Ą		RTIFI	CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB
С В	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIN ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	VELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	E POLICIES
th	IPORTANT: If the certificate holder is the terms and conditions of the policy, ertificate holder in lieu of such endors.	certain p	olicies may require an er						
PRO				CONTAC NAME: PHONE	Jenney	G. Italiano	FAX		
	. Box 18425 lpa, FL 33679-8425			(A/C, No,	_{Ext):} 813-87		(A/C, No):	813-8	377-8877
Jeff	rey G. Italiano			ADDRES			DING COVERAGE		NAIC #
				INSURER		. ,	oyds, London		
INSU	. 0	oup				n's Fund In			21849
	Inc. 6822 22nd Ave N, Ste 119			INSURER	c · Progres	ssive Comp	anies		24260
	St. Petersburg, FL 33710			INSURER	D :				
				INSURER					
co	VERAGES CERT	TIFICATE	E NUMBER:	INSURER	r.		REVISION NUMBER:		<u> </u>
TI	HIS IS TO CERTIFY THAT THE POLICIES	OF INSUF	RANCE LISTED BELOW HA			THE INSURE	D NAMED ABOVE FOR T		
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F								
E)	XCLUSIONS AND CONDITIONS OF SUCH F	POLICIES.	LIMITS SHOWN MAY HAVE	BEEN R	EDUCED BY	PAID CLAIMS		0 /	
	TYPE OF INSURANCE	NSD WVD	POLICY NUMBER	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α					05/07/0040	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X CLAIMS-MADE OCCUR		MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
							MED EXP (Any one person)	\$	5,000 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO		044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS X SCHEDULED						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Р	UMBRELLA LIAB OCCUR		FAE00024530172		05/07/0046	05/27/2017	EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE		FAE00024550172		03/2//2010	05/2//2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ INII WORKERS COMPENSATION						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab		MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
			RETRO DATE: 7/18/2014	1			Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	U 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requir	ed)		
CE				CANC	ELLATION				
	FOR INFORMATION PURF	POSES		THE	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		-
						NTATIVE	tup		

Ą	Ć	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-	DATE	OP ID: KB (MM/DD/YYYY) 5/06/2016
CI BI	ERT ELO	IFICATE DOE	S NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	те но вү тн	lder. This E policies
th	e te	rms and condi		, cer	ain p	DITIONAL INSURED, the policies may require an er						
P. 0	IAN Bo	R O INSURANCE x 18425 FL 33679-8425					CONTA NAME: PHONE (A/C, No E-MAIL	o, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No)	813-8	377-8877
		G. Italiano					ADDRE			DING COVERAGE		NAIC #
							INSURE		. ,	oyds, London		
INSU	RED		n Investigative G	roup			INSURE	_{R B :} Firema	n's Fund In	surance		21849
		Inc. 6822 221	nd Ave N, Ste 11	9			INSURE	R C : Progres	ssive Comp	panies		24260
		St. Peter	rsburg, FL 33710)			INSURE	RD:				
							INSURE					
00	/FR	AGES	CE		CATE	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
						RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO	THE INSURE		HE PO	LICY PERIOD
IN CE E>	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HSTANDING ANY R E ISSUED OR MAY	EQUII PER1 POLI	reme "Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
		TYPE OF IN			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	Χ			v		MDI 402880246		05/07/0046	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MAD	DE OCCUR	X		MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000 5,000
										MED EXP (Any one person)	\$	1,000,000
		LAGGREGATE LI								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000
	GEN		CT LOC							PRODUCTS - COMP/OP AGG		2,000,000
		OTHER:								FRODUCTO COMPTOF AGG	\$	_,000,000
	AUT	OMOBILE LIABILIT	۲Y							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
_	v	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X		X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	AND	KERS COMPENSA	BILITY Y/N							PER OTH- STATUTE ER		
	OFFI	PROPRIETOR/PAR CER/MEMBER EXC	TNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under		1						E.L. DISEASE - EA EMPLOYE		
Α		CRIPTION OF OPER	RATIONS below			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
A						RETRO DATE: 7/18/2014		03/21/2010	03/21/2017	Aggregate		5,000,000
DESC	RIPT	ION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requi	red)		
CEF	RTIF	ICATE HOLD	ER				CAN	ELLATION				
		St. Louis	Auto & Home s Field Claim Off				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
			esson Ferry Roa s, MO 63128	d			AUTHO	RIZED REPRESE	NTATIVE			
			, mo 03120				9	they a	the the	tul		
								© 1988	-2014 ACOF	RD CORPORATION. A	I right	s reserved.

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С В	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRM ELOW. THIS CERTIFICATE OF I EPRESENTATIVE OR PRODUCER,	A MATTE ATIVELY NSURAN	R OF INFORMATION ON OR NEGATIVELY AMENI CE DOES NOT CONSTIT	LY AND D, EXTE	CONFERS N ND OR ALT	NO RIGHTS	UPON THE CERTIFICA VERAGE AFFORDED I	те но зү тн	E POLICIES
th	MPORTANT: If the certificate hold ne terms and conditions of the poli ertificate holder in lieu of such end	cy, certai	n policies may require an						
			~ /	CONTA NAME:	Jenney	G. Italiano	FAX		
). Box 18425 lipa, FL 33679-8425			(A/C, N E-MAIL	_{5, Ext):} 813-87 _{SS:} karen@i	7-7799 talianoinsu		813-8	77-8877
Jeff	rey G. Italiano			ADDRE			DING COVERAGE		NAIC #
				INSURE		. ,	oyds, London		
INSU	IRED Meridian Investigative Inc.	Group			_{R B :} Firema				21849
	6822 22nd Ave N, Ste 1				R C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL 337	10		INSURE					
				INSURE					
co	VERAGES C		ATE NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SUC	REQUIRE Y PERTAI	MENT, TERM OR CONDITIO IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF AN DED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
					(MM/DD/YYYY)		LIMIT	1	4 000 000
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
					03/21/2010	03/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
		-					PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	_					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
c			044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
Ŭ	ANY AUTO ALL OWNED X SCHEDULED		044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)	· ·	
	AUTOS HIRED AUTOS AUTOS AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MA		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/						PER OTH- STATUTE ER	φ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		
A	DÉSCRIPTION OF OPERATIONS below Professional Liab		MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
			RETRO DATE: 7/18/201	14	03/21/2010	05/21/2017	Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	<u> </u> IICLES (AC	∣ ORD 101, Additional Remarks Sche	dule, may t	Le attached if mor	e space is requir	i red)		
CE	RTIFICATE HOLDER			CAN	CELLATION				
	The Chubb Group of In SE Region Casualty SI Atnn: Lewis F. Smith			THE	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
	3000 Bayport Dr. Suite Tampa, FL 33607	700			RIZED REPRESE		tup		

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C B	ERTII ELOV	FICATE DOE	S N RTIF	OT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDE	CATE HO	LDER. THIS E POLICIES
th	ne ter	ms and cond	ition		, cert	ain p	DITIONAL INSURED, the policies may require an er						
ITAL P. O	. Box	2 D INSURANCI 18425 1 33679-8425	-	RVICES				CONTA NAME: PHONE (A/C, No E-MAIL	5enrey (b, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, I	_{No):} 813-8	377-8877
		. Italiano						ADDRE			IRANCE.COM		NAIC #
								INSURE		. ,	oyds, London		
INSU	IRED		יn In	vestigative G	roup				R B : Firema				21849
		Inc. 6822 22ı	nd A	Ave N, Ste 119)			INSURE	R C : Progres	ssive Comp	oanies		24260
				urg, FL 33710				INSURE	RD:				
								INSURE					
00		AGES		000	דורי	~ ^	ENUMBER:	INSURE	RF:				
			ТНА			-	ANCE LISTED BELOW HA		N ISSUED TO		REVISION NUMBER		
IN CI E)	IDICA ⁻ ERTIF	TED. NOTWIT ICATE MAY B SIONS AND CC	HST. E IS NDI	ANDING ANY RE SUED OR MAY TIONS OF SUCH	equif Pert Poli	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS POLICY EXP	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT TO	WHICH THIS
	X	TYPE OF IN				WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
^			Г	OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	50,000
				OCCOR						•••	PREMISES (Ea occurrence) MED EXP (Any one person)	· · ·	5,000
											PERSONAL & ADV INJURY		1,000,000
	GEN'	L AGGREGATE LI	MIT A	PPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
			RО- СТ								PRODUCTS - COMP/OP A		2,000,000
		OTHER:	01									\$	
	<u> </u>	DMOBILE LIABILIT	Y								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С							044672446		12/11/2015	12/11/2016	BODILY INJURY (Per perso	,	
		ALL OWNED AUTOS	X	SCHEDULED AUTOS							BODILY INJURY (Per accid		
	X	HIRED AUTOS	X	NON-OWNED AUTOS							(Per accident)	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X	EXCESS LIAB	F	X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017		\$	1,000,000
				NU								\$	
	WORK	KERS COMPENSA	TION								PER OTI STATUTE ER	H-	
	ANY P	EMPLOYERS' LIAE PROPRIETOR/PAR	TNER	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mand	ER/MEMBER EXC	LUDE	D?	N/A						E.L. DISEASE - EA EMPLO	YEE \$	
	If yes, DESC	describe under RIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIN	ит \$	
Α	Profe	essional Liab					MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
							RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTIC	ON OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (/	ACORE	D 101, Additional Remarks Schedu	ile, may t	Le attached if mor	e space is requi	Ired)		
CE	RTIFI	CATE HOLD	FR					CON					
		CCM, Inc	c. een	nan Hattaway 202				SHC THE	OULD ANY OF	N DATE TH	DESCRIBED POLICIES B EREOF, NOTICE WIL CY PROVISIONS.		
				zuz y, AL 36124				_	RIZED REPRESE		_		
								9	they u				
							<u></u>		© 1988	-2014 ACOF	RD CORPORATION.	All right	s reserved.

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C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMA W. THIS CERTIFICATE OF IN ESENTATIVE OR PRODUCER, A	TIVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	ID OR ALT	ER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES
th	e te	RTANT: If the certificate holder rms and conditions of the polic cate holder in lieu of such endo	/, cert	ain p	oolicies may require an er						
ITAL P. O	. Bo	R IO INSURANCE SERVICES x 18425 FL 33679-8425				CONTAC NAME: PHONE (A/C, No	Jeffrey (813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	77-8877
		G. Italiano					INS	URER(S) AFFOR	Irance.com DING COVERAGE oyds, London		NAIC #
INSU	RED	Meridian Investigative G Inc.	roup					n's Fund In			21849
		6822 22nd Ave N, Ste 11				INSURE	R C : Progres	ssive Comp	panies		24260
		St. Petersburg, FL 3371)			INSURE					
						INSURE					
	VER	AGES CE	RTIFI	CATE	E NUMBER:	INSUKE	ΥГ.		REVISION NUMBER:		
Tł	HIS I	S TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HAV				ED NAMED ABOVE FOR TH		
		ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY									
E)		JSIONS AND CONDITIONS OF SUCH	I POLI	CIES.	LIMITS SHOWN MAY HAVE		EDUCED BY	PAID CLAIMS			- ,
		TYPE OF INSURANCE		SUBR WVD			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X						05/07/0040	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000 5,000
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN								GENERAL AGGREGATE	э \$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			_							\$	4 000 000
в	X	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MAD	_		FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
	~	EXCESS LIAB X CLAIMS-MAD DED X RETENTION \$ N			1 AL00024030172		03/21/2010	03/21/2011	AGGREGATE	\$ \$	1,000,000
									PER OTH- STATUTE ER	Ψ	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Prof	fessional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHI	LES (ACORI	D 101, Additional Remarks Schedu	lle, may be	e attached if mor	re space is requi	red)		
						0.4110					
CE	K I IF	ICATE HOLDER					ELLATION				
		Employers Mutual, Inc. Attn: Susan Hill				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C. EREOF, NOTICE WILL E CY PROVISIONS.		
		700 Central Parkway Stuart, FL 34994				AUTHOR	IZED REPRESE	NTATIVE			
		Guart, I L 34334				9	they u	the the	tul		
							© 1988	-2014 ACOF	RD CORPORATION. All	riahts	s reserved.

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C B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	VELY OR	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY	HOLDER. THIS THE POLICIES
th	IPORTANT: If the certificate holder te terms and conditions of the policy, ertificate holder in lieu of such endors	certain p	olicies may require an er				
ITAL P. O	DUCER JANO INSURANCE SERVICES . Box 18425 Ipa. FL 33679-8425			PHONE (A/C, No, Ext): 813-87			13-877-8877
	rey G. Italiano			ADDRESS: Karen@	URER(S) AFFOR	DING COVERAGE	NAIC #
INSU	RED Meridian Investigative Gr	oup		INSURER B : Firema	n's Fund In	surance	21849
	6822 22nd Ave N, Ste 119 St. Petersburg, FL 33710)		INSURER C : Progre	ssive Comp	oanies	24260
				INSURER E :			
				INSURER F :			
r	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES		ENUMBER: RANCE LISTED BELOW HAV	/E BEEN ISSUED TO) THE INSURF	REVISION NUMBER: ED NAMED ABOVE FOR THE	
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Fa occurrence)	
						PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	
	PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	5 1,000,000
С	ANY AUTO		044672446	12/11/2015	12/11/2016	BODILY INJURY (Per person) \$	\$
	ALL OWNED X SCHEDULED AUTOS X NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
	X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	
<u> </u>	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	1 000 000
в	X EXCESS LIAB X CLAIMS-MADE		FAE00024530172	05/27/2016	05/27/2017	AGGREGATE \$	1 000 000
	DED X RETENTION \$ NIL					\$	3
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liab		MPL102880216	05/27/2016	05/27/2017		,
			RETRO DATE: 7/18/2014			Aggregate	5,000,000
		LES (ACORE	l 0 101, Additional Remarks Schedu		I re space is requi	I red)	
	RTIFICATE HOLDER			CANCELLATION]
	FHM ATTN: John Tucker				N DATE TH	DESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE CY PROVISIONS.	
	PO Box 616648 Orlando, FL 32861-6648						
	,			Alpy 1	the th	tere	
	1			© 1988	-2014 ACOF	RD CORPORATION. All r	ights reserved.

ACORD 25 (2014/01)

Ą	Ć	ORD	CE	RT	ΊFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) 5/06/2016
CI BI	ERT ELO	IFICATE DOES W. THIS CEF	S NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ГЕ НО ЗҮ ТН	lder. This E policies
th	e te	rms and condi		, ceri	ain p	DITIONAL INSURED, the policies may require an er						
		R O INSURANCE	SERVICES				CONTA NAME:	Jenney	G. Italiano			
P. 0	. Bo	x 18425					PHONE (A/C, No	, Ext): 813-87	7-7799		813-8	377-8877
		FL 33679-8425 3. Italiano					ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
									()	DING COVERAGE		NAIC #
INSU	RED	Meridian	Investigative G	roun					n's Fund In	oyds, London		21849
		Inc.	-	-					ssive Comp			24260
			nd Ave N, Ste 119 sburg, FL 33710				INSURE			Junes		24200
		OI. I eter	35019, 1 E 337 10				INSURE					
							INSURE					
CO	/ER	AGES	CER	TIFI	CAT	E NUMBER:				REVISION NUMBER:		
						RANCE LISTED BELOW HAY						
						INT, TERM OR CONDITION THE INSURANCE AFFORD						
	CLL	ISIONS AND CO	NDITIONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F					
		TYPE OF IN		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-	
Α	Χ	COMMERCIAL GE						05/07/00/0	05/05/00/5	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MAD	OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
	GEN	I'L AGGREGATE LIN POLICY								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
										PRODUCTS - COMP/OP AGG	э \$	2,000,000
	AUT	OTHER: OMOBILE LIABILIT	Y							COMBINED SINGLE LIMIT	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		ALL OWNED AUTOS	X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X	EXCESS LIAB		-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOR									PER OTH- STATUTE ER	\$	
		EMPLOYERS' LIAB PROPRIETOR/PART								E.L. EACH ACCIDENT	\$	
	OFFI	CER/MEMBER EXCI datory in NH)	LUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	, describe under CRIPTION OF OPER	RATIONS below							E.L. DISEASE - POLICY LIMIT		
Α		essional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DESC	RIPT	ION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	l re space is requi	i		
CFF		ICATE HOLDI	ER				CANC	ELLATION				
		Metlife II	DI Claims enneth Nowak				SHO THE	ULD ANY OF	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
			50429 FL 33630-3429				_	RIZED REPRESE				
			-				ð	they u	the the	tul		
								© 1988	-2014 ACOF	RD CORPORATION. AI	l riaht	s reserved.

ACORD 25 (2014/01)

Ą		ERTIF	ICATE OF LIAE	BILITY INSU	JRANCE	MERID-1	DATE (OP ID: KB (MM/DD/YYYY) /06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVELY (SURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY THE	lder. This E policies
th	MPORTANT: If the certificate holde terms and conditions of the polic ertificate holder in lieu of such endo	y, certair	n policies may require an e					
ITAI P. O	DUCER LIANO INSURANCE SERVICES). Box 18425 Joa. FL 33679-8425			CONTACT NAME: Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@	G. Italiano 77-7799 italianoinsu		813-8	77-8877
Jeff	rey G. Italiano			INS INSURER A : Underv	URER(S) AFFOR	ding coverage oyds, London		NAIC #
INSU	JRED Meridian Investigative O Inc. 6822 22nd Ave N, Ste 11 St. Petersburg, FL 3371	9		INSURER B : Firema INSURER C : Progre				21849 24260
	••••••••••••••••••••••••••••••••••••••	-		INSURER E :				
0.0	VERAGES CE	RTIFICA	TE NUMBER:	INSURER F :		REVISION NUMBER:		
TI IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	S OF INS EQUIREN PERTAIN	URANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER	ed named above for t document with respe d herein is subject to	ст то	WHICH THIS
				POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
		-				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	5,000 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
с	AUTOMOBILE LIABILITY		044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X AUTOS X AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
в	UMBRELLA LIAB OCCUR X EXCESS LIAB X		FAE00024530172	05/27/2016	05/27/2017	EACH OCCURRENCE AGGREGATE	\$ \$	1,000,000 1,000,000
	DED X RETENTION \$ N WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
A	Professional Liab		MPL102880216 RETRO DATE: 7/18/2014		05/27/2017			5,000,000 5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (ACC	│ JRD 101, Additional Remarks Schedu	le, may be attached if mo	I	 red)		
CE	RTIFICATE HOLDER			CANCELLATION				
	FHM Insurance Compar Attn: John Tucker Special Investigations U P.O. Box 616648	-		SHOULD ANY OF THE EXPIRATIO ACCORDANCE W AUTHORIZED REPRESS	THE ABOVE D N DATE TH ITH THE POLIC			
	Orlando, FL 32861-6648			Story ,	the the	ter		

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Ą	CORD	CE	RT	ĪFI	CATE OF LIAB	ILIT	Y INSU	RANCE		MERID-′	DATE	OP ID: KB (MM/DD/YYYY) /06/2016
CE BE	ERTIFICATE DOES	NOT AFFIRMAT	IVEL` SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFF	ORDED E	те но зү тні	lder. This E policies
th		ions of the policy	, cert	ain p	DITIONAL INSURED, the policies may require an er							
ITAL P. O	DUCER IANO INSURANCE Box 18425 pa, FL 33679-8425	SERVICES				CONTA NAME: PHONE (A/C, No E-MAIL	_{b, Ext):} 813-87	G. Italiano 7-7799		FAX (A/C, No):	813-8	77-8877
	ey G. Italiano					ADDRE	INSU	JRER(S) AFFOR	Irance.com DING COVERAGE Oyds, Londol	า		NAIC #
INSU	RED Meridian	Investigative G	roup				R B : Firemai		-	-		21849
	Inc.	d Ave N, Ste 119	•				R C : Progres					24260
		sburg, FL 33710				INSURE	RD:					
						INSURE	RE:					
						INSURE	RF:					
	/ERAGES				E NUMBER:				REVISION NU			
					RANCE LISTED BELOW HAY							
CE	RTIFICATE MAY BE	ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBEI	D HEREIN IS SU			
	CLUSIONS AND COM	NDITIONS OF SUCH		CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS. POLICY EXP	<u>.</u>			
			INSD		POLICY NUMBER		(MM/DD/YYYY)			LIMIT	1	
Α					MDI 400990046		05/07/0046	05/07/0047	EACH OCCURREN		\$	1,000,000
					MPL102880216		05/27/2016	05/27/2017	DAMAGE TO REN PREMISES (Ea oc		\$	50,000
									MED EXP (Any one	• /	\$	5,000 1,000,000
									PERSONAL & AD		\$	2,000,000
	GEN'L AGGREGATE LIM								GENERAL AGGRE		\$ \$	2,000,000
									PRODUCTS - CON	/IP/OP AGG	\$	2,000,000
		,							COMBINED SING	E LIMIT	\$	1,000,000
c	ANY AUTO				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (I	Per person)	\$	1,000,000
	ALL OWNED	X SCHEDULED							BODILY INJURY (I	1 /		
	X HIRED AUTOS	X AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per accident)	AGE	\$	
									(i el accident)		\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRE	NCE	\$	1,000,000
в	X EXCESS LIAB	X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE		\$	1,000,000
	DED X RETEN	NTION \$ NI									\$	
	WORKERS COMPENSAT AND EMPLOYERS' LIABI								PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTI OFFICER/MEMBER EXCL	NER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)								E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPER	ATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
A	Professional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai			5,000,000
					RETRO DATE: 7/18/2014				Aggregate			5,000,000
DESC	RIPTION OF OPERATION	S / LOCATIONS / VEHIC	LES (A	ACORE	⊔ D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	red)			
CEF	TIFICATE HOLDE	ĸ				CAN	ELLATION					
		tive Services				THE	EXPIRATION	DATE TH	ESCRIBED POLI EREOF, NOTICI CY PROVISIONS.	E WILL		
	Division (9485 Reg	of EMSI ency Square Bl	wd #	400		AUTHO	RIZED REPRESE	NTATIVE				
		ville, FL 32225	vu. #	-+00		Ð	they u	the the	tup			
	ļ.						© 1988	-2014 ACOR	D CORPORA	TION, AI	l riahte	s reserved.

