



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2019

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).

| PRODUCER BALDWIN-KRISTYN-SHERMAN Partners 5216 Summerlin Commons Blvd Suite 200 Fort Myers FL 33907-2139 | CONTACT NAME: Wendy Johnson PHONE (A/C No. Ext): 239-931-3011 E-MAIL ADDRESS: wendy.johnson@bks-partner.com | FAX (A/C, No): 239-931-5604 | | | | | | | | | | | | | |
|--|---|------------------------------------|-------------------------------|--------|---|-------|---|-------|---|-------|---|-------|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Bridgefield Employers Ins Co.</td> <td>10701</td> </tr> <tr> <td>INSURER B : Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : National Indemnity Co. of the</td> <td>20087</td> </tr> <tr> <td>INSURER D : American Cas Co of Reading PA</td> <td>20427</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Bridgefield Employers Ins Co. | 10701 | INSURER B : Continental Insurance Company | 35289 | INSURER C : National Indemnity Co. of the | 20087 | INSURER D : American Cas Co of Reading PA | 20427 | INSURER E : | | INSURER F : |
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| INSURER F : | | | | | | | | | | | | | | | |
| INSURED B.I.P. Partners, LLC., Golden Manufacturing, Inc. and Golden Marine Systems, LLC. 17611 East Street North Fort Myers FL 33917 | GOLDMAN-01 | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 1442943593

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------------------|-------------------------|-------------------------|--|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | 6046407194 | 4/29/2019 | 4/29/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| D | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP | | | 6046343514 | 4/29/2019 | 4/29/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 6046343545 | 4/29/2019 | 4/29/2020 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 0830-56415 | 3/10/2019 | 3/10/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B C | EQUIPMENT FLOATER MOTOR TRUCK CARGO | | | 6046343531 74MTS022542 | 4/29/2019 4/19/2019 | 4/29/2020 4/19/2020 | LEASED/RENTED EQUIP 100,000 DEDUCTIBLE 1,000 MOTOR TRUCK CARGO \$40,000 |

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

Certificate holder is named as additional insured as respects to general liability as required by written contract, subject to all policy terms, conditions, limitations and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Traverse Group
 1390 W LAKESHORE DR
 Clermont FL 34711

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

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**CNA PARAMOUNT
Manufacturing
General Liability Coverage Part Declarations**

Policy Number: 6046407194

| | | | | | | | | | | | | | | | |
|--|--|---|-------------|--|-------------|---------------------------------------|-------------|-----------------------|-------------|--|-----------|--|----------|--|--|
| 1. Named Insured and mailing address | Name: GOLDEN MANUFACTURING, INC. Address: 17611 EAST ST NORTH FORT MYERS, FL 33917-2138 | | | | | | | | | | | | | | |
| 2. Type of Organization | Corporation | | | | | | | | | | | | | | |
| 3. Limits of Insurance, Deductible | <table><tr><td>General Aggregate Limit</td><td>\$2,000,000</td></tr><tr><td>Products/Completed Operations Aggregate Limit</td><td>\$2,000,000</td></tr><tr><td>Personal And Advertising Injury Limit</td><td>\$1,000,000</td></tr><tr><td>Each Occurrence Limit</td><td>\$1,000,000</td></tr><tr><td>Damage To Premises Rented To You Limit</td><td>\$300,000</td></tr><tr><td>Medical Expense Limit – Any One Person</td><td>\$15,000</td></tr><tr><td colspan="2">Deductible Applicable to Damages Endorsement, CNA75119 (see endorsement)</td></tr></table> | General Aggregate Limit | \$2,000,000 | Products/Completed Operations Aggregate Limit | \$2,000,000 | Personal And Advertising Injury Limit | \$1,000,000 | Each Occurrence Limit | \$1,000,000 | Damage To Premises Rented To You Limit | \$300,000 | Medical Expense Limit – Any One Person | \$15,000 | Deductible Applicable to Damages Endorsement, CNA75119 (see endorsement) | |
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| Products/Completed Operations Aggregate Limit | \$2,000,000 | | | | | | | | | | | | | | |
| Personal And Advertising Injury Limit | \$1,000,000 | | | | | | | | | | | | | | |
| Each Occurrence Limit | \$1,000,000 | | | | | | | | | | | | | | |
| Damage To Premises Rented To You Limit | \$300,000 | | | | | | | | | | | | | | |
| Medical Expense Limit – Any One Person | \$15,000 | | | | | | | | | | | | | | |
| Deductible Applicable to Damages Endorsement, CNA75119 (see endorsement) | | | | | | | | | | | | | | | |
| 4. Premium, Surcharges Taxes and Fees at Issuance | <table><tr><td>Total Premium for this Coverage Part</td><td>\$83,659.00</td></tr><tr><td>Total Premium, Surcharges Taxes and Fees for this Coverage Part</td><td>\$83,659.00</td></tr></table> | Total Premium for this Coverage Part | \$83,659.00 | Total Premium, Surcharges Taxes and Fees for this Coverage Part | \$83,659.00 | | | | | | | | | | |
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| Total Premium, Surcharges Taxes and Fees for this Coverage Part | \$83,659.00 | | | | | | | | | | | | | | |
| 5. Audit Period: | Annual | | | | | | | | | | | | | | |

