



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Construction Pros Insurance LLC PO Box 186 San Antonio FL 33576	CONTACT NAME: PHONE (A/C, No, Ext): 800-685-0027	FAX (A/C, No): 813-659-5480
	E-MAIL ADDRESS: office@constructionprosins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED INNOVATIVE CONSTRUCTION INSPECTIONS, INC 1324 Seven Springs Blvd, Suite 301 New Port Richey FL 34655	INSURER A : Lloyds of London	
	INSURER B : Infinity Auto Insurance Company	
	INSURER C : Technology Insurance Company, Inc.	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 704978953

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										
A	COMMERCIAL GENERAL LIABILITY			Y	Y	PSN0040310981		4/1/2025	4/1/2026	EACH OCCURRENCE		\$1,000,000								
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000								
										MED EXP (Any one person)		\$5,000								
										PERSONAL & ADV INJURY		\$1,000,000								
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE		\$2,000,000								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG		\$2,000,000								
	OTHER:									\$		\$								
B	AUTOMOBILE LIABILITY			Y	Y	50010654801-4		7/6/2025	7/6/2026	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000								
	<input checked="" type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)		\$								
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY									BODILY INJURY (Per accident)		\$								
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY									PROPERTY DAMAGE (Per accident)		\$								
										\$		\$								
	UMBRELLA LIAB					OCCUR				EACH OCCURRENCE		\$								
	EXCESS LIAB					<input type="checkbox"/> CLAIMS-MADE				AGGREGATE		\$								
	DED <input type="checkbox"/> RETENTION \$									\$										
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N N / A	TWC4624265		4/1/2025	4/1/2026	X PER STATUTE		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								
A	Professional Liability					PSN0040310981		4/1/2025	4/1/2026	Each Claim Gen Aggregate		1,000,000 2,000,000								

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

Qualifying Individual Rune Lero per license # BU1083, BN2284, PX1131

Client is rated under the following GL class codes: Building Code Inspections

Please review named insured's policies referenced in this document for complete list of all applicable coverage's, limits, endorsements, exclusions, deductibles, and their respective terms and conditions they contain.

CERTIFICATE HOLDER

CANCELLATION

City of Sanibel Community Services Building Division
800 Dunlop Rd
Sanibel FL 33957
USA

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