Ą	CORD CE	RTIF	CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) (/06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	LDER. THIS E POLICIES
th	IPORTANT: If the certificate holder te terms and conditions of the policy ertificate holder in lieu of such endor	, certain	policies may require an e						
		,	,	CONTA NAME:	Jenney	G. Italiano			
P. 0	. Box 18425 pa, FL 33679-8425				o, Ext): 013-07			813-8	377-8877
	rey G. Italiano			ADDRE	_{SS:} karen@i				NAIC #
				INSUR		. ,	oyds, London		NAIC #
INSU		roup			Firema		-		21849
	Inc. 6822 22nd Ave N. Ste 11	a		INSURE	R C : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 33710			INSURE	RD:				
				INSURE	RE:				
				INSURE	RF:		DE\//0/01		
-			E NUMBER:				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS
A	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		-	1,000,000
	X CLAIMS-MADE OCCUR		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	50,000
						•••	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS X AUTOS X HIRED AUTOS X NON-OWNED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE	:	FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
_	DED X RETENTION \$ Ni							\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab		MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
			RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	ule, may t	e attached if moi	e space is requir	red)		
CEI	RTIFICATE HOLDER			CAN					
	American Mining Insurar PO BOX 910928 Lexington, KY 40591	nce		THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		-
				_			t_{1}		
					Mby u		n n		

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CI BI	ERT ELO	IFICATE DOES	S NOT AFFIRMAT RTIFICATE OF INS	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
th	e te	rms and condi		, cert	ain p	DITIONAL INSURED, the policies may require an er						
P. 0	IAN Bo	R IO INSURANCE x 18425 FL 33679-8425					CONTA NAME: PHONE (A/C, No E-MAIL	5enrey (5, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No)	813-8	377-8877
		G. Italiano					ADDRE	INSU	JRER(S) AFFOR	DING COVERAGE Oyds, London		NAIC #
INSU	RED	Meridian	Investigative G	roup				R B : Firemai				21849
		Inc.	nd Ave N, Ste 11	D				R C : Progres				24260
		St. Peter	rsburg, FL 33710)			INSURE	RD:				
							INSURE	RE:				
							INSURE	RF:				
		AGES						N 1001155 53		REVISION NUMBER:		
IN CE	DIC/ RTI	ATED. NOTWIT FICATE MAY BI	HSTANDING ANY RI E ISSUED OR MAY	EQUIF PERT	REME 'AIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF IN	ISURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	X	COMMERCIAL GE				MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN									GENERAL AGGREGATE	\$	2,000,000
		POLICY PR								PRODUCTS - COMP/OP AGG	-	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	
с	AUT	OMOBILE LIABILIT	Ŷ			044070440		40/44/0045	40/44/0040	(Ea accident)	\$	1,000,000
		ANY AUTO ALL OWNED	X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	Х	AUTOS	AUTOS X NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	\$ \$	
	^	HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
в	х	EXCESS LIAB	X CLAIMS-MADE	:		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
_		DED X RETE	INTION \$ NI	-							\$,,
		KERS COMPENSA	TION							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PAR								E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXC	LUDED?	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes DES	s, describe under CRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Pro	fessional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DESC	RIPT	ION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requi	 red)		
CEF	TIF	ICATE HOLD	EK				CANO	ELLATION				
		Brentwo	n Solutions, LLC od Towne Centro		54		THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE (EREOF, NOTICE WILL CY PROVISIONS.		
			ne Square Way, gh, PA 15277	Ste 2	251		AUTHO	RIZED REPRESE	NTATIVE			
		Fillsbul	yıı, r. n . 1 <i>3211</i>				ð	they u	the the	tup		
		1						© 1988	-2014 ACOF	RD CORPORATION. A	I riahts	s reserved.

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Ą	C		RT	IFI	CATE OF LIAB	л п		RANCE	=	DATE ((MM/DD/YYYY)
	-										/06/2016
C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED E	зү тне	E POLICIES
th	ne te	RTANT: If the certificate holder rms and conditions of the policy cate holder in lieu of such endor	, cert	ain p	oolicies may require an er						
-	DUCE		Jenne			CONTAC	^{∵⊤} Jeffrev (G. Italiano			
		IO INSURANCE SERVICES				PHONE	, _{Ext):} 813-87		FAX (A/C, No):	813-8	77-8877
Tam	ipa.	FL 33679-8425 G. Italiano				E-MAIL ADDRES	_{ss:} karen@i	talianoinsu	rance.com		
Jen	ley	S. Ranano					INSU	JRER(S) AFFOR	DING COVERAGE		NAIC #
									oyds, London		
INSU	IRED	Meridian Investigative G	roup					n's Fund In			21849
		6822 22nd Ave N, Ste 119				INSURE	R C : Progres	ssive Comp	banies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
						INSURE					
<u></u>		AGES CER		CAT	E NUMBER:	INSURE	KF:		REVISION NUMBER:		<u> </u>
		S TO CERTIFY THAT THE POLICIES		-	-	VE BEEI	N ISSUED TO				
IN C E	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME TAIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	v		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE OCCUR	X		WIFL 102000210		03/2//2010	05/2//2017	PREMISES (Ea occurrence)	\$	50,000 5,000
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN	UL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS X SCHEDULED AUTOS X NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$	
										\$	1 000 000
в	x				FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
D		DED X RETENTION \$ NI			1 7200024030172		03/21/2010	05/21/2011	AGGREGATE	\$	1,000,000
		RKERS COMPENSATION							PER OTH- STATUTE ER	φ	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFI	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	fessional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
Ban	ker	TION OF OPERATIONS/LOCATIONS/VEHIC TS Insurance Group is li Seral Liability.							ed)		
CE						CANC	ELLATION				
		Steven H Strus Vice President Bankers Insurance Grou	p			SHO THE ACC	ULD ANY OF - EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
		11101 Roosevelt Blvd N.									
		St Petersburg, FL 33716				0	tor ugh	the th	un		

Ą	Ć	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-	DATE	OP ID: KB (MM/DD/YYYY) 5/06/2016
CI BI	ERT Elo	IFICATE DOE	S NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	те но зү тн	lder. This E policies
th	e te	rms and cond		, cer	ain p	DITIONAL INSURED, the policies may require an er						
P. 0	IAN Bo	R IO INSURANCI x 18425 FL 33679-8425					CONTA NAME: PHONE (A/C, No E-MAIL	b, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No): Irance.com	813-8	377-8877
		G. Italiano					ADDRE			DING COVERAGE		NAIC #
							INSURE		. ,	oyds, London		
INSU	RED	Meridiar Inc.	n Investigative G	roup	1			R B : Firema				21849
		6822 221	nd Ave N, Ste 11				INSURE	R C : Progres	ssive Comp	panies		24260
		St. Peter	rsburg, FL 33710)			INSURE					
							INSURE					
CO	/FR	AGES	CEE		CATE	E NUMBER:	INSURE	:K F :		REVISION NUMBER:		
						RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO	THE INSURE		HE PO	LICY PERIOD
IN CE E>	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	HSTANDING ANY R E ISSUED OR MAY	EQUII PERT POLI	reme "Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
		TYPE OF IN			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ					MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MAD	DE OCCUR			WIFL 102000210		03/21/2010	03/2//2017	PREMISES (Ea occurrence)	\$	50,000 5,000
										MED EXP (Any one person)	\$ \$	1,000,000
	CEN	VL AGGREGATE LI								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	GEN		CT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								FRODUCTS - CONF/OF AGG	\$	_,000,000
	AUT	OMOBILE LIABILIT	۲Y							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
_	X	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X		X CLAIMS-MADE	_		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	AND	KERS COMPENSA	BILITY Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PAR CER/MEMBER EXC	TNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	· ·	
٨		CRIPTION OF OPE	RATIONS below			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
Α						RETRO DATE: 7/18/2014		03/21/2010	03/21/2017	Aggregate		5,000,000
				LES (ACORI	⊔ D 101, Additional Remarks Schedu			e space is requi	red)		
CEF	RTIF	ICATE HOLD	ER				CAN	CELLATION				
		Federate	zed Services EC	-	nies		THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		P O Box Owatoni	ี่ 328 าa, MN 55060				AUTHO	RIZED REPRESE	NTATIVE			
		Gwaloffi	ia, iiii4 55000				9	they u	the the	tul		
								© 1988	-2014 ACOF	RD CORPORATION. AI	l riahts	s reserved.

ACORD 25 (2014/01)

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CE BE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMA LOW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A	MAT TIVEL SURA	TER Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT	AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED E		E POLICIES
the	ORTANT: If the certificate holde terms and conditions of the polic tificate holder in lieu of such endo	/, cert	ain p	oolicies may require an er						
PRODU					CONTA NAME: PHONE (A/C, No E-MAIL	_{b, Ext):} 813-87	G. Italiano 7-7799		813-8	877-8877
	ey G. Italiano				ADDRE	SS: Karen@i	URER(S) AFFOR	DING COVERAGE		NAIC #
INSUR	ED Meridian Investigative G	roun						oyds, London		21.940
INSURI	Inc.	-				_{:R в :} Firema _{R с :} Progres				21849 24260
	6822 22nd Ave N, Ste 11 St. Petersburg, FL 3371				INSURE					2-1200
		,			INSURE					
					INSURE				-	
COV	ERAGES CE	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
-		-						MED EXP (Any one person)	\$	5,000
		-						PERSONAL & ADV INJURY	\$	1,000,000
(GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000 2,000,000
-								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
								COMBINED SINGLE LIMIT	\$	1,000,000
C	ANY AUTO			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
-	ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MAD	_		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	NORKERS COMPENSATION							PER OTH- STATUTE ER		
A								E.L. EACH ACCIDENT	\$	
(1	DFFICER/MEMBER EXCLUDED? Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
C	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
AP	Professional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Each Clai Aggregate		5,000,000 5,000,000
DESCR	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)		
CER	TIFICATE HOLDER				CANO	CELLATION				
	Federated Insurance Centralized Services				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
	P O Box 486 MCEC07 Owatonna, MI 55060				AUTHO	RIZED REPRESE	NTATIVE			
	Gwatonna, Mi 33000				a	they u	4 th	ちい		
						NOUL C		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

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Ą	CORD CE	RT	IFI	CATE OF LIAB	BILITY	Í INSU	RANCE	MERID-1	DATE (OP ID: KB
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND	OR ALTI	ER THE CO	VERAGE AFFORDED B	ГЕ НО ВҮ ТНІ	E POLICIES
th	MPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endor	, cer	ain p	olicies may require an er						
					CONTACT NAME:	Jeffrey C	G. Italiano			
P. 0	LIANO INSURANCE SERVICES				PHONE (A/C, No, E	_{xt):} 813-87	7-7799		813-8	377-8877
Tam	ipa, FL 33679-8425 rey G. Italiano				É-MAIL ADDRESS:	karen@i	talianoinsu	irance.com		
Jein	ley G. Ranano					INSU	JRER(S) AFFOR	DING COVERAGE		NAIC #
								oyds, London		
INSU		oup			INSURER E	3 : Firemai	n's Fund In	surance		21849
	Inc. 6822 22nd Ave N. Ste 11)			INSURER (: Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 33710):				
					INSURER E	:				
					INSURER F	:				
				ENUMBER:				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY (ED BY TH		OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		P	OLICY EFF	POLICY EXP	LIMIT	e	
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(M	Ŵ/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s s	1,000,000
				MPL102880216	0	5/27/2016	05/27/2017	DAMAGE TO RENTED	\$ \$	50,000
						0/21/2010	00/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ \$	2,000,000
								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
								PRODUCTS - COMP/OP AGG	э \$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
С				044672446	1	2/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
•	ALL OWNED Y SCHEDULED			011012110			,,	BODILY INJURY (Per accident)		
	AUTOS AUTOS AUTOS							PROPERTY DAMAGE	\$	
	A HIRED AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE			FAE00024530172	0	5/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
-	DED X RETENTION \$ NI								\$	-,,
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216	0	5/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	lle, may be a	ttached if mor	e space is requir	red)		
CE	RTIFICATE HOLDER				CANCE	LLATION				
					UNINCE					
	Shelby County Governm Purchasing Department	ent/			THE E	EXPIRATION	DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E CY PROVISIONS.		
	160 N Main St. Ste. #550 Memphis TN 38103				AUTHORIZ	ED REPRESE	NTATIVE			
	Memphis, TN 38103				91	by u	the th	tul		
						© 1988	-2014 ACOR	D CORPORATION. All	rights	s reserved.

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Ą	C	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	<u> </u>		(MM/DD/YYYY)
c	ERT	IFICATE DOES NO	SSUED AS A DT AFFIRMAT		ter Y of	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT	AND	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED E	FE HO BY TH	E POLICIES
						ERTIFICATE HOLDER.		JONINACI		THE ISSUING INSURER	(3), A	STICKIZED
th	e te		s of the policy	cert	ain p	DITIONAL INSURED, the policies may require an er						
PRO					. ,		CONTA NAME:	Jenney	G. Italiano			
P. 0	. Bo	IO INSURANCE SEF	VICE5				PHONE (A/C, No	o, Ext): 813-87	7-7799		813-8	377-8877
Jeff	pa, rey (FL 33679-8425 G. Italiano					ADDRE	_{ss:} karen@i	talianoinsu	irance.com		1
	-								. ,			NAIC #
INSU	RED	Meridian Invo	estigative G	oun					n's Fund In	oyds, London		21849
1430	RED	Inc.	•	-					ssive Comp			24260
		6822 22nd Av St. Petersbu					INSURE			anes		24200
			ig, i E 337 i 0				INSURE					
							INSURE					
CO	VER	AGES	CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN CI E)	DIC/ ERTI	ATED. NOTWITHSTA FICATE MAY BE ISS	NDING ANY RE	equif Pert Poli	reme "Ain, Cies.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR		TYPE OF INSURA	NCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL	OCCUR	x		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEI									GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$ \$	1,000,000
С	701					044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
•		ALL OWNED	SCHEDULED AUTOS					,.,_0.0	,.,	BODILY INJURY (Per accident)		
	X	X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
в	Х	EXCESS LIAB				FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION	N\$ Nil								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/E	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)								E.L. DISEASE - EA EMPLOYEE		
^		s, describe under CRIPTION OF OPERATION fessional Liab	NS below			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
Α	FIO					RETRO DATE: 7/18/2014		05/2//2010	05/2//2017	_		5,000,000
										Aggregate		3,000,000
The	ce		der is sho	wn		D 101, Additional Remarks Schedu an additional insu:			e space is requin	 red)		
CE	RTIF	FICATE HOLDER					CANO	ELLATION				
		Lumbermen': Alliance Clair P O Box 306 ⁷	ms Service	ng			THE ACC	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Boca Raton,					AUTHO	RIZED REPRESE				
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Ą	C	ORD [®] CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	E		
C B R	ERT ELO EPR	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVELY SURA ND TH	Y OF NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEI IE A C	ND OR ALT CONTRACT	ER THE CO BETWEEN T	VERAGE AFFORDED E THE ISSUING INSURER	FE HO BY THI (S), AU	E POLICIES UTHORIZED
th	e te	RTANT: If the certificate holder rms and conditions of the policy cate holder in lieu of such endors	, cert	ain p	oolicies may require an er						
		R IO INSURANCE SERVICES				CONTA NAME:	Jenney	G. Italiano	FAX		
P. C	. Bo	x 18425 FL 33679-8425				(A/C, No F-MAII	o, Ext): 813-87	7-7799		813-8	77-8877
Jeff	rey (G. Italiano				ADDRE					
								. ,	ding coverage oyds, London		NAIC #
INSU	RED	Meridian Investigative Gr	oup					n's Fund In			21849
		Inc. 6822 22nd Ave N, Ste 119	,			INSURE	R C : Progre	ssive Comp	oanies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
						INSURE	RE:				
~~						INSURE	RF:				
		S TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NUMBER:		
IN C E	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equir Pert Polic	REME AIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
		TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	1	
Α	X	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$	1,000,000 50,000
							03/21/2010	03/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	x	EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ NI								\$	
		RKERS COMPENSATION							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE		
•					MDI 402880246		05/07/0046	05/07/0047		\$	E 000 000
A	FIO				RETRO DATE: 7/18/2014		05/27/2010	05/27/2017	Aggregate		5,000,000 5,000,000
		TION OF OPERATIONS/LOCATIONS/VEHIC IOSS - he is only insure						re space is requi	red)		
	AND ANY OFF (Mar If yes DES Pro	Image: Control of the second state	N/A		D 101, Additional Remarks Schedu	le, may b	e attached if mo	05/27/2017 re space is requir	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Clai Aggregate	\$	
CE	RTIF	FICATE HOLDER				CANO	CELLATION				
		Kentucky Board of Licen for Private Investigators P O Box 1360	sing			THE ACC	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Frankfort, KY 40602				AUTHO	RIZED REPRESE		_		
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CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE H CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY T BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), 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 WAIVE the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confe certificate holder in lieu of such endorsement(s). PRODUCER ITALIANO INSURANCE SERVICES P. O. Box 18425 Tampa, FL 33679-8425 Jeffrey G. Italiano FAX (AC, No. Extl. 813-877-7799 INSURED Meridian Investigative Group Inc. 6822 22nd Ave N, Ste 119 St. Petersburg, FL 33710 INSURER 8: Fireman's Fund Insurance INSURER 0: INSURER 0:	HE POLICIES AUTHORIZED
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Dean Chandlar Hodges- he is only insured when working cases for Meridian Investigative Group	

