

CERTIFICATE OF LIABILITY INSURANCE

MERID-1

OP ID: KB

DATE (MM/DD/YYYY) 12/14/12

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).

	te holder in lieu of such endorsement(s).	, ,			
PRODUCER ITALIANO INSURANCE SERVICES P. O. Box 18425 Tampa, FL 33679-8425 Jeffrey G. Italiano		813-877-7799 813-877-8877	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
			INSURER(S) AFFO	RDING COVERAGE	NAIC #
INSURED	Meridian Investigative Group Inc. 6822 22nd Ave N. Ste 119 St. Petersburg, FL 33710		INSURER B : Progressive Companies		24260
			INSURER C: Fireman's Fund Insurance		21849
			INSURER D:		
-			INSURER E:		
			INSURER F:		
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:		
INDICATI	TO CERTIFY THAT THE POLICIES OF INSURA ED. NOTWITHSTANDING ANY REQUIREMENT CATE MAY BE ISSUED OR MAY PERTAIN, TH	T, TERM OR CONDITION	OF ANY CONTRACT OR OTHER	R DOCUMENT WITH RESPECT TO	WHICH THIS
EXCLUSI	ONS AND CONDITIONS OF SUCH POLICIES. LI				-,
NSR	ADDL SUBR		POLICY EFF POLICY EXP		

TYPE OF INSURANCE LIMITS LTR INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) **GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) Χ MPL1028802.12 05/27/12 05/27/13 Α 50,000 COMMERCIAL GENERAL LIABILITY \$ X CLAIMS-MADE 5,000 OCCUR MED EXP (Any one person) \$ RETRO DATE: 5-27-2009 PERSONAL & ADV INJURY \$ 1,000,000 \$ GENERAL AGGREGATE Incidental GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 В 044672443 12/11/12 12/11/13 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED ALL OWNED Χ BODILY INJURY (Per accident) \$ AUTOS AUTOS NON-OWNED PROPERTY DAMAGE Χ \$ Χ HIRED AUTOS **AUTOS** (Per accident) \$ **UMBRELLA LIAB** 1,000,000 Χ OCCUR **EACH OCCURRENCE** \$ C **EXCESS LIAB** Χ SSE00048580450 08/03/12 05/27/13 1,000,000 CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT MPL1028802.12 05/27/12 05/27/13 3.000.000 Α Professional Liab Each Clai 3,000,000 **RETRO DATE: 4-5-2005** Aggregate

CERTIFICATE HOLDER	CANCELLATION		
FOR INFORMATION PURPOSES	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		
	Outst. H. MITTLE		

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

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