$          |                 |  |  |
|  | x  | INLAND MARINE     |             | TYPE OF POLICY                      |  |   | x            | FOURDMENT         | , i         | 0.00            |  |  |
|  |  | ]                 |             | Contractors Equipment               |  |   | X            | EQUIPMENT         | \$ 10,00    |                 |  |  |
| А  | A CAUSES OF LOSS   |                   |             |                                     | 06/16/2022   | 16/2022 06/16/2023 Million 10010  |              | MISC TOOLS        | \$ 1,000.00 |                 |  |  |
|  |  | NAMED PERILS      |             |                                     |  |   | X            | BORROWED TOOLS    | \$ 5,000    | 0.00            |  |  |
|  | Х  | OPEN PERILS       |             | NXTXWYHWFL-00-IM                    |  |   |              |                   | \$          |                 |  |  |
|  |  | CRIME             |             |                                     |  |   |              |                   | \$          |                 |  |  |
|  | TYP  | PE OF POLICY      |             |                                     |  |   |              |                   | \$          |                 |  |  |
|  |  |                   |             |                                     |  |   |              |                   | \$          |                 |  |  |
|  |  | BOILER & MACH     |             |                                     |  |   |              |                   | \$          |                 |  |  |
| 1  |  | EQUIPMENT BRI     | EAKDOWN     |                                     |  |   |              | 1                 | \$          |                 |  |  |
|  |  |                   |             |                                     |  |   |              |                   | \$          |                 |  |  |
|  |  |                   |             |                                     |  |   |              | -                 |             |                 |  |  |
| SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$         Proof of Insurance.       Proof of Insurance.  |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |
|  |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |
|  |  | ICATE HOLI        |             |                                     |  | ION   |              |                   |             |                 |  |  |
| Panther Concrete Design LLC<br>510 12th Ave NW<br>Naples, FL 34120   |  |                   |             | SHOULD AN<br>THE EXPIRA<br>ACCORDAN | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |   |              |                   |             |                 |  |  |
| Click or scan to view  |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |
| © 1995-2015 ACORD CORPORATION. All rights reserved.  |  |                   |             |                                     |  |   |              |                   |             |                 |  |  |

The ACORD name and logo are registered marks of ACORD