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PRO					CONTA NAME:	Jenney C	G. Italiano			
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								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
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								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
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		5000 Bra Dublin, (adenton OH 43017				AUTHO	RIZED REPRESE	NTATIVE			
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Tam	. Box 18425 pa, FL 33679-8425				E-MAIL	_{5, Ext):} 813-87 _{SS:} karen@i	talianoinsu		015-0	11-0011
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					INSURE					
CO	VERAGES	CERTIF	CATE	E NUMBER:	INGORE			REVISION NUMBER:		<u>. </u>
TH	IS IS TO CERTIFY THAT THE POL	CIES OF	INSU	RANCE LISTED BELOW HA) THE INSURE	ED NAMED ABOVE FOR T		
	DICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR N			,						
Ε>	CLUSIONS AND CONDITIONS OF S	JCH POL	ICIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		0 / 122	
	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					05/07/0040	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X HIRED AUTOS X NON-OWNED							(Per accident)	\$	
	UMBRELLA LIAB								\$	1 000 000
в	X EXCESS LIAB OCCUR			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE AGGREGATE	\$	1,000,000 1,000,000
	DED X RETENTION \$	Nil				00/21/2010	00/21/2011	AGGREGATE	\$	1,000,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	//N						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					0.5/0-16	0.8/6-14	E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS /	EHICLES	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)		
DESC	CRIPTION OF OPERATIONS / LOCATIONS /	EHICLES	ACORI	D 101, Additional Remarks Schedu	ile, may k	e attached if mor	re space is requir	ed)		
CEF					CAN	CELLATION				
	Commonwealth of Vi of Criminal Justice S Private Security Serv	ervices	-		SHC THE	OULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
	P O Box 1300	000101	•			RIZED REPRESE		_		
	Richmond, VA 23218				9	they u	the the	tere		

