

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2025

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 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).

this certificate does not come rights to the certificate notice in fied of such endorsement(s).						
	CONTACT NAME:					
	PHONE (A/C, No, Ext):	(855) 222-5919	FAX (A/C, No):			
	E-MAIL ADDRESS:	support@nextinsurance.com				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
	INSURER A:	State National Insurance Company, Inc.		12831		
	INSURER B:					
	INSURER C:					
	INSURER D:					
	INSURER E :					
	INSURER F:					
CERTIFICATE NUMBER: 513113742		REVISION NU	MBER:			
		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A: INSURER B: INSURER C: INSURER D: INSURER D: INSURER F:	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Company, Inc. INSURER B: INSURER C: INSURER D: INSURER D: INSURER F:	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 [E-MAIL ADDRESS: support@nextinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Company, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000.00 \$100.000.00
								MED EXP (Any one person)	\$10,000.00
Α					NXTQD7QCJQ-00-GL	11/07/2024	11/07/2025	PERSONAL & ADV INJURY	\$1,000,000.00
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000.00
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000.00
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	Χ	UMBRELLA LIAB X OCCUR			NXTQD7QCJQ-00-GL	11/07/2024	11/07/2025	EACH OCCURRENCE	\$ 2,000,000.00
Α		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000.00
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ICER/MEMBER EXCLUDED?	Ι , Α					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
								Each Occurrence:	\$25,000.00
Α	Cor	tractors Errors and Omissions			NXTQD7QCJQ-00-GL	11/07/2024	11/07/2025	Aggregate:	\$25,000.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Proof of Insurance.									

CERTIFICATE HOLDER	CANCELLATION
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JJ Builders, LLC. 2886 Jaylene Rd North Port, FL 34288



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

an Ryan