

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

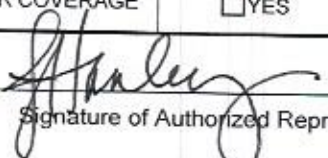
has coverage in force for the following Named Insured as shown below :

Named Insured Post R Us Inc DBA Acme Fence

Address of Named Insured 5150 Halstead Ln.

Zephyrhills, FL 33541

POLICY NUMBER	D73 7077 F13 59	316 4913 B16 59D	E45 4254 E08 59	
EFFECTIVE DATE OF POLICY	06/13/2018-12/13/2018	08/16/2018-02/16/2019	05/08/2018-11/08/2018	
DESCRIPTION OF VEHICLE	2005 ISUZU NPR JALC4B16157015345	1999 GMC W4S042 J8DC4B146X7020686	2003 CHEVROLET C2500 1GCHC29U93E350181	
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	\$100,000.00	\$100,000.00	\$100,000.00	
a. Bodily Injury Each Accident	\$300,000.00	\$300,000.00	\$300,000.00	
b. Property Damage	\$100,000.00	\$100,000.00	\$100,000.00	
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$500.00 Deductible	\$500.00 Deductible	\$500.00 Deductible	_____ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,000.00 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO


 Signature of Authorized Representative

Name and Address of Certificate Holder

Agent
 Title

59-1871

Agent's Code Number

10/08/2018

Date

Name and Address of Agent

L BRANT BLESSING
 38357 CR 54 E
 ZEPHYRHILLS, FL 33542
 813-788-5554
 F-611

Check if a permanent Certificate of Insurance for liability coverage is needed:

Check if the Certificate Holder should be added as an Additional Insured:

Remarks: Exception to condition #3 Waiver of Subrogation with respect to Coverage A only in favor of Additional Insured

"As provided for in Section 320.02(5)(e), Florida Statutes, the listed insurance policy(s) or surety bond(s) may not be canceled on less than 30 days written notice by the insurer to the Department of Highway Safety and Motor Vehicles, such 30 days notice to commence from the date notice is received by the Department"