Ą	CORD	ERT	ΊFI	CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) 6/06/2016
C B	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRI ELOW. THIS CERTIFICATE OF EPRESENTATIVE OR PRODUCE	IATIVEL INSURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	те но зү тні	lder. This E policies
tł	MPORTANT: If the certificate ho the terms and conditions of the po ertificate holder in lieu of such er	licy, cer	tain p	oolicies may require an e						
PRO ITA P. C	^{DUCER} LIANO INSURANCE SERVICES). Box 18425				CONTA NAME: PHONE (A/C, No	Jenney (_{b, Ext):} 813-87	G. Italiano 7-7799		813-8	877-8877
Tan Jeff	npa, FL 33679-8425 rey G. Italiano				E-MAIL ADDRE			irance.com		1
							()	ding coverage oyds, London		NAIC #
INSU	IRED Meridian Investigativ	Group)			R B : Firema		•		21849
	Inc. 6822 22nd Ave N. Ste	-				R C : Progres				24260
	St. Petersburg, FL 33				INSURE	RD:				
					INSURE					
~~~			<u></u>		INSURE	RF:				
	VERAGES HIS IS TO CERTIFY THAT THE POLI			E NUMBER: RANCE LISTED BELOW HA				REVISION NUMBER:		
IN C E	IDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR M XCLUSIONS AND CONDITIONS OF S	Y REQUI AY PER JCH POL	REME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	1,000,000 2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS X NON-OWNEE							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$ \$	
	UMBRELLA LIAB							EACH OCCURRENCE	\$ \$	1,000,000
в	X EXCESS LIAB X CLAIMS-I			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	Nil							\$	,,
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N						PER STATUTE ER E.L. EACH ACCIDENT		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017		<u> </u>	5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / \	EHICLES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)		
CE	RTIFICATE HOLDER				CAN					
-	Brentwood Services Administrators Inc. P O Box 1125				SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
	104 Continental Place	#200				RIZED REPRESE		_		
	Brentwood, TN 37024				9	they u	the the	tup		

Ą	C	ORD	С	ER1	ſIFI	CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-	DATE	OP ID: KB (MM/DD/YYYY) 5/06/2016
C B	ERT ELO	IFICATE DOE W. THIS CE	S NOT AFFIRM	ATIVEL NSUR/	LY OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HO BY TH	LDER. THIS E POLICIES
th	e te	rms and cond		cy, cer	tain p	DITIONAL INSURED, the policies may require an er ).						
	IAN	R IO INSURANC X 18425	E SERVICES				CONTA NAME: PHONE	Jenney	G. Italiano	FAX	813-8	877-8877
Tam	pa,	FL 33679-8425 G. Italiano	5				É-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
Jein	еуч	5. Italiano							. ,	DING COVERAGE		NAIC #
		Moridia	n Investigative	Group	<b>`</b>					oyds, London		04040
INSU	RED	Inc.	-	-	J				n's Fund In ssive Comp			21849 24260
			nd Ave N, Ste 1 rsburg, FL 337				INSURE		ssive comp	James		24200
		SI. Fele	isburg, i L 557	10			INSURE					
							INSURE					
<b></b>		AGES				E NUMBER:				<b>REVISION NUMBER:</b>		
IN CI	DIC/ ERTI	ATED. NOTWIT FICATE MAY B JSIONS AND CO	THSTANDING ANY BE ISSUED OR MA	REQUI Y PER H POL	REME TAIN,		OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS
A	X		ENERAL LIABILITY	INSL		FULICI NUMBER		(אוואו/טט/דדד)		EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MA	DE OCCUR			MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
				_						MED EXP (Any one person)	\$	5,000
				_						PERSONAL & ADV INJURY	\$	1,000,000
	GE		IMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
			RO- ECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	1 000 000
с	AU		ΙY			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
		ANY AUTO ALL OWNED	X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)	· ·	
	X	AUTOS HIRED AUTOS	X AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$ \$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
в	Х	EXCESS LIAB	X CLAIMS-MA	DE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RET	ENTION \$	Nil							\$	
		RKERS COMPENSA EMPLOYERS' LIA								PER OTH- STATUTE ER		
	ANY			N / A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s. describe under								E.L. DISEASE - EA EMPLOYER		
	DÉS	CRIPTION OF OPE						05/07/0040	05/07/0047	E.L. DISEASE - POLICY LIMIT	\$	
A	Pro	fessional Liab	)			MPL102880216 RETRO DATE: 7/18/2014	ļ	05/27/2016	05/27/2017	Lach Clai Aggregate		5,000,000 5,000,000
DESC	CRIPT	TION OF OPERATIC	DNS / LOCATIONS / VE	HICLES	(ACORI	⊔ D 101, Additional Remarks Schedu	ıle, may t	Le attached if mo	I re space is requir	i red)		
CE	RTIF	ICATE HOLD	ER				CAN					
		Sedgwid 2000 W	ck/Honda/Infoq Henderson Roa us, OH 43220		00		SHC THE ACC	OULD ANY OF	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		-
							9	MAY U	the th	un		

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Ą		RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) (/06/2016
CI BI RI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL) SURAI ND TH	/ OF NCE IE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE IE A C	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED E THE ISSUING INSURER	FE HO BY THI (S), AI	lder. This E policies Uthorized
th	IPORTANT: If the certificate holder e terms and conditions of the policy ertificate holder in lieu of such endor	, certa	ain p	olicies may require an er						
ITAL P. O	DUCER IANO INSURANCE SERVICES . Box 18425 pa. FL 33679-8425				CONTA NAME: PHONE (A/C, No	5enrey ( _{5, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	877-8877
	ey G. Italiano					INSU	JRER(S) AFFOR	Irance.com DING COVERAGE Oyds, London		NAIC #
INSU	RED Meridian Investigative G Inc. 6822 22nd Ave N, Ste 11	-			INSURE	R B : Firemai	n's Fund In	surance		21849 24260
	St. Petersburg, FL 33710				INSURE					
					INSURE	RF:				
-				ENUMBER:	-			REVISION NUMBER:		
IN CE E>	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
с	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED V SCHEDULED			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X SCHEDULED AUTOS X AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	
_	UMBRELLA LIAB OCCUR					05/07/00/0	05/07/00/7	EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MADE	- 1		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ NI							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
Α	DÉSÉRIPTION OF OPERATIONS below Professional Liab			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
A				RETRO DATE: 7/18/2014		03/21/2010	03/2//2017	Aggregate		5,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
CEF					CAN	ELLATION				
	Illinois Department of Financial & Professional Regulation, Div of Prof R				THE	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL   Y PROVISIONS.		
	320 W Washington Springfield, IL 62786	ey				RIZED REPRESE		tul		

Ą	CORD	RTIF	FICATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE (	OP ID: KB
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY SURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEN	d or alti	ER THE CO	VERAGE AFFORDED E	FE HO BY THI	E POLICIES
th	IPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endor	, certair	n policies may require an er						
PRO				CONTAC NAME: PHONE	Jenney	G. Italiano	FAX		
	). Box 18425 lipa, FL 33679-8425			(A/C, No,	_{Ext):} 813-87		Irance.com	813-8	77-8877
	rey G. Italiano			ADDRES			DING COVERAGE		NAIC #
				INSURER		. ,	oyds, London		
INSU	RED Meridian Investigative G	roup		INSURER	B : Fireman	n's Fund In	surance		21849
	Inc. 6822 22nd Ave N, Ste 11	9		INSURER	c : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 33710	)		INSURER	D:				
				INSURER					
0.0	VERAGES CEF		TE NUMBER:	INSURER	F:		REVISION NUMBER:		
r	HIS IS TO CERTIFY THAT THE POLICIES			VE BEEN	I ISSUED TO			HE POI	
С	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAI	N, THE INSURANCE AFFORD	ED BY T	HE POLICIE	S DESCRIBEI	D HEREIN IS SUBJECT TO		
INSR LTR	TYPE OF INSURANCE	ADDL SU		(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
<b>A</b>	X COMMERCIAL GENERAL LIABILITY		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
					03/2//2010	03/21/2017	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
								\$	
							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO ALL OWNED <b>Y</b> SCHEDULED		044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	
	AUTOS AUTOS						(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ Ni							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	AND EMPLOYERS LIABLITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	4					E.L. DISEASE - EA EMPLOYEE		
	DÉSÉRIPTION OF OPERATIONS below		MDI 40000040		05/07/0040	05/07/0047	E.L. DISEASE - POLICY LIMIT	\$	E 000 000
A	Professional Liab		MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Lach Clai Aggregate		5,000,000 5,000,000
L									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACC	ORD 101, Additional Remarks Schedu	ıle, may be	attached if mor	e space is requir	red)		
CE	RTIFICATE HOLDER			CANC	ELLATION				
	Guard Insurance Group P O Box A-H Wilkes-Barre, PA 18703			THE	EXPIRATION ORDANCE WI	I DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		-
				9	Hey u	the bar	they		

	-						MERID-1	1	OP ID: KB
A	C		рти	FICATE OF LIAB			<b>:</b> [	DATE (	(MM/DD/YYYY)
	_						-	06	/06/2016
CE BE	ERT ELO	CERTIFICATE IS ISSUED AS A FIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVELY SURAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	E POLICIES
th	e te	RTANT: If the certificate holder erms and conditions of the policy icate holder in lieu of such endor	, certai	n policies may require an e					
PROD				(0).	CONTACT Jeffrey	G. Italiano			
		NO INSURANCE SERVICES			PHONE (A/C, No, Ext): 813-87		FAX	813-8	77-8877
Tam	pa, I	FL 33679-8425			E-MAIL ADDRESS: karen@i	talianoinsu	rance.com		
Jeffr	ey (	G. Italiano					DING COVERAGE		NAIC #
					INSURER A : Underw	. ,			
INSU	RED	Meridian Investigative G	roup		INSURER B : Firema		-		21849
		Inc.			INSURER C : Progres				24260
		6822 22nd Ave N, Ste 119 St. Petersburg, FL 33710			INSURER D :				
					INSURER E :				
					INSURER F :				
00	/ER	RAGES CEF		TE NUMBER:			REVISION NUMBER:		1
		IS TO CERTIFY THAT THE POLICIES	-	-	VE BEEN ISSUED TO			HE POL	LICY PERIOD
CE EX	ERTI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PERTAI POLICI	N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIE BEEN REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT T		
INSR LTR		TYPE OF INSURANCE	ADDL SU	IBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY           X         CLAIMS-MADE         OCCUR		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
с	AUT	ANY AUTO		044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
		ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	1,000,000
в	x	UMBRELLA LIAB OCCUR		FAE00024530172	05/27/2016	05/27/2017			
В	X	UMBRELLA LIAB OCCUR		FAE00024530172	05/27/2016	05/27/2017		\$	
	WOF	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       CLAIMS-MADE       DED     X       RETENTION \$       NI       RKERS COMPENSATION       EMPLOYERS' LIABILITY		FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$ \$	
	WOF AND ANY	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$     Ni       RKERS COMPENSATION       DEMPLOYERS' LIABILITY       Y/N		FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$ \$	
	WOF AND ANY OFFI (Mar	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$     Nil       RKERS COMPENSATION     DEMPLOYERS' LIABILITY       0 EMPLOYERS' LIABILITY     Y / N       ICER/MEMBER EXCLUDED?     MID		FAE00024530172	05/27/2016	05/27/2017	AGGREGATE PER STATUTE OTH- ER	\$ \$ \$ \$	
	WOF AND ANY OFFI (Mar	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$     Nil       RKERS COMPENSATION     DEMPLOYERS' LIABILITY       0 EMPLOYERS' LIABILITY     Y / N       ICER/MEMBER EXCLUDED?     MID		FAE00024530172	05/27/2016	05/27/2017	AGGREGATE PER STATUTE E.L. EACH ACCIDENT	\$ \$ \$ \$ \$	
	WOR AND OFFI (Man If yes DES	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$       NI       RKERS COMPENSATION       DEMLOYERS' LIABILITY       Y PROPRIETOR/PARTNER/EXECUTIVE       CCERMEMBER EXCLUDED?		FAE00024530172		05/27/2017	AGGREGATE PER STATUTE C.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$	1,000,000
	WOR AND OFFI (Man If yes DES	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$       NI       RKERS COMPENSATION       D EMPLOYERS' LIABILITY       Y / N       'RROPRIETOR/PARTNER/EXECUTIVE       'ICER/MEMBER EXCLUDED?       Indatory in NH)       's, describe under       SCRIPTION OF OPERATIONS below			05/27/2016		AGGREGATE PER STATUTE C.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$	1,000,000
A DESC **T] fal:	WOR AND OFFI (Man If yes DES Pro	UMBRELLA LIAB     OCCUR       EXCESS LIAB     X       DED     X       RETENTION \$       NI       RKERS COMPENSATION       D EMPLOYERS' LIABILITY       Y / N       'RROPRIETOR/PARTNER/EXECUTIVE       'ICER/MEMBER EXCLUDED?       Indatory in NH)       's, describe under       SCRIPTION OF OPERATIONS below	N/A	MPL102880216 RETRO DATE: 7/18/2014 ORD 101, Additional Remarks Schedu .icy #MPL102880215 p malicious prosecuti	Ule, may be attached if more rovides covera	05/27/2017 re space is requir age for	AGGREGATE  PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Clai Aggregate ed)	\$ \$ \$ \$ \$	1,000,000 1,000,000 5,000,000 5,000,000
A DESC **TI fal: vio	WOR AND OFFI (Mar If yee Pro	UMBRELLA LIAB       OCCUR         EXCESS LIAB       X         DED       X         RETENTION \$       Nil         RKERS COMPENSATION       PMOPRIETOR/PARTNER/EXECUTIVE         CER/MEMBER EXCLUDED?       Indatory in NH)         Sc. describe under       SCRIPTION OF OPERATIONS below         Ofessional Liab       TION OF OPERATIONS / LOCATIONS / VEHIC         Lloyds       General Liabilit         arrest, false imprison       Imprison	N/A	MPL102880216 RETRO DATE: 7/18/2014 ORD 101, Additional Remarks Schedu .icy #MPL102880215 p malicious prosecuti	Ule, may be attached if more rovides covera	05/27/2017 re space is requir age for	AGGREGATE  PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Clai Aggregate ed)	\$ \$ \$ \$ \$	1,000,000
A DESC **T fal: vio	WOR AND OFFI (Mar If yee Pro	UMBRELLA LIAB       OCCUR         EXCESS LIAB       X         DED       X         RETENTION \$       Ni         RKERS COMPENSATION       PROPRIETOR/PARTNER/EXECUTIVE         OEMPLOYERS' LIABILITY       Y/N         (PROPRIETOR/PARTNER/EXECUTIVE       Y/N         SCRIPTION OF OPERATIONS / VELOCITION OF OPERATIONS / LOCATIONS / VELIC       Scription         SCRIPTION OF OPERATIONS / LOCATIONS / VELIC       Lloyds         General       Liabilit         arrest,       false         tion of the right to pri         FICATE HOLDER         NYS Department of State         Division of Licensing Se	N/A LES (ACC Sy pol sent, .vacy.	MPL102880216 RETRO DATE: 7/18/2014 ORD 101, Additional Remarks Schedu .icy #MPL102880215 p malicious prosecuti	05/27/2016 ile, may be attached if moi provides covera on, libel, sla CANCELLATION SHOULD ANY OF	05/27/2017 re space is requin age for ander and THE ABOVE D	AGGREGATE  PER STATUTE OTH- E.L. STATUTE E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Clai Aggregate  ed)  ESCRIBED POLICIES BE C EREOF, NOTICE WILL	\$ \$ \$ \$ \$ \$ \$	1,000,000 5,000,000 5,000,000
A DESC **TI fal: vio	WOR AND OFFI (Mar If yee Pro	UMBRELLA LIAB       OCCUR         EXCESS LIAB       X         DED       X         RETENTION \$       Ni         RKERS COMPENSATION       PROPRIETOR/PARTNER/EXECUTIVE         OEMPLOYERS' LIABILITY       Y/N         'OREOR/MEMBER EXCLUDED?       Indatory in NH)         sc. describe under       SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL         SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL       Lloyds General Liabilit         arrest, false imprisonm       tion of the right to pri         FICATE HOLDER       NYS Department of State	N/A LES (ACC Sy pol sent, .vacy.	MPL102880216 RETRO DATE: 7/18/2014 ORD 101, Additional Remarks Schedu .icy #MPL102880215 p malicious prosecuti	05/27/2016 ne, may be attached if mourovides coveration, libel, sla CANCELLATION SHOULD ANY OF THE EXPIRATION	05/27/2017 re space is require age for ander and THE ABOVE D N DATE THE THE THE POLIC	AGGREGATE  PER STATUTE OTH- E.L. STATUTE E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Clai Aggregate  ed)  ESCRIBED POLICIES BE C EREOF, NOTICE WILL	\$ \$ \$ \$ \$ \$ \$	1,000,000

	_									MERID-1	I	OP ID: KB
Ą	C	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	E		(MM/DD/YYYY)
С В	ERT ELO	IFICATE DOES NOT A	AFFIRMAT TE OF INS	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO	E POLICIES
IN th	IPO e te	RTANT: If the certification	ate holder the policy	is ar , cert	n ADI tain p	DITIONAL INSURED, the policies may require an er						
PRO			250				CONTA NAME:	Jenney	G. Italiano			
P. 0	. Bo	IO INSURANCE SERVIC	523				PHONE (A/C, No	o, Ext): 813-87	7-7799		813-8	377-8877
Jeff	pa, ey (	FL 33679-8425 G. Italiano					ADDRE	_{ss:} karen@i	talianoinsu	irance.com		1
	-								. ,			NAIC #
INSU	DED	Meridian Investi	inative G	nun					n's Fund In	oyds, London		21849
11130	RED	Inc.	-	-					ssive Comp			24260
		6822 22nd Ave I St. Petersburg,					INSURE			anes		24200
		ot. i etersburg,	1 - 337 10				INSURE					
							INSURE					
CO	VER	AGES	CER	TIFI	CAT	E NUMBER:				REVISION NUMBER:		
IN Cl EX INSR	DIC/ ERTI	ATED. NOTWITHSTANDI IFICATE MAY BE ISSUED JSIONS AND CONDITION	NG ANY RE D OR MAY S OF SUCH	equif Pert Poli	REME TAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI . LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY POLICY EFF	OR OTHER S DESCRIBEI PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T(	CT TO O ALL	WHICH THIS
	X	TYPE OF INSURANCE			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		1	1,000,000
	~		DCCUR	x		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$	50,000
			JCCUR	^				00/21/2010	00/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J N'L AGGREGATE LIMIT APPLIE	S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:	_								\$	
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO ALL OWNED	EDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	x	AUTOS AUTO	OS -OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
											\$	1 000 000
в	X					FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000 1,000,000
D		DED X RETENTION \$	CLAIMS-MADE	-		17200024030172		03/21/2010	03/21/2011	AGGREGATE	\$ \$	1,000,000
		RKERS COMPENSATION								PER OTH- STATUTE ER	Ψ	
	ANY	<b>EMPLOYERS' LIABILITY</b> PROPRIETOR/PARTNER/EXEC	UTIVE T							E.L. EACH ACCIDENT	\$	
	OFF (Mar	ICER/MEMBER EXCLUDED? ndatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes DES	s, describe under CRIPTION OF OPERATIONS be	elow							E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	fessional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
The	ce		: is sho	wn		 D 101, Additional Remarks Schedu an additional insu:			e space is requi	 red)		
CE	RTIF	FICATE HOLDER					CANC	ELLATION				
		State of Indiana PI/SG Licensing 402 W Washingt	Board	t			THE ACC	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Room W072 Indianapolis, IN	46204				a			ti 10		
			+0204				0	784 0	the th	n n		

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Ą	Ć		ERT	ΊFI	CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) (/06/2016
C B	ERT Elo	CERTIFICATE IS ISSUED AS IFICATE DOES NOT AFFIRM W. THIS CERTIFICATE OF ESENTATIVE OR PRODUCER	ATIVEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	LDER. THIS E POLICIES
th	e te	RTANT: If the certificate hole rms and conditions of the policate holder in lieu of such end	icy, cer	tain p	oolicies may require an er						
P. 0	IAN Bo	IO INSURANCE SERVICES		. ,		CONTAC NAME: PHONE (A/C, No,	Jeffrey ( Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	877-8877
		FL 33679-8425 G. Italiano					INS	URER(S) AFFOR	Irance.com DING COVERAGE Oyds, London		NAIC #
INSU	RED	Meridian Investigative	Group	)				n's Fund In	-		21849
		Inc. 6822 22nd Ave N, Ste	119			INSURE	R c : Progres	ssive Comp	panies		24260
		St. Petersburg, FL 337				INSURER	R D :				
						INSURE					
	/FP	AGES	FRTIFI	CATI	E NUMBER:	INSUREF	ιF:		REVISION NUMBER:		
<b></b>		IS TO CERTIFY THAT THE POLIC				VE BEEN	I ISSUED TO	THE INSURE		HE PO	LICY PERIOD
		ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR M									
E)		JSIONS AND CONDITIONS OF SU								U ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR		(	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	Χ	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
			_						MED EXP (Any one person)	\$	5,000 1,000,000
			_						PERSONAL & ADV INJURY	\$ \$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
		OTHER:								\$	_,,
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$	
										\$	1,000,000
в	Х	EXCESS LIAB X CLAIMS-M			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$	1,000,000
		DED X RETENTION \$	Nil				•••=	•••	AGGREGATE	\$	1,000,000
		RKERS COMPENSATION							PER OTH- STATUTE ER	-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	/ N   N / A						E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED? ndatory in NH) s. describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Pro	fessional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
					RETRO DATE: 7/18/2014	•			Aggregate		5,000,000
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VI	HICLES (	ACORI	D 101, Additional Remarks Schedu	ıle, may be	attached if mor	re space is requi	red)		
						04110					
CE	(TIF	FICATE HOLDER					ELLATION				
		Delaware State Police Detective Licensing				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		P O Box 430 Dover, DE 19903				AUTHOR	IZED REPRESE	NTATIVE			
						9	they u	the the	tul		
						-	© 1988	-2014 ACOF	D CORPORATION. AI	l riahts	s reserved.

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								MERID-1	1	OP ID: KB
Ą		ERT	IFI	CATE OF LIAB	<b>SILIT</b>	Y INSU		=		(MM/DD/YYYY)
										6/06/2016
	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA									
	ELOW. THIS CERTIFICATE OF IN									
R	EPRESENTATIVE OR PRODUCER,	AND T	HE C	ERTIFICATE HOLDER.						
	IPORTANT: If the certificate holde									
	e terms and conditions of the polic ertificate holder in lieu of such endo				ndorse	ment. A stat	tement on th	is certificate does not o	onfer	rights to the
-	DUCER	1 Serrie	in(3)		CONTA	CT .leffrev (	G. Italiano			
	LIANO INSURANCE SERVICES				NAME: PHONE	_{b, Ext):} 813-87		FAX	813-8	377-8877
Tam	pa, FL 33679-8425					_{ss:} karen@i	talianoinsu	Irance.com		
Jeff	rey G. Italiano				ADDICE			DING COVERAGE		NAIC #
					INSURE			oyds, London		
INSU	RED Meridian Investigative (	Group	)		-	R B : Firema		-		21849
	Inc. 6822 22nd Ave N, Ste 1	0			INSURE	R C : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 3371				INSURE	RD:				
	<b>U</b> , <b>P</b>				INSURE	RE:				
					INSURE	RF:				
			-	E NUMBER:				<b>REVISION NUMBER:</b>		
	HIS IS TO CERTIFY THAT THE POLICIE									
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	TAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T		
	XCLUSIONS AND CONDITIONS OF SUC		CIES.		BEEN I		PAID CLAIMS			
	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
				MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
		-						MED EXP (Any one person)	\$	5,000
		-						PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG		2,000,000
								COMBINED SINGLE LIMIT	\$ \$	4 000 000
с				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
