



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE SPECIALTY STRUCTURE CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**NIXON, CHARLES**

NIXON SCREENING INC  
1240 TANGELO TERRACE B-19  
DELRAY BEACH FL 33444

**LICENSE NUMBER: SCC131150708**

**EXPIRATION DATE: AUGUST 31, 2020**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/13/2018

**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 have ADDITIONAL INSURED provisions or 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).**

PRODUCER Pelican Insurance Agency, Inc  
100 NW 70th Ste 203  
Plantation, FL 33317

CONTACT NAME: Sam Jacks  
PHONE (A/C, No, Ext): 954 583-5444 FAX (A/C, No): 954 583-2820  
E-MAIL ADDRESS: reception@pelicaninsurance.net

Nixon Screening Inc. dba Nixon Exteriors  
1240 Tangelo Terrace  
Delray Beach, FL 33444

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Capitol Specialtv Insurance	
INSURER B : BridgeField	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

### 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				POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	ADDL INSD		SUBR WVD								
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				CS17001836-01	3/12/2018	3/12/2019	EACH OCCURRENCE	\$ 1,000,000.00		
	<input type="checkbox"/> CLAIMS-MADE		<input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000		
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJ-ECT	<input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000.00		
	OTHER:							GENERAL AGGREGATE	\$ 2,000,000.00		
								PRODUCTS - COMP/OP AGG	\$ 1,000,000		
									\$		
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$		
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$		
	<input type="checkbox"/> DED		<input type="checkbox"/> RETENTION \$						\$		
									\$		
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				830-50486	3/19/2018	3/19/2019	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>							Y / N	N / A	E.L. EACH ACCIDENT	\$ 500,000.00
									E.L. DISEASE - EA EMPLOYEE	\$ 500,000.00	
					E.L. DISEASE - POLICY LIMIT	\$ 500,000.00					

### CERTIFICATE HOLDER

VERIFICATION PURPOSES

### 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