

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2015

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 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).

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PRODUCER		CONTACT Delia Kyles					
Brightstone Ins. Services, LLC 145 Huguenot Street #501		PHONE (A/C, No. Ext): 914-512-9328	FAX (A/C, No): 914-63	36-0802			
New Rochelle NY 10801		È-MAIL ADDRESS: dkyle@brightstoneins.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Princeton Excess SL Ins. Co.		10786			
INSURED	BLUEST2	INSURER B : American Alternative Ins. Corp		19720			
Boyett Enterprises, LLC dba		INSURER C: Federal Insurance Company		20281			
Blue Streak Couriers P.O Box 551261		INSURER D: Travelers Prop & Casualty		25674			
Jacksonville FL 32255-1261		INSURER E:					
		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 665646592

**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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NSR   POLICY EFF   POLICY EXP									
LTR				WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	Χ	COMMERCIAL GENERAL LIABILITY			3FA3CP000018202	11/24/2015	11/24/2016	EACH OCCURRENCE	\$1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
								MED EXP (Any one person)	\$5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
B A	AUT	OMOBILE LIABILITY		N 3FA2CA000017002		11/24/2015 11/24/2015	11/24/2016 11/24/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
^		ANY AUTO			3FA3CA000026802			BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	Х	UMBRELLA LIAB X OCCUR			3GA3UB000032301	3GA3UB000032301	11/24/2015	11/24/2016	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000	
		DED X RETENTION \$10,000							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EYECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
D C	Carq	go ding/Crime			QT6605900N503TIL14 82109856	11/24/2015 11/24/2015	11/24/2016 11/24/2016	Per Occur Per Occur	\$25,000 \$100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF PROPERTY INSURANCE

CERTIFICATE HOLDER CA	NCELLATION
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BOYETT ENTERPRISES LLC PO BOX 551261 JACKSONVILLE FL 32255 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

Phil)