Ŭ	ANY AUTO ALL OWNED X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)		
	X NON-OWNED							PROPERTY DAMAGE	\$	
	A HIRED AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MAD	E		FAE00024530172		05/27/2016	05/27/2017		\$	1,000,000
		il							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
				RETRO DATE: 7/18/2014	,			Aggregate		5,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEH						re space is requi	red)		
	David Terry- is an emplo es for Meridian Investiga				orkir	ıg				
CE	RTIFICATE HOLDER				CAN	CELLATION				
					eur					
	Kontucky Deard of Line	neira			THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL		
	Kentucky Board of Lice for Private Investigators		I		ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		
	P O Box 1360	•			A					
	Frankfort, KY 40602					RIZED REPRESE				
					9	they u	IT &	and		

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C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E		LDER. THIS E POLICIES
th	e te	RTANT: If the certificate holder rms and conditions of the policy cate holder in lieu of such endors	, cert	ain p	oolicies may require an er						
PRO ITAL P. O	IAN					CONTA NAME: PHONE (A/C, No	Jeffrey ( _{b, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	77-8877
		G. Italiano					INSU	URER(S) AFFOR	Irance.com DING COVERAGE Oyds, London		NAIC #
INSU	RED	Meridian Investigative Gr	oup				R в : Firema		-		21849
		Inc. 6822 22nd Ave N, Ste 119	,			INSURE	R C : Progres	ssive Comp	oanies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
						INSURE	RE:				
	/=-					INSURE	RF:				
		AGES CER S TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NUMBER:		
IN Cl E)	DIC/ ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equif Pert Poli	reme "Ain, Cies.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	X         CLAIMS-MADE         OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
с	AUT	OMOBILE LIABILITY ANY AUTO ALL OWNED			044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	X	ALL OWNED AUTOS HIRED AUTOS X AUTOS X AUTOS X AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
										\$	1 000 000
в	X	EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE AGGREGATE	\$	1,000,000 1,000,000
<u> </u>	WOF	DED X RETENTION NI							PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N								¢	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	If ves	Idatory in NH) s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
A		fessional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017		Ŷ	5,000,000 5,000,000
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requi	red)		
CEI	RTIF	ICATE HOLDER				CAN	CELLATION				
		Veracity Research Co. Professional Services & Compliance				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		-
		111 Dallas Street Argyle, TX 76226							tul		

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CI BI	ERT ELO	IFICATE DOES W. THIS CEF	S NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	lder. This E policies
th	e te	rms and condi		, ceri	ain p	DITIONAL INSURED, the policies may require an er						
		R O INSURANCE	SERVICES				CONTAC NAME:	Jenney	G. Italiano			
P. 0	Bo	x 18425	SERVICES				PHONE (A/C, No	, _{Ext):} 813-87	7-7799		813-8	377-8877
		FL 33679-8425 3. Italiano					ADDRES	_{ss:} karen@i	talianoinsu	irance.com		
									()	ding coverage oyds, London		NAIC #
INSU	RED	Meridian	Investigative G	roup	1				n's Fund In			21849
		Inc.	-	-					ssive Comp			24260
			nd Ave N, Ste 119 sburg, FL 33710				INSURE					
			3, 11				INSURE					
							INSURE	RF:				
		AGES				E NUMBER:				REVISION NUMBER:		
IN CE	DICA ERTII	ATED. NOTWIT	HSTANDING ANY RI E ISSUED OR MAY	EQUIF PERT	REME TAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	( CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF IN	ISURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GE								EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MAD	OCCUR			MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN									GENERAL AGGREGATE	\$	2,000,000
		POLICY PR								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER: OMOBILE LIABILIT	Y							COMBINED SINGLE LIMIT	\$	1,000,000
с		ANY AUTO				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
-		ALL OWNED AUTOS	X SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	Χ	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB		-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOR		NIION \$ NI							PER OTH-	\$	
	AND	EMPLOYERS' LIAB	ILITY Y/N							PER OTH- STATUTE ER	¢	
	OFFI	PROPRIETOR/PART CER/MEMBER EXCI Idatory in NH)	UDED?	N / A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPER								E.L. DISEASE - POLICY LIMIT		
Α		fessional Liab				MPL102880216		05/27/2016	05/27/2017		, t	5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DESC	RIPT	ION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if mor	 re space is requi	red)		
CE		ICATE HOLDI	=R				CANC					
	<u>(111</u>	State of Departm	Connecticut ent of Public Sa	fety			SHO THE	ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
			untry Club Road n, CT 06457-929	4			AUTHO	RIZED REPRESE	NTATIVE			
			, 01 00737-323	•			ð	they u	the the	tup		
								© 1988	-2014 ACOF	D CORPORATION. AI	l riahts	s reserved.

ACORD CE	RTI	FICATE OF LIAB		IRANCE	MERID-1	DATE	OP ID: KB
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY SURAN	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	E POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certa	in policies may require an ei					
PRODUCER				G. Italiano			
P. O. Box 18425 Tampa, FL 33679-8425			PHONE (A/C, No, Ext): 813-87 E-MAIL	7-7799		813-8	877-8877
Jeffrey G. Italiano			E-MAIL ADDRESS: karen@i				
				. ,	DING COVERAGE		NAIC #
INSURED Meridian Investigative G	roup		INSURER B : Firema				21849
Inc. 6822 22nd Ave N, Ste 11	9		INSURER C : Progres	ssive Comp	oanies		24260
St. Petersburg, FL 33710			INSURER D :				
			INSURER E :				
00/504050			INSURER F :				
COVERAGES CEF		ATE NUMBER:			REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY	v	MDI 402890246	05/07/0046	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X	MPL102880216	05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000 5,000
					MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
C ANY AUTO		044672446	12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS X SCHEDULED AUTOS X NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE		
X HIRED AUTOS X NON-OWNED AUTOS					(Per accident)	\$	
	+					\$	1 000 000
		FAE00024530172	05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
B X EXCESS LIAB X CLAIMS-MADE	_	1 AL00024330 172	03/21/2010	03/21/2011	AGGREGATE	\$ \$	1,000,000
WORKERS COMPENSATION					PER OTH- STATUTE ER	Ψ.	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A Professional Liab		MPL102880216		05/27/2017	Each Clai		5,000,000
		RETRO DATE: 7/18/2014			Aggregate		5,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC The certificate holder is nar respects to General Liability	ned a	CORD 101, Additional Remarks Schedu	le, may be attached if more	re space is requi			5,000,0
CERTIFICATE HOLDER			CANCELLATION				
Amerisure Mutual Insura Company	nce		SHOULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
Amerisure Mutual Insura	nce		SHOULD ANY OF THE EXPIRATION	N DATE THE	EREOF, NOTICE WILL		

Ą	CORD	ERT	FI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE (	OP ID: KB
C B	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER,	A MATT	ER ( OR NCE	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT	AND	CONFERS N	IO RIGHTS	UPON THE CERTIFICAT		E POLICIES
tl	MPORTANT: If the certificate holde he terms and conditions of the polic ertificate holder in lieu of such endo	y, certa	ain p	olicies may require an er						
ITA P. C	DUCER LIANO INSURANCE SERVICES ). Box 18425 npa, FL 33679-8425					5enrey ( 5, Ext): 813-87		FAX (A/C, No): Irance.com	813-8	77-8877
	rrey G. Italiano				INSURE	INSU R A : <b>Underw</b>	JRER(S) AFFOR	ding coverage oyds, London		NAIC #
INSU	URED Meridian Investigative ( Inc. 6822 22nd Ave N, Ste 1 St. Petersburg, FL 3371	19			INSURE	R B : Firemai R C : Progres				21849 24260
	St. Fetersburg, FL 3371	U			INSURE INSURE INSURE	RE:				
CO	VERAGES CE	RTIFIC	ATE	NUMBER:				<b>REVISION NUMBER:</b>		
	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA' XCLUSIONS AND CONDITIONS OF SUC	REQUIR Y PERT	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT	ст то	WHICH THIS
LTR	I YPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
		_						MED EXP (Any one person)	\$	5,000
		_						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
c	AUTOMOBILE LIABILITY			044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS     X     SCHEDULED AUTOS       X     HIRED AUTOS     X       HIRED AUTOS     X     NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MAI	DE III		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						PER STATUTE         OTH- ER           E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	-						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Professional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Each Clai Aggregate		5,000,000 5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (A	CORD	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Wells Fargo Bank NA Terry Haney H4003-01H P O Box 2705	00			SHO THE ACC AUTHO	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E CY PROVISIONS.		-
	Winston-Salem, NC 271	99			0	they u	A UL	un		

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Ą	CORD CE	RTI	FI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE (	OP ID: KB
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY SURAI	OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E		E POLICIES
th	IPORTANT: If the certificate holder te terms and conditions of the policy ertificate holder in lieu of such endor.	, certa	ain p	olicies may require an er						
ITAL P. O	DUCER LIANO INSURANCE SERVICES . Box 18425 Ipa, FL 33679-8425				CONTA NAME: PHONE (A/C, No F-MAII	5enrey ( 5, _{Ext):} 813-87	G. Italiano 7-7799		813-8	77-8877
	rey G. Italiano					INSU	JRER(S) AFFOR	Irance.com DING COVERAGE Oyds, London		NAIC #
INSU	_ · · · · · · J · · · · J	roup				R B : Firemai		<b>2</b> ·		21849
	Inc. 6822 22nd Ave N. Ste 11	3			INSURE	R C : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 33710				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NUMBER:		
IN CI E)	IS TO CERTIFY THAT THE FOLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
								COMBINED SINGLE LIMIT	\$ \$	1 000 000
с				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
ľ	ANY AUTO ALL OWNED X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ NI								\$	
								PER OTH- STATUTE ER		
		N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
					·					
CEI					CANC	ELLATION				
	iUnlimited Investigative Services 7801 Folsom Blvd. #100 Sacramento, CA 95826				THE ACC	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I CY PROVISIONS.		
	Jacianento, CA 33020				9	they u	the th	tup		

								MERID-1	<u> </u>	OP ID: KB
Ą	CORD	CE	RTIF	ICATE OF LIAE	<b>BILIT</b>	TY INSU	RANCE	<u> </u>		(MM/DD/YYYY)
C B	ERTIFICATE DOES NO ELOW. THIS CERTIFIC	SUED AS A M T AFFIRMATI CATE OF INS	MATTER VELY C URANC	R OF INFORMATION ONL OR NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	Y AND , EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICA VERAGE AFFORDED E	TE HO BY THI	E POLICIES
IN th	IPORTANT: If the certi	ficate holder i of the policy,	is an Al certain	DDITIONAL INSURED, the policies may require an e						
	DUCER			,	CONTA NAME:	Jenney	G. Italiano			
P. 0	. Box 18425	VICES			PHONE (A/C, N	e, Ext): 813-87	7-7799	FAX (A/C, No):	813-8	377-8877
	pa, FL 33679-8425 rey G. Italiano				ADDRE	_{ss:} karen@i				1
							.,	ding coverage oyds, London		NAIC #
INSU	RED Meridian Inve	estigative Gr	oup			ER B : Firema				21849
	Inc.	-	•							24260
	6822 22nd Av St. Petersbur				INSUR		•			-
					INSUR	ER E :				
					INSUR	ER F :				
				TE NUMBER:				REVISION NUMBER:		
IN CI E)	DICATED. NOTWITHSTAI ERTIFICATE MAY BE ISSI	NDING ANY RE UED OR MAY F ONS OF SUCH I	QUIREM PERTAIN POLICIES	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF AN DED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
		NCE	ADDL SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	1	
Α	X COMMERCIAL GENERAL			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
	GEN'L AGGREGATE LIMIT API							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	AUTOS A	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
-	UMBRELLA LIAB       X     EXCESS LIAB	OCCUR		FA F00004500470		05/07/0040	05/07/0047	EACH OCCURRENCE	\$	1,000,000
в	V	Nii		FAE00024530172		05/2//2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION	\$						PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/E	XECUTIVE Y/N						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED (Mandatory in NH)	?	N / A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATION	IS below						E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
				RETRO DATE: 7/18/2014	1			Aggregate		5,000,000
	CRIPTION OF OPERATIONS/LO Raymond Renfro-		•	RD 101, Additional Remarks Schedu gator License	ule, may I	be attached if mor	 re space is requir	 red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
	North Carolir Protective Se 4901 Glenwo Raleigh, NC 2	ervices Board od Ave. #200			THE ACC	EEXPIRATION	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
					8	Aby u	the th	tere		

Ą		ERTIF	FICATE OF LIAB	BILITY INSU	IRANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) 6/06/2016
C B	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRM ELOW. THIS CERTIFICATE OF EPRESENTATIVE OR PRODUCER	ATIVELY NSURANO	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	ГЕ НО ЗҮ ТН	lder. This E policies
th	IPORTANT: If the certificate hold the terms and conditions of the pol ertificate holder in lieu of such end	cy, certair	n policies may require an e					
ITAL P. O	DUCER JANO INSURANCE SERVICES , Box 18425 Jpa, FL 33679-8425			CONTACT NAME: Jeffrey ( PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@i	G. Italiano 7-7799		813-8	877-8877
Jeff	rey G. Italiano			INS	URER(S) AFFOR	DING COVERAGE		NAIC #
INSU	RED Meridian Investigative	Group		INSURER A : Underv				21849
	Inc. 6822 22nd Ave N. Ste	10		INSURER C : Progres				24260
	St. Petersburg, FL 337			INSURER D :				
				INSURER E :				
				INSURER F :				
			TE NUMBER:			REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR M/ XCLUSIONS AND CONDITIONS OF SU	REQUIREN Y PERTAII CH POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
insr Ltr	TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
						MED EXP (Any one person)	\$	5,000
		_				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					COMBINED SINGLE LIMIT	\$	
с			044672446	12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
							\$	
в	UMBRELLA LIAB         OCCUR           X         EXCESS LIAB         X         CLAIMS-MJ	NDE .	FAE00024530172	05/27/2016	05/27/2017	EACH OCCURRENCE AGGREGATE	\$ \$	1,000,000 1,000,000
	DED KETENTION \$	Nil					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N				PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under	—				E.L. DISEASE - EA EMPLOYEE		
Α	DÉSCRIPTION OF OPERATIONS below Professional Liab		MPL102880216	05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
^			RETRO DATE: 7/18/2014		00/21/2011	Aggregate		5,000,000
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (ACC	ORD 101, Additional Remarks Schedu	ıle, may be attached if mo	ire space is requi	red)		
CE	RTIFICATE HOLDER			CANCELLATION				
	Texas Department of F Safety, Private Securit Bureau			THE EXPIRATION ACCORDANCE W	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
	P O Box 4087			AUTHORIZED REPRESE		⊢ ^		
	Austin, TX 78773-0001			Stry .	IT &	and a		

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			MERID-1	OP	ID: KB
ACORD [®] CERTIFICATE	OF LIABILITY INSUR	RANCE		DATE (MM/DD/Y)	YYY)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFOR CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATI BELOW. THIS CERTIFICATE OF INSURANCE DOES N	ATION ONLY AND CONFERS NO ELY AMEND, EXTEND OR ALTER	D RIGHTS UPON T R THE COVERAG	E AFFORDED B	BY THE POLI	THIS CIES
REPRESENTATIVE OF PRODUCER, AND THE CERTIFICA		EIWEEN THE 155	UING INSURER	(5), AUTHOR	IZED
IMPORTANT: If the certificate holder is an ADDITIONAL the terms and conditions of the policy, certain policies m certificate holder in lieu of such endorsement(s).					
PRODUCER	CONTACT Jeffrey G.	. Italiano			
ITALIANO INSURANCE SERVICES P. O. Box 18425	PHONE (A/C, No, Ext): 813-877	-7799	FAX (A/C, No):	813-877-887	7
Tampa, FL 33679-8425 Jeffrey G. Italiano	E-MAIL ADDRESS: karen@ita	alianoinsurance.	com		
		RER(S) AFFORDING COV		NAI	IC #
INSURED Meridian Investigative Group				04040	
INSURED Meridian Investigative Group Inc.	INSURER B : Fireman'		e	21849 24260	
6822 22nd Ave N, Ste 119	INSURER C : Progress	sive Companies		24200	
St. Petersburg, FL 33710	INSURER D : INSURER E :				
	INSURER F :				
COVERAGES CERTIFICATE NUMBE		REVISI	ON NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS					-
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU					
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH		AID CLAIMS.			
LTR TYPE OF INSURANCE INSD WVD F	LICY NUMBER (MM/DD/YYYY) (N	MM/DD/YYYY)	LIMIT		
A X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUIR MPL1028	05/27/2016		CCURRENCE TO RENTED S (Ea occurrence)		000,000 50,000
CLAIMS-MADE OCCUR MPL1028	05/2//2016			\$ \$	5,000
			o (Any one person) AL & ADV INJURY		000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			LAGGREGATE	. ,	000,000
			TS - COMP/OP AGG	. ,	,000
OTHER:				\$	
		COMBINI (Ea accid	ED SINGLE LIMIT ent)	\$ 1,0	000,000
C ANY AUTO 04467244	12/11/2015 1	12/11/2016 BODILY I	NJURY (Per person)	\$	
ALL OWNED X SCHEDULED AUTOS X NON-OWNED			NJURY (Per accident) TY DAMAGE		
X HIRED AUTOS X NON-OWNED AUTOS		(Per accid	dent)	\$ \$	
		FACILO	CURRENCE	•	000,000
B X EXCESS LIAB X CLAIMS-MADE FAE0002	<b>30172</b> 05/27/2016 (	05/27/2017 AGGREG			000,000
DED X RETENTION \$ NIL		7.00.120		\$	,
		PER	R OTH- TUTE ER		
			HACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under		E.L. DISE	ASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below			ASE - POLICY LIMIT		
A Professional Liab MPL1028		05/27/2017 Each C			000,000
REIROL	TE: 7/18/2014	Aggreg	ate	5,0	000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Addition RE: James Harrell Rorie Jr Private Investigative Group.		space is required)			
CERTIFICATE HOLDER					
North Carolina Private Protective Services Board	SHOULD ANY OF TH THE EXPIRATION ACCORDANCE WITH	HE ABOVE DESCRIBE DATE THEREOF, H THE POLICY PROVI	NOTICE WILL E		
North Carolina Private	SHOULD ANY OF TH THE EXPIRATION ACCORDANCE WITH AUTHORIZED REPRESENT	DATE THEREOF, H THE POLICY PROV	NOTICE WILL E		

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								MERID	-1	OP ID: KB
Ą	CORD	CERT	'IFI	CATE OF LIAB	SILIT	Y INSU		<b>=</b> [		(MM/DD/YYYY)
C B R	HIS CERTIFICATE IS ISSUED A ERTIFICATE DOES NOT AFFIF ELOW. THIS CERTIFICATE O EPRESENTATIVE OR PRODUCI MPORTANT: If the certificate h	S A MAT MATIVEL F INSURA R, AND T Dider is a		OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUTERTIFICATE HOLDER. DITIONAL INSURED, the	Y AND EXTE TE A ( policy)	CONFERS N ND OR ALT CONTRACT	NO RIGHTS ER THE CO BETWEEN 1 e endorsed.	UPON THE CERTIFICA VERAGE AFFORDED THE ISSUING INSUREI	ATE HO BY TH R(S), A WAIVED	E POLICIES UTHORIZED
	e terms and conditions of the p ertificate holder in lieu of such e				ndorse	ment. A stat	tement on th	ils certificate does not	conter	rights to the
PRO ITAL P. O	DUCER LIANO INSURANCE SERVICES 9. Box 18425 19a, FL 33679-8425				CONTA NAME: PHONE (A/C, N	Jenney ( b, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No	_{):} 813-8	877-8877
Jeff	rey G. Italiano				ADDRE			Irance.com		
								DING COVERAGE Oyds, London		NAIC #
INSU	. 0	/e Group	)			Firema				21849
	Inc. 6822 22nd Ave N, St	e 119			INSURE	R C : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 3				INSURE	RD:				
					INSURE					
00	VERAGES	CERTIE	САТЕ	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE PO	-	-	-	VE BEE	N ISSUED TO			THE PO	LICY PERIOD
CI EX	IDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR XCLUSIONS AND CONDITIONS OF	MAY PER SUCH POL	ΓAIN,	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBE	D HEREIN IS SUBJECT ⁻	TO ALL	
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)		LIMI EACH OCCURRENCE	s	1,000,000
	X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG		2,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
-	ALL OWNED X SCHEDULE AUTOS X SCHEDULE	D						BODILY INJURY (Per accident	t) \$	
	X HIRED AUTOS X NON-OWNE	D						PROPERTY DAMAGE (Per accident)	\$	
									\$	
_	UMBRELLA LIAB OCCUR					. <b>.</b>		EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS	MADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
RE:	CRIPTION OF OPERATIONS/LOCATIONS/ CRIPTION OF OPERATIONS/LOCATIONS/ Tony Parrott - Privat king for Meridian Inve	e Inves	tiga	ator License while		e attached if mor	re space is requi	red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
	North Carolina Priva Protective Services 4901 Glenwood Ave	Board			THE	EXPIRATION CORDANCE WI	N DATE THI	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		
	Raleigh, NC 27612	200						tul		
	1					© 1988	-2014 ACOF	RD CORPORATION. A	ll right	s reserved.

~~								MERID-1		OP ID: KB
Ą	CORD	CERT	<b>IFI</b>	CATE OF LIAB	SILIT	Y INSU	RANCE	E		MM/DD/YYYY)
C B	HIS CERTIFICATE IS ISSUED ERTIFICATE DOES NOT AFFI ELOW. THIS CERTIFICATE ( EPRESENTATIVE OR PRODUC	AS A MAT RMATIVEL DF INSURA	TER Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT	AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICATI	E HO	E POLICIES
th	<b>IPORTANT:</b> If the certificate here terms and conditions of the ertificate holder in lieu of such	policy, cer	tain p	olicies may require an er						
PRO	DUCER				CONTA NAME:	CT Jeffrey (	G. Italiano			
P. 0	LIANO INSURANCE SERVICES 9. Box 18425				PHONE (A/C, N	_{b, Ext):} 813-87	7-7799	FAX (A/C, No): 8	313-8	77-8877
	ıpa, FL 33679-8425 rey G. Italiano				E-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
							. ,	DING COVERAGE		NAIC #
	Manidian Investigat							oyds, London		
INSU	RED Meridian Investigat Inc.	ive Group	)			R B : Firema				21849
	6822 22nd Ave N, S					R C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL	33710			INSURE					
					INSURE					
CO	VERAGES	CERTIFI	CATE	E NUMBER:	INOURI			REVISION NUMBER:		I
Tŀ	HIS IS TO CERTIFY THAT THE PO	LICIES OF	INSU	RANCE LISTED BELOW HAY			THE INSURE	ED NAMED ABOVE FOR TH		
CI	IDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OF XCLUSIONS AND CONDITIONS OF	MAY PER SUCH POL	ΓAIN,	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO		
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		¢	1,000,000
	X CLAIMS-MADE OCCU			MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED	\$\$	50,000
		ĸ				00/21/2010	00/21/2011		» \$	5,000
									Ψ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PE	R:							\$ \$	2,000,000
	POLICY PRO- JECT LOC								\$	2,000,000
									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDUL AUTOS X SCHEDUL							, , , , , , , , , , , , , , , , , , , ,	\$	
	X HIRED AUTOS X NON-OWN AUTOS	IED						(Per accident)	\$	
