



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/29/08

PRODUCER Bauknight Insurance
13041 US Highway 19
Hudson, FL 34667
Phone (727)863-5641 Fax (727)863-0637

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Getek, Robert dba Florida Anchor & Barrier Co
35246 U S Hwy 19 N
Palm Harbor, FL 34684-

INSURERS AFFORDING COVERAGE NAIC #
INSURER A: American Reliable Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE 100,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	IGL 007126	05/08/08	05/08/09	DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) 5,000
A						PERSONAL & ADV INJURY 100,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE 100,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG 100,000



2008-09 Mobile Home Installer License



Licensee: Robert F. Getek

License Number: IH0000949

Effective Date 10-1-08 Expiration Date 9-30-09

State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motor Vehicles

DEDUCTIBLE
 RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?
If yes, describe under SPECIAL PROVISIONS below
OTHER

WC STATUTORY LIMITS OTHER
E.L. EACH ACCIDENT
E.L. DISEASE - EA EMPLOYEE
E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Pre-Fab Building Erection

CERTIFICATE HOLDER

DHSMV
2900 Apalachee Parkway
Neil Kirkman Building, MS 66
Tallahassee, Florida 32399-0640

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.

AUTHORIZED REPRESENTATIVE
Lilyan M. Tsoulos A268800