CERTIFICATE OF LIABILITY INSURANCE								Date 1/2/2025
Producer:		Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562			This Certificate is issued as a matter of information only and rights upon the Certificate Holder. This Certificate does not or alter the coverage afforded by the policies below.			
					Insurers Affording Coverage			NAIC #
Insured:		South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691		Insurer A: Lion Insurance Company Insurer B: Insurer C: Insurer D: Insurer E:			11075	
Cove	rages				Insurer E:			
The po	licies of ir spect to w	nsurance 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		icy Effective (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limi	its
		GENERAL LIABILITY					Each Occurrence	\$
		Commercial General Liability Claims Made Occur					Damage to rented premises (Exoccurrence)	A \$
		H					Med Exp	\$
		General aggregate limit applies per:					Personal Adv Injury	\$
		Policy Project LOC					General Aggregate	\$
		1 only 1 roject					Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY					Combined Single Limit	
		Any Auto					(EA Accident)	\$
		All Owned Autos					Bodily Injury (Per Person)	\$
		Scheduled Autos					Bodily Injury	Ψ
		Hired Autos Non-Owned Autos					(Per Accident)	\$
		4					Property Damage (Per Accident)	¢.
		EXCESS/UMBRELLA LIABILITY					Each Occurrence	Ψ
		Occur Claims Made					Aggregate	
Α	Workers Compensation and Employers' Liability		WC 71949	01/01/2025	1/01/2025	01/01/2026	X WC Statu- tory Limits ER	H-
	-	prietor/partner/executive officer/member	VVO 7 1545	01/01/2020	170172020	01/01/2020	E.L. Each Accident	\$1,000,000
exclude		d? NO					E.L. Disease - Ea Employe	e \$1,000,000
	If Yes, o	describe under special provisions below.					E.L. Disease - Policy Limits	\$1,000,000
Other Lion Insurar					Company is A	.M. Best Company r	ated A (Excellent). AN	1B # 12616
Cover	age only	s of Operations/Locations/Vehicles/E. applies to active employee(s) of South East Per applies to injuries incurred by South East Pers	ersonnel Leasing, Inc The Workman Co	c. & Sul	bsidiaries that are	e leased to the following "oper Roofing	Client Company":	92-72-881
Cover A list	age does	s not apply to statutory employee(s) or indepentive employee(s) leased to the Client Company	ndent contractor(s) o	of the C	Client Company o	r any other entity.		
ISSUI	€ 01-02-2	25 (KD)						
CET	TIEICATE	: HOLDER		•	ANCELL ATION		Begin [Date: 2/13/2024
CERTIFICATE HOLDER HILLSBOROUGH COUNTY					CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing			
DEVELOPMENT SERVICES					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.			
601 E. KENNEDY BLVD., 16TH FLOOR					0 7			
TAMPA, FL 33602					Down tame			