									\$	
-	UMBRELLA LIAB     OCCU       X     EXCESS LIAB     X			F A F00024520472		05/07/0046	05/07/0047		\$	1,000,000
в		S-MADE NII		FAE00024530172		05/27/2016	05/27/2017		\$	1,000,000
	DED X RETENTION \$	1111						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV	Y/N							\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017		•	5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
	CRIPTION OF OPERATIONS/LOCATIONS 5 Central Avenue, Sain					e attached if mor	re space is requi	red)		
CEI	RTIFICATE HOLDER				CAN	CELLATION				
	PISGS PO Box 182001 Columbia, OH 4321	8			THE	EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.		
		~			_	RIZED REPRESE				
					9	they w				
						© 1988	-2014 ACOF	RD CORPORATION. All	rights	s reserved.

						MERID-1	OP ID: KB
4	CORD [®] CE	RTIF	ICATE OF LIAB	BILITY INSU	IRANCE	Ξ	DATE (MM/DD/YYYY) 06/06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY C	OR NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY	E HOLDER. THIS Y THE POLICIES
tł	IPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endo	, certain	policies may require an e				
	DUCER		,		G. Italiano		
P. C	). Box 18425 10a, FL 33679-8425			PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@	7-7799		813-877-8877
Jeff	rey G. Italiano					DING COVERAGE	NAIC #
				INSURER A : Underv			
INSU	IRED Meridian Investigative G	roup		INSURER B : Firema			21849
	6822 22nd Ave N, Ste 11				ssive Comp	Danies	24260
	St. Petersburg, FL 33710	)		INSURER D : INSURER E :			
				INSURER F :			
<b></b>						REVISION NUMBER:	
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN POLICIES	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS
		ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	4 000 000
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	x	MPL102880216	05/27/2016	05/27/2017	DAMAGE TO RENTED	\$ 1,000,000 \$ 50,000
							<u>\$</u> 5,000 \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
с	ANY AUTO		044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ <u>1,000,000</u> \$
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X AUTOS						\$
						2	\$
в	UMBRELLA LIAB         OCCUR           X         EXCESS LIAB         X         CLAIMS-MAD	_	FAE00024530172	05/27/2016	05/27/2017		<u>\$</u> 1,000,000 \$1,000,000
	DED X RETENTION \$ N						\$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					PER STATUTE         OTH- ER           E.L. EACH ACCIDENT         \$	\$
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	•
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
A	Professional Liab		MPL102880216 RETRO DATE: 7/18/2014		05/27/2017	Each Clai Aggregate	5,000,000 5,000,000
The	CRIPTION OF OPERATIONS/LOCATIONS/VEH certificate holder is nai pects to General Liabilit	ned as			 re space is requi	 red)	
CE	RTIFICATE HOLDER			CANCELLATION			
	Frasco Inc. Vendor Management Pro 215 W Alameda Ave.	ogram		THE EXPIRATIO	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE CY PROVISIONS.	
	Burbank, CA 91502						
				Alber 1	AT A	Y Y	

								MERID-1	1	OP ID: KB
Ą	CORD		TIFI	CATE OF LIAE	SII IT	Y INSU		=		(MM/DD/YYYY)
										/06/2016
c	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRI ELOW. THIS CERTIFICATE OF	<b>IATIVE</b>	LY O	R NEGATIVELY AMEND,	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	зү тн	E POLICIES
	EPRESENTATIVE OR PRODUCE							THE ISSUING INSURER	(3), A	JIIONIZED
	IPORTANT: If the certificate ho									
C	e terms and conditions of the po ertificate holder in lieu of such er							is certificate does not c	onfer	rights to the
	DUCER				CONTA NAME:	Jenney	G. Italiano	FAX		
	). Box 18425 10a. FL 33679-8425				(A/C, No	_{b, Ext):} 813-87	7-7799	Irance.com	813-8	377-8877
	rey G. Italiano				ADDRE					
								ding coverage oyds, London		NAIC #
INSU	RED Meridian Investigativ	e Grou	р		1	R B : Firema		-		21849
	Inc.		•			R C : Progres				24260
	6822 22nd Ave N, Ste St. Petersburg, FL 33				INSURE		•			
					INSURE					
					INSURE					
		-	-	E NUMBER:				<b>REVISION NUMBER:</b>		
	HIS IS TO CERTIFY THAT THE POL									
	IDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR N									
	XCLUSIONS AND CONDITIONS OF S				BEEN		PAID CLAIMS			
	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α						0.5/0.5/0.0	05/05/00/5	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		)	C I	MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
	]							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
								COMBINED SINGLE LIMIT	\$	1,000,000
с	ANY AUTO			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
•	ALL OWNED Y SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS AUTOS X NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-	ADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	Nil							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	//N	A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	'`` <i>'</i>						E.L. DISEASE - EA EMPLOYEE	\$	
6	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
	CRIPTION OF OPERATIONS/LOCATIONS/ certificate holder is		•				re space is requi	red)		
	pects to General Liabil		ab (		iteu c					
					CAN					
UE	RTIFICATE HOLDER					CELLATION				
					ѕно	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C		LED BEFORE
	REM							EREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN
	2540 Route 130, Suite	109				ORDANCE WI		SI FRUVISIUNS.		
	Cranberry, NJ 08512				AUTHO	RIZED REPRESE	NTATIVE			
					1			<b>₩</b> 0		
					0	they u		L'A		

								MERID-1		OP ID: KB
A	CORD°	FBT	'IEI	CATE OF LIAB	л. П			=	DATE (	(MM/DD/YYYY)
						1 1130		-	06	/06/2016
С В	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRI ELOW. THIS CERTIFICATE OF EPRESENTATIVE OR PRODUCE	IATIVEL INSURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ву тне	E POLICIES
th	IPORTANT: If the certificate ho the terms and conditions of the po ertificate holder in lieu of such er	licy, cer	tain p	policies may require an ei						
_	DUCER	aursenne	/11(0)		CONTA	CT Jeffrev (	G. Italiano			
P. O Tam	LIANO INSURANCE SERVICES Box 18425 Ipa, FL 33679-8425				PHONE (A/C, N	_{o, Ext):} 813-87 _{SS:} karen@i	7-7799		813-8	877-8877
Jeff	rey G. Italiano							DING COVERAGE		NAIC #
								oyds, London		
INSU	RED Meridian Investigativ	e Group	)			_{ER В :} Firema				21849
	6822 22nd Ave N, Ste	119			INSURI	ER C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL 33	710			INSURI	ER D :				
					INSURI					
0.5			<u></u>		INSURI	ER F :				<u> </u>
		-	-	E NUMBER:				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLI DICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR N ACLUSIONS AND CONDITIONS OF S	Y REQUII IAY PERT JCH POLI	REME FAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
с				044670446		40/44/0045	40/44/0040	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
C	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS X HIRED AUTOS X AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
									\$	4 000 000
Б				FA F00024F20472		05/07/0046	05/07/0047	EACH OCCURRENCE	\$	1,000,000
В		NII		FAE00024530172		05/2//2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$							PER OTH- STATUTE ER	\$	
	AND EMPLOYED CLUADILITY	'/N							¢	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017		φ	5,000,000
~				RETRO DATE: 7/18/2014		00/21/2010	00/21/2011	Aggregate		5,000,000
	CRIPTION OF OPERATIONS/LOCATIONS/ Andrew LaLonde- Privat	•		,	ıle, may l	be attached if mor	re space is requir	red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
	North Carolina Privat Protective Services 4901 Glenwood Ave. Raleigh, NC 27612				THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL F CY PROVISIONS.		
					9	Mby u	the th	and		

							MERID-1	OP	PID: KB
A		RTIFI	CATE OF LIAB	л п			:	DATE (MM/DD/	/YYYY)
•					1 1130		-	06/06/20	016
CI BI RI IN th	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI IPORTANT: If the certificate holder e terms and conditions of the policy,	VELY OF URANCE ND THE C is an ADI certain p	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. DITIONAL INSURED, the policies may require an er	EXTEN TE A C policy(i	ID OR ALT ONTRACT	ER THE CO BETWEEN T	VERAGE AFFORDED B THE ISSUING INSURER(	Y THE POL S), AUTHOI AIVED, subj	LICIES RIZED
	ertificate holder in lieu of such endors	sement(s)		CONTA	Т				
ITAL P. O	DUCER IANO INSURANCE SERVICES . Box 18425			CONTAC NAME: PHONE (A/C, No	813-87	G. Italiano 7-7799		813-877-88	377
	pa, FL 33679-8425 rey G. Italiano			ADDRES	_{ss:} karen@i	talianoinsu	rance.com		
	-,					. ,	DING COVERAGE	N	AIC #
							oyds, London		
INSU	RED Meridian Investigative Gr	oup				n's Fund In		2184	
	6822 22nd Ave N, Ste 119	)		INSURE	R C : Progres	ssive Comp	banies	2426	60
	St. Petersburg, FL 33710			INSURE	RD:				
				INSURE	RE:				
				INSURE	RF:				
		-		/F 5			REVISION NUMBER:		EDIOE
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH	H THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
A	X         COMMERCIAL GENERAL LIABILITY           X         CLAIMS-MADE         OCCUR	X	MPL102880216		• · · •	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED		,000,000 50,000
					•••	•••		\$	5,000
									,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							•	,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	-	2,000,000
							COMBINED SINGLE LIMIT		,000,000
С			044672446		12/11/2015	12/11/2016	(Ea accident)	\$ \$	,000,000
•	ANY AUTO ALL OWNED X SCHEDULED		011072110		12/11/2010	12/11/2010	,	\$	
	X AUTOS AUTOS						PROPERTY DAMAGE	\$	
	A HIRED AUTOS						(Per accident)	\$	
	UMBRELLA LIAB OCCUR								,000,000
В	X EXCESS LIAB X CLAIMS-MADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE		,000,000
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab		MPL102880216		05/27/2016	05/27/2017			,000,000
			RETRO DATE: 7/18/2014				Aggregate		,000,000
Cer req to	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI tificate holder is named a uired by written contract General Liability coverage RTIFICATE HOLDER PMA Companies Two Chatham Center, #60 Pittsburgh, PA 15219	s an ac with th •	ditional insured	CANC SHO THE ACC	spects ELLATION ULD ANY OF EXPIRATION	THE ABOVE D N DATE THI TH THE POLIC	ed) ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B EY PROVISIONS.		
							F. 0		
	I			9		2014 4 50		righto rec-	nuch
					<b>⊜ 1300</b>	-2014 ACUR	D CORPORATION. All	119115 1858	iveu.

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Ą	C		RT	IFI	CATE OF LIAB	л п		RANCE	=	DATE (	(MM/DD/YYYY)
_	-										/06/2016
C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	зү тне	E POLICIES
th	e te	RTANT: If the certificate holder rms and conditions of the policy icate holder in lieu of such endor:	, cert	ain p	policies may require an er						
			seme	iii(5)		CONTA	CT leffrey (	G. Italiano			
ITAI		IO INSURANCE SERVICES				NAME: PHONE	_{5, Ext):} 813-87		FAX	813-8	377-8877
Tam	pa.	FL 33679-8425				E-MAIL	_{ss} karen@i	talianoinsu	irance.com		
Jett	rey	G. Italiano							DING COVERAGE		NAIC #
									oyds, London		
INSU	RED	Meridian Investigative Gr Inc.	roup	1				n's Fund In			21849
		6822 22nd Ave N, Ste 119	9			INSURE	R C : Progres	ssive Comp	banies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
						INSURE					
<u> </u>		AGES CER	TIEI	<u>с л т</u> г	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES		-	-		N ISSUED TO				
IN C E	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	<b>.</b>	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X						05/05/00/0	05/05/00/5	EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MADE OCCUR	X		MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000
		J							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	GEI								PRODUCTS - COMP/OP AGG		2,000,000
		OTHER:								\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS X AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
_	x	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			EA E0000 (500 (70		05/07/0040	05/07/0047	EACH OCCURRENCE	\$	1,000,000
В	^	NU NU	-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOF	DED X RETENTION S NI							PER OTH- STATUTE ER	\$	
		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE		
	If ves	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α		fessional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
The	ce	TION OF OPERATIONS/LOCATIONS/VEHIC ertificate holder is nam heral Liability coverage	ed i					re space is requi	red)		
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
		Georgia Insurers Insolve Pool 2177 Flintstone Dr., Ste F	-			THE ACC	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Tucker, GA 30084						H . tt	tul		

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C B R	ERT ELO EPR	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMA OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	TIVEL SURA ND 1	Y OI ANCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTE TE A (	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED E THE ISSUING INSURER	3Y TH (S), A	e policies Uthorized
th	e te	RTANT: If the certificate holder erms and conditions of the policy icate holder in lieu of such endo	/, cer	tain p	policies may require an e						
	DUCE				-	CONTA	CT Jeffrey (	G. Italiano			
		NO INSURANCE SERVICES					_{b, Ext):} 813-87	7-7799	FAX (A/C. No):	813-8	377-8877
Tam	pa.	FL 33679-8425 G. Italiano				È-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
Jell	eyt	G. Italiallo					INSU	URER(S) AFFOR	DING COVERAGE		NAIC #
						INSURE	RA: Underw	vriters at Ll	oyds, London		
INSU	RED		roup	)			R в : Firema				21849
		Inc. 6822 22nd Ave N. Ste 11	9			INSURE	R C : Progres	ssive Comp	panies		24260
		St. Petersburg, FL 3371				INSURE	RD:				
						INSURE	RE:				
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СО	VER	RAGES CE	RTIFI	CAT	E NUMBER:				<b>REVISION NUMBER:</b>		
IN C E	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER POL	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MADE OCCUR	X		MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
			-						MED EXP (Any one person)	\$	5,000
			-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB X CLAIMS-MAD	E		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$	I							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY								E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes DES	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	ofessional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
The	ce	TION OF OPERATIONS/LOCATIONS/VEHI ertificate holder is na heral Liability.			,			re space is requi	red)		
CE	RTIF	FICATE HOLDER				CAN	ELLATION				
_	_	Marchman Steele Agend 2177 Flintstone Dr., Ste Tucker, CA 20084		;		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		Tucker, GA 30084				AUTHO	RIZED REPRESE	NTATIVE			
						a	HALA .	the the	$t_{1}$		
							1007 0		~~~~		

Ą	CORD CER		CATE OF LIAB	BILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB
C B	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AND	ELY OF RANCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	ID OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	E POLICIES
th	MPORTANT: If the certificate holder is the terms and conditions of the policy, c ertificate holder in lieu of such endorse	ertain p	olicies may require an er						
				CONTAC NAME: PHONE	Jenney	G. Italiano	FAX		
	). Box 18425 lipa, FL 33679-8425			(A/C, No.	_{, Ext):} 813-87 a karen@i		Irance.com	813-8	377-8877
Jeff	rey G. Italiano			ADDRES			DING COVERAGE		NAIC #
				INSURE		. ,	oyds, London		
INSU	RED Meridian Investigative Gro Inc.	up				n's Fund In			21849
	6822 22nd Ave N, Ste 119			INSURE	R C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL 33710			INSURE	RD:				
				INSURE					
CO	VERAGES CERTI	FICATE	E NUMBER:	INSURE	<b>ν Γ</b> :		REVISION NUMBER:		1
TI	HIS IS TO CERTIFY THAT THE POLICIES C IDICATED. NOTWITHSTANDING ANY REQ	OF INSUF	RANCE LISTED BELOW HA			) THE INSURE	ED NAMED ABOVE FOR T		
	ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH PO							O ALL	THE TERMS,
		DDL SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216			05/27/2017	EACH OCCURRENCE	\$	1,000,000 50,000
					00/21/2010	00/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS X NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$ \$	
							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ NIL							\$	, ,
							PER OTH- STATUTE ER		
		/ A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If ves, describe under						E.L. DISEASE - EA EMPLOYEE		
•	DÉSCRIPTION OF OPERATIONS below		MDI 40000040		05/07/0040	05/07/0047	E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab		MPL102880216 RETRO DATE: 7/18/2014		05/2//2016	05/27/2017	Aggregate		5,000,000 5,000,000
							55 5		-,,
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORE	0 101, Additional Remarks Schedu	ıle, may be	e attached if mor	re space is requi	red)		
CF	RTIFICATE HOLDER			CANC	ELLATION				
	Board of Private Investigat Examiners 3605 Missouri Blvd. P O Box 1335	or		SHO THE ACC	ULD ANY OF	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		-
	Jefferson City, MO 65102-1	335		9	they u	the th	tere		

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A	CORD®	CERT	'IEI	CATE OF LIAB	TI 11			=	DATE	(MM/DD/YYYY)
			11.1			1 1130		-	06	/06/2016
С В	HIS CERTIFICATE IS ISSUED ERTIFICATE DOES NOT AFFI ELOW. THIS CERTIFICATE ( EPRESENTATIVE OR PRODUC	RMATIVEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY TH	E POLICIES
th	PORTANT: If the certificate here terms and conditions of the ertificate holder in lieu of such	oolicy, cer	tain p	policies may require an ei						
	DUCER	inder Serie	/11(0)		CONTA	CT Jeffrey (	G. Italiano			
P. O Tam	LIANO INSURANCE SERVICES . Box 18425 .pa, FL 33679-8425				PHONE (A/C, N	_{o, Ext):} 813-87 _{SS:} karen@i	7-7799		813-8	877-8877
Jett	rey G. Italiano				ADDILL			DING COVERAGE		NAIC #
					INSURE	ER A : Underw	riters at Ll	oyds, London		
INSU	RED Meridian Investigat Inc.	ve Group	)		INSURE	ER B : Firema	n's Fund In	surance		21849
	6822 22nd Ave N, S	te 119			INSURE	R C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL	3710			INSURE	ER D :				
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	VERAGES	-	-	E NUMBER:				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE PO DICATED. NOTWITHSTANDING / ERTIFICATE MAY BE ISSUED OR KCLUSIONS AND CONDITIONS OF	NY REQUI MAY PER SUCH POL	REME FAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILIT			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PEI	::						GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS HIRED AUTOS X HIRED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
	UMBRELLA LIAB OCCU	R						EACH OCCURRENCE	\$	1,000,000
В		S-MADE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	Nil						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY	Y/N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
Ŷ				RETRO DATE: 7/18/2014		03/21/2010	03/21/2011	Aggregate		5,000,000
	CRIPTION OF OPERATIONS / LOCATIONS				ile, may t	e attached if mor	re space is requi	red)		
	CRIPTION OF OPERATIONS/LOCATIONS es Crow - Private Inve				ıle, may t	e attached if moi	re space is requi	red)		
CEI	RTIFICATE HOLDER				CAN	CELLATION				
	North Carolina Priv Protective Services 4901 Glenwood Ave Raleigh, NC 27612	Board			THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
					8	Aby u	the th	ter		

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С В	ERT ELO	CERTIFICATE IS ISSUED IFICATE DOES NOT AFF W. THIS CERTIFICATE RESENTATIVE OR PRODU	FIRMAT	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	FE HO	E POLICIES
IN th	IPO e te	RTANT: If the certificate erms and conditions of the icate holder in lieu of such	holder policy	is ar , cer	n AD tain p	DITIONAL INSURED, the policies may require an er						
	DUCE		•				CONTA NAME:	Jenney	G. Italiano			
P. 0	. Bo	NO INSURANCE SERVICES	5				PHONE (A/C, N	_{b, Ext):} 813-87	7-7799		813-8	377-8877
Jeff	pa, rey (	FL 33679-8425 G. Italiano						_{ss:} karen@i	talianoinsu	irance.com		1
	-								. ,			NAIC #
INSU		Meridian Investiga	tive G	roun				_{R A :} Underw		oyds, London		21849
11130	RED	Inc.		-	,			R B : Firefila				24260
		6822 22nd Ave N, 3 St. Petersburg, FL					INSURE			anes		24200
		ot. i etersburg, i E	55710				INSURE					
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CO	VER	RAGES	CER	RTIFI	CATI	E NUMBER:				REVISION NUMBER:		
IN Cl EX INSR	DIC/ ERTI	IS TO CERTIFY THAT THE P ATED. NOTWITHSTANDING IFICATE MAY BE ISSUED O JSIONS AND CONDITIONS O	ANY RI R MAY	equii Pert Poli	REME FAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY POLICY EFF	OR OTHER S DESCRIBEI PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T(	CT TO O ALL	WHICH THIS
	X	TYPE OF INSURANCE			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		1	1,000,000
	<u> </u>			x		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$	50,000
			UK					00/21/2010	00/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	5,000
		-								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	J N'L AGGREGATE LIMIT APPLIES PI	ER:							GENERAL AGGREGATE	\$	2,000,000
	-	POLICY PRO- JECT LC								PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	x	ALL OWNED AUTOS HIRED AUTOS X SCHEDU AUTOS X SCHEDU AUTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
											\$	
		UMBRELLA LIAB OCC	UR							EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB X CLAI	MS-MADE	-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$	Ni								\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER	<u> </u>	
	OFF	PROPRIETOR/PARTNER/EXECUTIN	VE	N / A						E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under CRIPTION OF OPERATIONS below		-						E.L. DISEASE - EA EMPLOYEE		
Α		CRIPTION OF OPERATIONS below				MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
^						RETRO DATE: 7/18/2014		03/21/2010	03/21/2011	Aggregate		5,000,000
The	ce	TION OF OPERATIONS/LOCATION ertificate holder i ts to General Liat	s nam	ned `		,			re space is requir	red)		
CE	RTIF	FICATE HOLDER					CAN	CELLATION				
		State of Indiana PISG Licensing Bo 402 W Washingtor		t			THE	EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Room W072						RIZED REPRESE				
		Indianapolis, IN 46	204				9	Hoy u	the th	and		

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Ą	CORD [®] CF	RT	IFI(	CATE OF LIAB	л п	Y INSU	RANCE	=		(MM/DD/YYYY)
										/06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	E POLICIES
tł	MPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endor:	, cert	ain p	oolicies may require an er						
	DUCER	seme	iii(5)	•	CONTA	CT Jeffrey (	G. Italiano			
ITA	LIANO INSURANCE SERVICES ). Box 18425				NAME: PHONE	_{b, Ext):} 813-87		FAX	813-8	77-8877
Tan	npa, FL 33679-8425				E-MAIL	_{ss} karen@i	talianoinsu	rance.com		
Jett	rey G. Italiano							DING COVERAGE		NAIC #
								oyds, London		
INSU	URED Meridian Investigative Gi	roup				_{R B :} Firemaı				21849
	6822 22nd Ave N, Ste 119	9			INSURE	R C : Progres	ssive Comp	banies		24260
	St. Petersburg, FL 33710				INSURE	RD:				
					INSURE					
<u>~</u> ~	VERAGES CER		~ ^ T T	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES		-	-	/F BEE	N ISSUED TO				
IN C E	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	reme "Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α						05/07/00/0	05/05/00/5	EACH OCCURRENCE	\$	1,000,000
				MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							FRODUCTS - COMPTOF AGG	\$	
