		CERTIFICAT	E OF LIABI	LITY INS	SURANCE		Date 12/29/2017
Producer:		Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691		This Certifica	This Certificate is issued as a matter of information only and or rights upon the Certificate Holder. This Certificate does not a or alter the coverage afforded by the policies below.		
		(727) 938-5562		Insurers Affording Coverage		NAIC #	
Insured:		South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691		Insurer B: Insurer C: Insurer D:	Insurer B:		11075
Cov	erage	<u> </u>		modrer L.			
The po	olicies of in spect to w	surance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims.					
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limit	S
		GENERAL LIABILITY				Each Occurrence	\$
		Commercial General Liability Claims Made Occur				Damage to rented premises (EA occurrence)	\$
		H				Med Exp	\$
		General aggregate limit applies per:	1			Personal Adv Injury	\$
		Policy Project LOC				General Aggregate	\$
		Р "				Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY Any Auto All Owned Autos Scheduled Autos				Combined Single Limit (EA Accident) Bodily Injury (Per Person)	\$
		Hired Autos Non-Owned Autos				Bodily Injury (Per Accident) Property Damage	\$
			1			(Per Accident)	\$
		EXCESS/UMBRELLA LIABILITY				Each Occurrence	
		Occur Claims Made Deductible				Aggregate	
Α	Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO		WC 71949	01/01/2018	01/01/2019	X WC Statu- tory Limits CR E.L. Each Accident	\$1,000,000
		escribe under special provisions below.				E.L. Disease - Ea Employee	\$1,000,000
	, .					E.L. Disease - Policy Limits	\$1,000,000
Cover	age only	s of Operations/Locations/Vehicles/E applies to active employee(s) of South East Pe applies to injuries incurred by South East Pers	xclusions added by ersonnel Leasing, Inc. & AI of T, Associated I	Endorsement/S Subsidiaries that are Investigators of T	pecial Provisions: e leased to the following "(ampa, Inc.	. ,	
Cover A list	age does of the act	not apply to statutory employee(s) or indepe tive employee(s) leased to the Client Company	ndent contractor(s) of th	ne Client Company o	r any other entity.		
						Begin Da	ate 1/1/2010
CER	TIFICATE	HOLDER RISC, LLC		CANCELLATION			
PO BOX 2397				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.			
PO BOX 2397 TAMPA FL 33601				Day Tame			