



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2025

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 Automatic Data Processing Insurance Agency, Inc.		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc.
		PHONE (A/C, No. Ext): 1-800-524-7024
		FAX (A/C, No):
		E-MAIL ADDRESS:
1 Adp Boulevard Roseland		INSURER(S) AFFORDING COVERAGE
		INSURER A : Technology Insurance Company, Inc.
		NAIC # 42376
INSURED American Design Engineering Construction Inc 2200 N Commerce Pkwy Ste 200 Weston		INSURER B :
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

COVERAGES

CERTIFICATE NUMBER: 4494607

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	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> COMMERCIAL GENERAL LIABILITY </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> GEN'L AGGREGATE LIMIT APPLIES PER: </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> OTHER: </div>							EACH OCCURRENCE	\$	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
								\$	
								\$	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> AUTOMOBILE LIABILITY </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> ANY AUTO </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> OWNED AUTOS ONLY </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> HIRED AUTOS ONLY </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SCHEDULED AUTOS </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> NON-OWNED AUTOS ONLY </div>					COMBINED SINGLE LIMIT (Ea accident)	\$			
					BODILY INJURY (Per person)	\$			
					BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
						\$			
						\$			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> UMBRELLA LIAB </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> OCCUR </div> <div style="flex: 1; border: 1px solid black; padding: 2px; height: 20px;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> EXCESS LIAB </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> CLAIMS-MADE </div>					EACH OCCURRENCE	\$			
					AGGREGATE	\$			
						\$			
						\$			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? </div> <div style="flex: 1; border: 1px solid black; padding: 2px; text-align: center;"> Y/N </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> (Mandatory in NH) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> If yes, describe under DESCRIPTION OF OPERATIONS below </div>					<input checked="" type="checkbox"/> 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			

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

CERTIFICATE HOLDER	CANCELLATION
<p>Polk County a Political Subdivision of The State of Florida. 330 W CHURCH STREET, ROOM 150 DRAWER AS05, P.O. BOX 9005 BARTOW, FLORIDA 33830/33831-9005</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>