



CERTIFICATE OF LIABILITY INSURANCE

OP ID, MY COLL: 108

DATE (MM/DD/YYYY) 04/15/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER
 Dawson of Florida; Naples
 6609 Willow Park Drive
 Naples FL 34109

INSURED
 Phone: 239-261-6116 Fax: 239-261-2803

INSURERS AFFORDING COVERAGE

INSURER A: **Victor O. Schinnerer & Co.**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

NAIC #

Collier Residential Appraisal, Inc.
 1044 Castello Dr. ste. 103
 Naples FL 34103

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR POLICY LTR | INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|-----------------|------|--|---------------|------------------------------------|-------------------------------------|-------------------------------------|
| A | | GENERAL LIABILITY | RNP133218006 | 04/21/10 | 04/21/11 | EACH OCCURRENCE \$ 1,000,000 |
| | | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof E&O GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| | | AUTOMOBILE LIABILITY | | | | Retention \$ 5,000 |
| | | ANY AUTO | | | | COMBINED SINGLE LIMIT \$ |
| | | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | | HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | NON-OWNED AUTOS | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | GARAGE LIABILITY | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| | | ANY AUTO | | | | AGG \$ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | | DEDUCTIBLE | | | | |
| | | RETENTION \$ | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS OTHER \$ |
| | | WHETHER PROPRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? (Mandatory in NH) | | | | E.L. EACH ACCIDENT \$ |
| | | YES, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | OTHER | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Discrimination Limits of Liability \$100,000

CERTIFICATE HOLDER

CANCELLATION

INFOR-1

INFORMATIONAL PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Steven Buehler

ACORD 25 (2009/01)

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