								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS X SCHEDULED							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
_	UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE			FA 50000 (500 (70		05/07/0040	05/07/0047	EACH OCCURRENCE	\$	1,000,000
В		_		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION NI							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ar@mrm-llc.com	LES (/	ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Millennium Risk Manage Herbert B Sparks Jr. P O Box 43769	rs			THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
	Birmingham, AL 35243						NTATIVE	tul		

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С В	ERT ELO	IFICATE DOE W. THIS CE	S NOT AFFIRMA	רועבן SURA	Y OF NCE	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED I	TE HO BY THE	LDER. THIS E POLICIES
th	e te	rms and cond		/, cert	ain p	DITIONAL INSURED, the policies may require an er						
ITAL P. O	. Bo	R O INSURANC x 18425 FL 33679-8425					CONTA NAME: PHONE (A/C, No	Jenney ( b, Ext): 813-87	G. Italiano 7-7799		813-8	77-8877
		G. Italiano	5					INS	.,	Irance.com DING COVERAGE Oyds, London		NAIC #
INSU	RED	Meridia Inc.	n Investigative G	roup			INSURE	R B : Firema	n's Fund In	surance		21849
		6822 22	nd Ave N, Ste 11				INSURE	R C : Progre	ssive Comp	banies		24260
		St. Pete	ersburg, FL 3371	)			INSURE					
							INSURE					
CO	VER	AGES	CE	RTIFIC	CATE	E NUMBER:				REVISION NUMBER:		J
IN CI E)	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	THSTANDING ANY R BE ISSUED OR MAY	EQUIR PERT	REME AIN, CIES	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
	v		NSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-	
A	X	COMMERCIAL G	DE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000 1,000,000
	CEN		IMIT APPLIES PER:	-						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000
	GEI		RO- ECT LOC							PRODUCTS - COMP/OP AGG		2,000,000
c	AUT	OTHER: TOMOBILE LIABILIT	ТҮ			044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	X	ALL OWNED AUTOS HIRED AUTOS	X SCHEDULED AUTOS X NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X	EXCESS LIAB	X CLAIMS-MAD			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED <b>X</b> RET								PER OTH- STATUTE ER	\$	
	ANY			N/A						E.L. EACH ACCIDENT	\$	
	(Mar	datory in NH) s, describe under		-						E.L. DISEASE - EA EMPLOYEE		
A	DES	CRIPTION OF OPE				MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
A			,			RETRO DATE: 7/18/2014		03/27/2010	03/21/2017	Aggregate		5,000,000
DES	CRIPT	ION OF OPERATIC	DNS / LOCATIONS / VEHI	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may t	Le attached if mo	I re space is requir	i red)		
CEI			DER				CAN	CELLATION				
		7901 4th	ht Insurance Co h Street North #2 rsburg, FL 33702	03	y		THE	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL EY PROVISIONS.		
			550rg, i E 55702				AUTHO	RIZED REPRESE		•		
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											/06/2016
CE BE	ERTI ELO	FICATE DOES NO W. THIS CERTIFIC	T AFFIRMATI ATE OF INS	VEL	Y OR NCE	OF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED I	зү тн	E POLICIES
th	e tei		of the policy,	cert	ain p	DITIONAL INSURED, the policies may require an en					
PROD	-			Senie	11(3)		CONTACT Jeffrey	G. Italiano			
		O INSURANCE SER x 18425	VICES				PHONE (A/C, No, Ext): 813-87		FAX (A/C. No):	813-8	377-8877
		FL 33679-8425 6. Italiano					E-MAIL ADDRESS: karen@i	italianoinsu	irance.com		
Jein	cy c	. Ranano						. ,	DING COVERAGE		NAIC #
		Monidian Inve	atienative Or						-		
INSU	RED	Meridian Inve Inc.	stigative Gr	oup			INSURER B : Firema				21849
		6822 22nd Av				F	INSURER C : Progre	ssive Comp	banies		24260
1		St. Petersbur	g, FL 33710			F	INSURER D :				
						F	INSURER E : INSURER F :				
CO	/ER	AGES	CER	TIFIC	CATE	E NUMBER:			REVISION NUMBER:		1
						RANCE LISTED BELOW HAV					
						NT, TERM OR CONDITION O THE INSURANCE AFFORDE					
ΕX			ONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE E	BEEN REDUCED BY	PAID CLAIMS		0 / 122	
INSR LTR		TYPE OF INSURAN	CE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X		٦			MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MADE	OCCUR				05/2/72016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000 5,000
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN	LAGGREGATE LIMIT APP	LIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:	]							\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446	12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	V	AUTOS A	CHEDULED UTOS ON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X	HIRED AUTOS X	UTOS						(Per accident)	\$ \$	
		UMBRELLA LIAB							EACH OCCURRENCE	\$ \$	1,000,000
в	x	EXCESS LIAB X	OCCUR CLAIMS-MADE			FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION	NU						AGGREGATE	\$	1,000,000
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EX		N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCLUDED? datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSC	, describe under CRIPTION OF OPERATION	S below						E.L. DISEASE - POLICY LIMIT	\$	
A	Prof	essional Liab				MPL102880216	05/27/2016	05/27/2017			5,000,000
						RETRO DATE: 7/18/2014			Aggregate		5,000,000
DESC	RIPT	ION OF OPERATIONS / LO	CATIONS / VEHICI	LES (A	CORE	0 101, Additional Remarks Schedule	e, may be attached if mo	re space is requi	red)		
CE		ICATE HOLDER					CANCELLATION				
							SANGELLATION				
		Maryland Sta	rision					N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		1111 Reistert Pikesville, MI				F	AUTHORIZED REPRESE	NTATIVE			
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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY SURAN	OF NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	E POLICIES
th	IPORTANT: If the certificate holder te terms and conditions of the policy ertificate holder in lieu of such endor	, certa	in p	olicies may require an er						
PRO ITAI	DUCER LIANO INSURANCE SERVICES . Box 18425				CONTA NAME: PHONE	Jenney	G. Italiano 7-7799	FAX	813-8	77-8877
Tam	ipa, FL 33679-8425 rey G. Italiano				E-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
							<i>、                                    </i>	DING COVERAGE		NAIC #
INSU	RED Meridian Investigative G	roup				_{R A :} Underw _{R B :} Firemai		oyds, London		21849
	Inc.	-				R B : Progres				24260
	6822 22nd Ave N, Ste 11 St. Petersburg, FL 33710				INSURE					24200
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					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA	EME AIN, SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
	TYPE OF INSURANCE	INSD \		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	-	4 000 000
A				MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
						03/2//2010	03/2//2017	PREMISES (Ea occurrence)	\$ \$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
с	AUTOMOBILE LIABILITY			044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MADE	_		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION NI							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		000-			a attack - d M		 		
DEG			UCILL		ie, may b		e space is requi			
CE					CAN	ELLATION				
	All of the US Operating Subsidiaries of Canadiar National Railway Compa				SHO THE	ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
	P O Box 2600	чу				RIZED REPRESE				
	Jackson, MS 39207				9	they u	the the	tup		

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C B	ERT ELC	IFICATE DOES	NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	LDER. THIS E POLICIES
th	ne te	rms and condit		, cert	ain p	DITIONAL INSURED, the policies may require an er						
ITAI P. O	. Bo	ER IO INSURANCE DX 18425 FL 33679-8425	SERVICES				CONTA NAME: PHONE (A/C, No E-MAIL	_{b, Ext):} 813-87	G. Italiano 7-7799		813-8	377-8877
		G. Italiano					ADDRE	ss: karen@i	talianoinsu	DING COVERAGE		NAIC #
							INSURE	R A : Underv	vriters at Ll	oyds, London		
INSU	IRED	Meridian Inc.	Investigative G	roup	1				n's Fund In			21849
		6822 22n	d Ave N, Ste 11				INSURE	R C : Progre	ssive Comp	banies		24260
		St. Peters	sburg, FL 33710				INSURE	RD:				
							INSURE					
<u> </u>		AGES	<b>0</b> 55		<u>сут</u> і	E NUMBER:	INSURE	KF:		REVISION NUMBER:		<u> </u>
						RANCE LISTED BELOW HA		N ISSUED TO				
IN C E	IDIC. ERT	ATED. NOTWITH	ISTANDING ANY R	equif Pert Poli	reme "Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN` ED BY	Y CONTRACT	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF IN	SURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GER				MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIN								GENERAL AGGREGATE	\$	2,000,000
										PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	
~	AU.	TOMOBILE LIABILITY	ſ							(Ea accident)	\$	1,000,000
С		ANY AUTO ALL OWNED	X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$ \$	
	x	AUTOS	X AUTOS X NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
		UMBRELLA LIAB									\$	1,000,000
в	x	EXCESS LIAB	OCCUR X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE AGGREGATE	\$	1,000,000
5		V	NTION \$ NI					00/21/2010	00/21/2011	AGGREGATE	\$	1,000,000
		RKERS COMPENSAT	ION							PER OTH- STATUTE ER	Ψ	
		PROPRIETOR/PART	I / IN	1						E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCL ndatory in NH)	UDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	lf ve	s, describe under CRIPTION OF OPER	ATIONS below							E.L. DISEASE - POLICY LIMIT		
Α		fessional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIP	FION OF OPERATION	IS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requi	red)		
CE	RTIF	FICATE HOLDE	R				CANO					
		Guide Or 1111 Ash	ne Insurance worth Rd s Moines, LA 502	265			SHO THE	ULD ANY OF EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		west Des	S MUILLES, LA JU	200			AUTHO	RIZED REPRESE	NTATIVE			
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C B	ERT ELC	IFICATE DOES NOT A	FFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	ву тні	E POLICIES
th	e te		the policy	, cert	ain p	DITIONAL INSURED, the policies may require an er						
PRO					. ,		CONTA NAME:	CT Jeffrey (	G. Italiano			
		IO INSURANCE SERVIC 0x 18425	ES					o, Ext): 813-87	7-7799	FAX (A/C, No):	813-8	377-8877
Tam	pa,	FL 33679-8425 G. Italiano					É-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
00111	<b>cy</b> .							INS	URER(S) AFFOR	DING COVERAGE		NAIC #
										oyds, London		
INSU	RED	Meridian Investig	gative Gr	oup				_{R B :} Firema				21849
		6822 22nd Ave N						R C : Progres	ssive Comp	banies		24260
		St. Petersburg, F	FL 33710				INSURE					
							INSURE					+
00		AGES	CER	TIFI	CATE	E NUMBER:	INSURE	KF:		REVISION NUMBER:		
			-		-	RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO			HE PO	
CI E)	ERTI	FICATE MAY BE ISSUED	OR MAY OF SUCH	PER1 POLI	AIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT T		
INSR LTR		TYPE OF INSURANCE			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIAI	BILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
			CCUR	X		MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES								GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER:								COMBINED SINGLE LIMIT	\$	1,000,000
с		ANY AUTO				044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
			DULED							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-0	OWNED							PROPERTY DAMAGE (Per accident)	\$	
											\$	
_	v		CCUR							EACH OCCURRENCE	\$	1,000,000
В	Х		LAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOR	DED X RETENTION \$	Nil							PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY								STATUTE ER	-	
	OFF	PROPRIETOR/PARTNER/EXECU ICER/MEMBER EXCLUDED? Indatory in NH)		N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS bel	low							E.L. DISEASE - POLICY LIMIT	-	
Α		fessional Liab	1010			MPL102880216		05/27/2016	05/27/2017		Ψ	5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
				•		D 101, Additional Remarks Schedu			• •	red)		
		ertificate holder	is nam	ed	as a	an additional insu	red f	or Genera	al			
	·						<u></u>					
CE	< I IF	FICATE HOLDER					CAN	ELLATION				
						ALASELF	зно	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
		Alabama Self-Ins	sured Wo	orke	rs'		THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL		
		Compensation F			-		ACC	ORDANCE WI	IN THE POLIC	CY PROVISIONS.		
		P O Box 59509					AUTHO	RIZED REPRESE	NTATIVE			
		Birmingham, AL	35259							<b>⊢</b> 0		
							0	ver u	the th	LUV L		

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	_								MERID-1	OP ID: K
Ą	C	ORD [®] CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	<b>_</b>	DATE (MM/DD/YYYY)
C B	ERT ELO	CERTIFICATE IS ISSUED AS A I IFICATE DOES NOT AFFIRMATI W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	MAT IVEL	TER Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT	AND	CONFERS N ND OR ALT	NO RIGHTS	UPON THE CERTIFICATE	THE POLICIES
IN th	/IPO	RTANT: If the certificate holder rms and conditions of the policy, cate holder in lieu of such endors	is ar cert	n ADI tain p	DITIONAL INSURED, the policies may require an er					
PRO	DUCE	R	seme	5111(3)		CONTA NAME:	CT Jeffrev (	G. Italiano		
		IO INSURANCE SERVICES x 18425					_{b, Ext):} 813-87		FAX (A/C, No): 8	13-877-8877
		FL 33679-8425 G. Italiano				È-MÁIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com	
Jen	iey						INSU	URER(S) AFFOR	DING COVERAGE	NAIC #
		Maridian Investigative C							oyds, London	
INSU	IRED	Meridian Investigative Gr Inc.	oup	)			R B : Firema			21849
		6822 22nd Ave N, Ste 119	)				R C : Progres	ssive Comp	Danies	24260
		St. Petersburg, FL 33710				INSURE				
						INSURE				
со	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:	1
Т	HIS I	S TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HAV					
C E	ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PERT POLI ADDL	TAIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT TO	
LTR A	x	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS EACH OCCURRENCE \$	1,000,00
		X CLAIMS-MADE OCCUR	x		MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
									MED EXP (Any one person) \$	-
									PERSONAL & ADV INJURY \$	1,000,00
	GEN	VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,00
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,00
		OTHER:							COMBINED SINGLE LIMIT	
~	AUT	OMOBILE LIABILITY							(Ea accident)	.,,.
С		ANY AUTO ALL OWNED X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	
	x	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	
		HIRED AUTOS							(Per accident) \$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	1,000,00
В	Х	EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE \$	1,000,00
		DED X RETENTION\$ NI							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT \$	
	If ves	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	
A		CRIPTION OF OPERATIONS below		-	MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT \$	5,000,00
					RETRO DATE: 7/18/2014				Aggregate	5,000,00
The gen to	ce era the	TON OF OPERATIONS/LOCATIONS/VEHIC ertificate holder is an a liability, only if re a terms, conditions and	add qui	itio red	onal insured with by written contra	respe ct ar he po	ct to d subject		 red)	
52					AMERISE					
		Amerisure Insurance Cor 5426 Bay Center Drive #2		ny		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CY PROVISIONS.	
		Tampa, FL 33609				AUTHO	RIZED REPRESE	NTATIVE		
						9	they a	the the	tup	
_			_				© 1988	-2014 ACOR	RD CORPORATION. All ri	ights reserved.

								MERID-1		OP ID: KB
A		DTI		CATE OF LIAB	л п			:	DATE (	(MM/DD/YYYY)
						1 1130	NANCL	-	06	/06/2016
C B R	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY SURAI ND TH	( OR NCE IE CE	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEN TE A C	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED E HE ISSUING INSURER	BY THI (S), AU	e policies Uthorized
th C	MPORTANT: If the certificate holder terms and conditions of the policy ertificate holder in lieu of such endor	, certa	ain po	olicies may require an er	ndorsei	ment. A stat	ement on th			
ITA	DUCER LIANO INSURANCE SERVICES D. Box 18425				CONTAC NAME: PHONE	^{-'} Jeffrey ( , _{Ext):} 813-87	G. Italiano 7-7799	FAX (A/C_No):	813-8	77-8877
Tam	npa, FL 33679-8425				E-MAIL	ss. karen@i	talianoinsu			
Jeff	rey G. Italiano				ADDILL			DING COVERAGE		NAIC #
					INSURE	RA: Underw	riters at Ll	oyds, London		
INSU	Meridian Investigative G	roup					n's Fund In			21849
	Inc. 6822 22nd Ave N, Ste 11	9			INSURE	R C : Progres	ssive Comp	anies		24260
	St. Petersburg, FL 33710				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
		-		NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equir Pert/ Polic	EMEN AIN, 1 CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY ED BY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	x		MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
c				044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS HIRED AUTOS AUTOS X AUTOS X AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ Ni	Ī							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Professional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Each Clai Aggregate		5,000,000 5,000,000
The	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC certificate holder is nam General Liability.	•						ed)		
	RTIFICATE HOLDER				CANC					
				AMTRUST	CANC	ELLATION				
	AmTrust North America P O Box 74002			AMINUSI	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	Atlanta, GA 30374				AUTHO	RIZED REPRESE	NTATIVE			
					8	there	the the	tup		

Ą	CORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB
CE BE	ERTIFICATE DOES ELOW. THIS CER	NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY THI	E POLICIES
th		ions of the policy	, cert	ain p	DITIONAL INSURED, the policies may require an er						
ITAL P. O.	DUCER IANO INSURANCE . Box 18425 pa, FL 33679-8425	SERVICES				CONTA NAME: PHONE (A/C, No E-MAIL	5enrey ( _{5, Ext):} 813-87	G. Italiano 7-7799		813-8	377-8877
	ey G. Italiano					ADDRE	ss: karen@i		Irance.com DING COVERAGE		NAIC #
						INSURE	RA: Underw	riters at Ll	oyds, London		
INSU	RED Meridian Inc.	Investigative G	roup					n's Fund In			21849
	6822 22n	d Ave N, Ste 11				INSURE	R C : Progres	ssive Comp	banies		24260
	St. Peters	sburg, FL 33710				INSURE	RD:				
						INSURE					
<u> </u>	/ERAGES	CE1		^ <u>\</u> TI	E NUMBER:	INSURE	KF:		REVISION NUMBER:		<u> </u>
					RANCE LISTED BELOW HAV		N ISSUED TO				
INI CE EX	DICATED. NOTWITH RTIFICATE MAY BE	STANDING ANY R ISSUED OR MAY	equif Pert Poli	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN` ED BY	Y CONTRACT	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INS	URANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GEN				MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIM								GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								COMBINED SINGLE LIMIT	\$	
~									(Ea accident)	\$	1,000,000
C	ANY AUTO	X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	AUTOS	X AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$	
	UMBRELLA LIAB									\$	1,000,000
в	X EXCESS LIAB				FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE		1,000,000
	X	NI:					00/21/2010	00/21/2011	AGGREGATE	\$ \$	1,000,000
	DED A RETEN								PER OTH- STATUTE ER	φ	
	AND EMPLOYERS' LIABI	1 / IN							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLU (Mandatory in NH)	JDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERA	ATIONS below							E.L. DISEASE - POLICY LIMIT		
	Professional Liab				MPL102880216		05/27/2016	05/27/2017		•	5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
											-
DESC	RIPTION OF OPERATION	S / LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if moi	re space is requi	red)		
CEF		R				CAN	ELLATION				
	Investiga Security	oard of Private tors & Private Agencies blice Plaza			ARIZONA	THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL   CY PROVISIONS.		
		k, AR 72209				9	164	the th	tul		

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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVELY SURAI	OR NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY THE	E POLICIES
th	IPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endor	, certa	in p	olicies may require an er						
PRO					CONTA NAME: PHONE	Jenney	G. Italiano	FAX		
P. 0	. Box 18425 lpa, FL 33679-8425				(A/C, No	o, Ext): 013-07		(A/C, No):	813-8	77-8877
	rey G. Italiano				ADDRE					NAIC #
					INSURF		. ,	oyds, London		
INSU	. 0	roup				R B : Firemai		-		21849
	Inc. 6822 22nd Ave N. Ste 11	9			INSURE	R C : Progres	ssive Comp	oanies		24260
	St. Petersburg, FL 33710				INSURE	RD:				
					INSURE					
	VERAGES CEF	סדוביה	· A T F	NUMBER:	INSURE	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				
IN CI	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
<b>A</b>	X COMMERCIAL GENERAL LIABILITY			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
						05/2//2010	05/2//2017	PREMISES (Ea occurrence)	\$ \$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
C	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS							BODILY INJURY (Per accident)		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	4 000 000
Б	UMBRELLA LIAB OCCUR			EAE00024520172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/2//2010	05/27/2017	AGGREGATE	\$	1,000,000
	DED         X         RETENTION \$         NI           WORKERS COMPENSATION         Image: Compensition for the second s	•						PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
L								-		
DEO	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	,220 (A	oon		ie, may a					
CEI	RTIFICATE HOLDER				CANO					
	-			ARKANSA						
	Arkansas Board of Priva Investigators & Private Security Agencies				THE	EXPIRATION	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		-
	1 State Police Plaza Driv Little Rock, AR 72209	e			ð		the the	tup		

								MERID-1	OP ID: KB
Ą	CORD [®] CF	RT	'IFI	CATE OF LIAB	TI II	Y INSU		=   '	DATE (MM/DD/YYYY)
	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT	МАТ	TER	OF INFORMATION ONLY	( AND	CONFERS N	NO RIGHTS	UPON THE CERTIFICATE	
	ELOW. THIS CERTIFICATE OF IN				TEAO	CONTRACT	BETWEEN 1	THE ISSUING INSURER(S	;), AUTHORIZED
	EPRESENTATIVE OR PRODUCER, A MPORTANT: If the certificate holder				nolicy	(ios) must be	andorsad	IF SUBBOGATION IS WA	IVED subject to
th	ne terms and conditions of the policy	, cer	ain p	oolicies may require an e					
-	ertificate holder in lieu of such endo	seme	ent(s)			CT L CC	0.14.1		
ITAI					NAME:	Jeffrey ( o, Ext): 813-87	G. Italiano	FAX	13-877-8877
	). Box 18425 ìpa, FL 33679-8425				(A/C, N E-MAIL	_{o, Ext):} 013-07 _{SS:} karen@i	<i>i - i i</i> 99 Italianoinsu	(A/C, No): O	13-077-0077
Jeff	rey G. Italiano				ADDRE			DING COVERAGE	NAIC #
					INSURE		. ,	oyds, London	
INSU	JRED Meridian Investigative G	roup			INSURE	_{ER B :} Firema	n's Fund In	surance	21849
	6822 22nd Ave N, Ste 11				INSURE	ER C : Progres	ssive Comp	banies	24260
	St. Petersburg, FL 33710	)			INSURE	ER D :			
					INSURE				
0.0	VERAGES CE	RTIFI	САТЕ	E NUMBER:	INSURE	:K F :		REVISION NUMBER:	
Т	HIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HA			) THE INSURE	ED NAMED ABOVE FOR THE	
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY								
E.	XCLUSIONS AND CONDITIONS OF SUCH	I POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		
		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α		v		MDI 402990246		05/07/0046	05/07/0047	EACH OCCURRENCE	
		X		MPL102880216		05/2//2016	05/27/2017	PREMISES (Ea occurrence)	
								MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							9	\$
_								COMBINED SINGLE LIMIT (Ea accident)	.,,
С	ANY AUTO ALL OWNED Y SCHEDULED	X		044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	
	A HIRED AUTOS							(Per accident)	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	1,000,000
в	X EXCESS LIAB X CLAIMS-MAD	=		FAE00024530172		05/27/2016	05/27/2017		1 000 000
	DED X RETENTION \$ N	I						9	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	<u> </u>
				RETRO DATE: 7/18/2014				Aggregate	5,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI						re space is requi	red)	
	e certificate holder is na spects to General Liability					Ln			
CE	RTIFICATE HOLDER				CAN	CELLATION			
				CITYAUB					
	City of Auburn				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE	
	City of Auburn Holly Leverette				ACC	CORDANCE WI	TH THE POLIC	CY PROVISIONS.	
	130 Tichenor Avenue				AUTHO		NTATIVE		
	Auburn, AL 36830				_			5.0	
					$ _{\mathcal{Q}}$	APA a			
					•	© 1988	-2014 ACOF	D CORPORATION. All r	ights reserved.

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_	-										/06/2016
C B	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVEL` SURA	Y OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ЗҮ ТНЕ	E POLICIES
th	e te	RTANT: If the certificate holder erms and conditions of the policy icate holder in lieu of such endor	, cert	ain p	olicies may require an er						
PRO	DUCE	ER				CONTA NAME:	CT Jeffrev (	G. Italiano			
		NO INSURANCE SERVICES				PHONE	_{b, Ext):} 813-87		FAX (A/C, No):	813-8	77-8877
Tam	pa.	FL 33679-8425 G. Italiano				E-MAIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
Jen	eyv	G. Rahano					INSU	URER(S) AFFOR	DING COVERAGE		NAIC #
									oyds, London		
INSU	RED	Meridian Investigative G Inc.	roup				_{R B :} Firemai				21849
		6822 22nd Ave N, Ste 11					R C : Progres	ssive Comp	banies		24260
		St. Petersburg, FL 33710				INSURE					
						INSURE					
00		AGES CER	TIFIC	<u>.</u> ΔΤε	ENUMBER:	INSURE	к <b>г</b> :		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIES			-	VE BEE	N ISSUED TO			HE POL	
IN C E	DIC/ ERTI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	equir Pert Poli	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X				MDI 403990346		05/07/0046	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000 5,000
									MED EXP (Any one person)	\$	1,000,000
		J N'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000
	GEI								PRODUCTS - COMP/OP AGG	\$	2,000,000
										\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	i
		ALL OWNED X SCHEDULED AUTOS X AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
_	x	UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE			FA 50000 (500 (70		05/07/0040	05/07/0047	EACH OCCURRENCE	\$	1,000,000
В	^				FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOF	DED X RETENTION \$ NI							PER OTH- STATUTE ER	\$	
	AND	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFF	CER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α		fessional Liab			MPL102880216		05/27/2016	05/27/2017			5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	Pro		•	ACORE	RETRO DATE: 7/18/2014				Each Clai Aggregate		
CE	RTIF	FICATE HOLDER			CLEETPR	CANO	ELLATION				
		Cleet, Private Security Division 2401 Egypt Road Ada, OK 74820				THE	EXPIRATION ORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
						9	they u	the the	tul		

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C B R	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVELY SURAN AND TH	OR ICE E C	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE TE A C	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED E THE ISSUING INSURER	TE HOI BY THE (S), AU	lder. This 5 Policies Jthorized
th	MPORTANT: If the certificate holden the terms and conditions of the polic ertificate holder in lieu of such endo	y, certai	in p	olicies may require an er						
ITAI P. O	DUCER LIANO INSURANCE SERVICES 0. Box 18425 joa. FL 33679-8425				CONTA NAME: PHONE (A/C, No E-MAIL	5enrey ( _{5, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, No): Irance.com	813-8	77-8877
	rey G. Italiano					INSU	JRER(S) AFFOR	DING COVERAGE Oyds, London		NAIC #
INSU	Meridian Investigative C Inc. 6822 22nd Ave N, Ste 11	9			INSURE	R B : Firemai R C : Progres	n's Fund In	surance		21849 24260
	St. Petersburg, FL 3371	D			INSURE	RE:				
CO	VERAGES CE	RTIFIC	ΑΤΕ	NUMBER:				<b>REVISION NUMBER:</b>		
TI IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	s of in Equire Perta	ISUF EMEI IN, IES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR		INSD W		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
		-						MED EXP (Any one person)	\$	5,000
	]	-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С	ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	ALL OWNED     X     SCHEDULED       AUTOS     X     AUTOS       X     HIRED AUTOS     X       HIRED AUTOS     X     NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MAD	E		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ N	il							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (AC	CORD	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	'ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Coverys, Workers Comp Services 3100 West Road Bldg 1, Suite 200	oensati	ion	COVERYS	THE ACC	EXPIRATION	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
	East Lansing, MI 48823				9	they u	the th	tup		

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C B	ERT ELO	IFICATE DOES W. THIS CEF	S NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HO BY TH	lder. This E policies
th	e te	rms and condi		, cer	tain p	DITIONAL INSURED, the policies may require an er						
							CONTA NAME:	Jenney G	G. Italiano			
P. 0	. Bo	O INSURANCE x 18425					PHONE (A/C, No	o, Ext): 813-87	7-7799		: 813-8	377-8877
		FL 33679-8425 3. Italiano					E-MAIL	_{ss:} karen@i	talianoinsu	irance.com		
	.,								( )	DING COVERAGE		NAIC #
										oyds, London		
INSU	RED	Inc.	n Investigative G	roup	)				n's Fund In			21849
		6822 22r	nd Ave N, Ste 11						ssive Comp	banies		24260
		St. Peter	rsburg, FL 33710				INSURE					
							INSURE					
<u> </u>		AGES	CE1		<u>с л т</u> и	E NUMBER:	INSURE	K F :		REVISION NUMBER:		
						RANCE LISTED BELOW HAY	VF BFF	N ISSUED TO	THE INSURE		THE PO	
IN CI	DIC/ ERTI	ATED. NOTWIT FICATE MAY BI	HSTANDING ANY R E ISSUED OR MAY	EQUII PER	REME FAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	ЕСТ ТО	WHICH THIS
INSR				ADDL	SUBR		REFN L	POLICY EFF	POLICY EXP			
	X		ISURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		1	1,000,000
^	^	V				MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	50,000
		X CLAIMS-MAD	DE OCCUR			WIF L 102000210		03/2//2010	03/2//2017	PREMISES (Ea occurrence)	\$	5,000
										MED EXP (Any one person)	\$	1,000,000
										PERSONAL & ADV INJURY	\$	2,000,000
	GEN									GENERAL AGGREGATE	\$	
		POLICY PR								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	A 1 1 T	OTHER: OMOBILE LIABILIT	v							COMBINED SINGLE LIMIT	\$ \$	1 000 000
с	AUI		T			044672446		10/11/0015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
C		ANY AUTO ALL OWNED	X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident		
	X	AUTOS	AUTOS X NON-OWNED							PROPERTY DAMAGE	.) \$ \$	
	^	HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB										1,000,000
в	x	EXCESS LIAB				FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
D	^	V	Ni	-		FAE00024550172		03/2//2010	03/2//2017	AGGREGATE	\$	1,000,000
	WOF			•						PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIAB	BILITY Y/N								¢	
	OFFI	PROPRIETOR/PART CER/MEMBER EXCI	LUDED?	N / A						E.L. EACH ACCIDENT	\$	
	If yes	datory in NH) s, describe under								E.L. DISEASE - EA EMPLOYE		
Α		CRIPTION OF OPER	KATIONS below			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	Þ	5,000,000
^						RETRO DATE: 7/18/2014		00/21/2010	00/21/2011	Aggregate		5,000,000
		EMPLOY 10800 Pe	ER			D 101, Additional Remarks Schedu	CANC SHO THE ACC	ELLATION ULD ANY OF EXPIRATION ORDANCE WI	THE ABOVE D N DATE THI TH THE POLIC	PESCRIBED POLICIES BE ( EREOF, NOTICE WILL CY PROVISIONS.		
							_	RIZED REPRESE				
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								© 1988	-2014 ACOF	RD CORPORATION. A	II riahts	s reserved.

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C B	ERT ELO	IFICATE DOE	S NOT AFFIRMAT	TIVEL	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUTERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	FE HO BY TH	E POLICIES
th	e te	rms and cond		, cer	tain p	DITIONAL INSURED, the policies may require an er						
PRO ITAI P. O	IAN	R IO INSURANC X 18425	E SERVICES		(-)	-	CONTA NAME: PHONE (A/C, No	Jeffrey 0 _{b, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	377-8877
		FL 33679-8425 G. Italiano	0				ADDRE		talianoinsu			1
									. ,	ding coverage oyds, London		NAIC #
INSU	RED	Meridia	n Investigative G	roup	)				n's Fund In	-		21849
		Inc. 6822 22	nd Ave N, Ste 11	9					ssive Comp			24260
			rsburg, FL 33710				INSURE	RD:				
							INSURE	RE:				
		4052			<u></u>		INSURE	RF:				
<b></b>		AGES				E NUMBER: RANCE LISTED BELOW HA'				REVISION NUMBER:		
IN C E	DIC/ ERTI	ATED. NOTWIT FICATE MAY B	THSTANDING ANY R SE ISSUED OR MAY	EQUII PERT	REME FAIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR		TYPE OF I	NSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	X								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MAI	DE OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000 1,000,000
										PERSONAL & ADV INJURY	\$ \$	2,000,000
	GER		IMIT APPLIES PER: RO- ECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	
с	AUT		ΤΥ			044070440		40/44/0045	40/44/0040	(Ea accident)	\$	1,000,000
C		ANY AUTO ALL OWNED	X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	X	AUTOS HIRED AUTOS	X AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
				_							\$	
Б	Y	UMBRELLA LIAB	V			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
в	*	V	K CLAIMS-MADE			FAE00024330172		03/21/2010	03/21/2017	AGGREGATE	\$ \$	1,000,000
		RKERS COMPENSA	ATION 5	-						PER OTH- STATUTE ER	φ	
	ANY	PROPRIETOR/PAR		1						E.L. EACH ACCIDENT	\$	
	OFF (Mar	ICER/MEMBER EXC Indatory in NH)	LUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes DES	s, describe under CRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	fessional Liab	)			MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES		ION OF OPERATIO		, LE3 (	ACORI	D 101, Additional Remarks Schedu	ne, may b		e space is requi	eu)		
CE	RTIF		FR				CANO					
						ERIEIND						
			emnity Company Insurance Place 16530				THE	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
							_					
		i.					9	HAY U	the th	n v		

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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVEL	( OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	ie ho By thi	lder. This E policies
th	MPORTANT: If the certificate holde ne terms and conditions of the polic ertificate holder in lieu of such endo	y, certa	ain p	olicies may require an er						
					CONTA NAME:	Jenney C	G. Italiano	FAY		
	). Box 18425 10a. FL 33679-8425				(A/C, No	_{b, Ext):} 813-87	7-7799 talianoinsu	(A/C, No):	813-8	77-8877
	rey G. Italiano				ADDRE					NAIC #
					INSURE		. ,	oyds, London		
INSU	RED Meridian Investigative C	Group					n's Fund In			21849
	6822 22nd Ave N, Ste 11				INSURE	R C : Progres	ssive Comp	anies		24260
	St. Petersburg, FL 3371	0			INSURE					
					INSURE					
со	VERAGES CE	RTIFIC	ATE	ENUMBER:	INCORE			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	REQUIR	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEND HEREIN IS SUBJECT TO	CT TO D ALL	WHICH THIS
	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		-	1,000,000
	X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	50,000
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
		-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:	_						COMBINED SINGLE LIMIT	\$	
c				044672446		10/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ANY AUTO ALL OWNED X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)	э \$	
	AUTOS AUTOS HIRED AUTOS X AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MAD			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	il							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	1						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α	Professional Liab			MPL102880216		05/27/2016	05/27/2017		Ψ	5,000,000
				RETRO DATE: 7/18/2014				Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (A	ICORL	J 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANO					
UE				ESISINC	UAN					
	ESIS Incorporated and t Group of Companies	he AC	E		THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I EY PROVISIONS.		
	436 Walnut St. WA 03D P O Box 1000				AUTHO	RIZED REPRESE	NTATIVE			
	Philadelphia, PA 19106				9	they is	the the	ter		

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		RTANT: If the certificate holder								
		rms and conditions of the policy cate holder in lieu of such endor				orsement. A stat	tement on th	is certificate does not o	onfer	rights to the
PRO			Seme	111(5)	C	ONTACT Jeffrey (	G. Italiano			
		O INSURANCE SERVICES x 18425				HONE A/C, No, Ext): 813-87		FAX (A/C. No):	813-8	377-8877
		FL 33679-8425 G. Italiano				-MAIL DDRESS: karen@i		irance.com		
	.,							DING COVERAGE		NAIC #
INSU	DED	Meridian Investigative G	roun							21849
11130	RED	Inc.	-			ISURER B : Firemai				21849
		6822 22nd Ave N, Ste 119 St. Petersburg, FL 33710								24200
						ISURER E :				
					11	ISURER F :				
					E NUMBER:			REVISION NUMBER:		
	-	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R								
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH							O ALL	THE TERMS,
		TYPE OF INSURANCE		SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
A	Χ	COMMERCIAL GENERAL LIABILITY	INSU	WVD	T OEIO T NOMBER			EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MADE OCCUR	X		MPL102880216	05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000 2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO	X		044672446	12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS X NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						(Per accident)	\$ \$	
								EACH OCCURRENCE	\$ \$	1,000,000
в	х	EXCESS LIAB X CLAIMS-MADE			FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ Ni							\$	, ,
								PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man If yes	datory in NH)	1					E.L. DISEASE - EA EMPLOYEE		
<b>A</b>	DÉS	CRIPTION OF OPERATIONS below			MPL102880216	05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5 000 000
A	FIU				RETRO DATE: 7/18/2014	03/2//2010	03/2//2017	Aggregate		5,000,000 5,000,000
								Aggregate		3,000,000
Far	mer ard	ION OF OPERATIONS/LOCATIONS/VEHIC s Insurance Exchange is ing General liability a ct.	; li	sted	d as an additional i	insured		red)		
		ICATE HOLDER								
CEF					FADMEDI					
CEF					FARMERI			ESCRIBED POLICIES BE C		

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C B	ERT ELO	IFICATE DOES NO	OT AFFIRMATI	VEL	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	FE HO BY TH	LDER. THIS E POLICIES
th	e te		s of the policy,	cert	ain p	DITIONAL INSURED, the policies may require an er						
PRO ITAI P. O		R IO INSURANCE SEF X 18425					CONTA NAME: PHONE (A/C, No	5enrey ( 5, Ext): 813-87	G. Italiano 7-7799		813-8	877-8877
		FL 33679-8425 G. Italiano					Ê-MAIL ADDRE	ss: Karen@i		irance.com		
							INCUDE		. ,	ding coverage oyds, London		NAIC #
INSU	RED	Meridian Invo	estigative Gr	oup					n's Fund In			21849
		Inc. 6822 22nd Av	Vo N. Sto 110						ssive Comp			24260
		St. Petersbu		,			INSURE	RD:				
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IN C E	IDIC/ ERTI	ATED. NOTWITHSTA IFICATE MAY BE ISS	NDING ANY RE UED OR MAY IONS OF SUCH	QUIF PERT POLI	reme "Ain, Cies.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR		TYPE OF INSURA	NCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL		x		MDI 102990216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
			OCCUR	•		MPL102880216		05/2//2016	05/2//2017	PREMISES (Ea occurrence)	\$	50,000 5,000
										MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEI	」 N'L AGGREGATE LIMIT AP								GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		AUTOS 🔨	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X	HIRED AUTOS X	AUTOS							(Per accident)	\$	
											\$	1 000 000
Б	x	UMBRELLA LIAB				FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
в	^		NIII			FAE00024550172		03/2//2010	03/2//2017	AGGREGATE	\$ \$	1,000,000
		RKERS COMPENSATION	N\$							PER OTH- STATUTE ER	φ	
	ANY	PROPRIETOR/PARTNER/E	EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFF (Mar	ICER/MEMBER EXCLUDED ndatory in NH)	9?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT		
Α	Pro	fessional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
The	ce		der is nam	ed		0 101, Additional Remarks Schedu an additional insu:			e space is requi	rea)		
CE	RTIF	FICATE HOLDER					CANC					
		· · · ·				G4SCOMP						
		G4S Complia Investigation	ns Inc.				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Matrix Abser 910 Paversto		nent			AUTHO	RIZED REPRESE	NTATIVE			
		Raleigh, NC					9	they u	the th	ter		

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		CERTIFICATE IS ISSUED AS A TFICATE DOES NOT AFFIRMAT									
		OW. THIS CERTIFICATE OF INS									
		RESENTATIVE OR PRODUCER, A									
		RTANT: If the certificate holder									
		erms and conditions of the policy icate holder in lieu of such endor				ndorse	ment. A stat	tement on th	is certificate does not c	onfer i	rights to the
PRO			50111	2111(0)	•	CONTA	^{CT} .leffrev (	G. Italiano			
		NO INSURANCE SERVICES				NAME: PHONE	_{b, Ext):} 813-87		FAX	813-8	377-8877
Tam	pa,	FL 33679-8425				E-MAIL	<u>, Ext): 0 10 01</u> ee. karen@i	talianoinsu	Irance.com	0.00	
Jeff	ey (	G. Italiano				ADDRL			DING COVERAGE		NAIC #
						INSURE		. ,	oyds, London		-
INSU	RED	_ · · · · · · · · J · · · ·	roup	)		-	R B : Firema		-		21849
		Inc. 6822 22nd Ave N, Ste 11	<b>0</b>			INSURE	R C : Progres	ssive Comp	oanies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
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				-	E NUMBER:				<b>REVISION NUMBER:</b>		
		IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY R									
CI	ERTI	IFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO		
	KCLU	USIONS AND CONDITIONS OF SUCH		CIES.		BEEN F	REDUCED BY	PAID CLAIMS			
	v			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	1	
Α	X		v		MDI 40000040		05/07/0040	05/07/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
			X		MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000 1,000,000
	0.51								PERSONAL & ADV INJURY	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$ \$	2,000,000
									PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ Ni	1							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	1						E.L. DISEASE - EA EMPLOYEE	\$	
•		s, describe under SCRIPTION OF OPERATIONS below					05/07/0010	05/07/00/-	E.L. DISEASE - POLICY LIMIT	\$	F 000 000
Α	Pro	fessional Liab			MPL102880216		05/27/2016	05/27/2017	_		5,000,000
					RETRO DATE: 7/18/2014				Aggregate		5,000,000
DEC				40057			e etteche d V v		 		
		TION OF OPERATIONS/LOCATIONS/VEHIC ertificate holder is name						• •	red)		
		neral Liability.									
CF	RTIE	FICATE HOLDER				CANO	ELLATION				
					ILLINRI						
									ESCRIBED POLICIES BE C		
		Illinois Risk Managemen	t						EREOF, NOTICE WILL	BE DE	LIVERED IN
		Services & Illinois									
		Compensation Trust 1151 East Warrenville Ro	her			AUTHO	RIZED REPRESE	NTATIVE			
		Naperville, IL 60566	Jau			a	dhia .	the th	5.0		
							NOUT U				

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		CERTIFICATE IS ISSUED AS A									
		OW. THIS CERTIFICATE OF INS									
		RESENTATIVE OR PRODUCER, A									
		RTANT: If the certificate holder									
		erms and conditions of the policy icate holder in lieu of such endor				naorse	ment. A stat	tement on th	is certificate does not c	onter r	ights to the
PRO				,		CONTA NAME:	CT Jeffrey (	G. Italiano			
		NO INSURANCE SERVICES				PHONE (A/C, No	_{, Ext):} 813-87	7-7799	FAX (A/C, No):	813-8	377-8877
		FL 33679-8425 G. Italiano				Ê-MÂIL ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
ocin	Cy (							. ,	DING COVERAGE		NAIC #
						-			oyds, London		
INSU	RED	Meridian Investigative G Inc.	roup	)			_{R B :} Firema				21849
		6822 22nd Ave N, Ste 11					R C : Progres	ssive Comp	banies		24260
		St. Petersburg, FL 33710				INSURE					
						INSURE					
00	/FR	RAGES CEF		САТГ	E NUMBER:	INSURE	лГ.		REVISION NUMBER:		1
		IS TO CERTIFY THAT THE POLICIES		-	-	VE BEE	N ISSUED TO			HE POI	LICY PERIOD
		ATED. NOTWITHSTANDING ANY R									
		USIONS AND CONDITIONS OF SUCH									THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х								EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MADE OCCUR	Х		MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
									MED EXP (Any one person)	\$	5,000
		]							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
С					044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
-		ALL OWNED X SCHEDULED AUTOS X AUTOS							BODILY INJURY (Per accident)		
	Х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	Х		-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$							PER OTH-	\$	
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							STATUTE ER	<u> </u>	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α					MPL102880216		05/27/2016	05/27/2017		Þ	5,000,000
~					RETRO DATE: 7/18/2014		00/21/2010	00/21/2011	Aggregate		5,000,000
											-,,
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)		
		ertificate holder is nam	ned	as a	an additional insu	red a	s respect	ts to			
Gen	era	al Liability.									
CE	RTIF	FICATE HOLDER				CAN	ELLATION				
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		IPMA Information	Pia	k		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL		
		IRMA Intergovernmenta Management Agency		ĸ		ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		
		Four Westbrook Corpora	te C	tr.			RIZED REPRESE				
		Suite 940									
		Westchestser, IL 60154				9	tor have	the th	un		

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С В	ERT ELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI		Y OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO	E POLICIES
th	e te	RTANT: If the certificate holder rms and conditions of the policy cate holder in lieu of such endors	certa	ain p	oolicies may require an er						
		R O INSURANCE SERVICES				CONTA NAME:	Jenney G	G. Italiano			
P. C	. Bo	x 18425 FL 33679-8425				PHONE (A/C, No E-MAIL	o, Ext): 013-07	7-7799		813-8	877-8877
Jeff	rey (	G. Italiano				ADDRE					
									ding coverage oyds, London		NAIC #
INSU	RED	Meridian Investigative G	oup					n's Fund In			21849
		Inc. 6822 22nd Ave N, Ste 119	•			INSURE	R C : Progres	ssive Comp	oanies		24260
		St. Petersburg, FL 33710				INSURE	RD:				
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		AGES CER S TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NUMBER:		
IN C E	IDIC# ERTI	FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	equir Pert Polic	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY       X       CLAIMS-MADE   OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
в	X	EXCESS LIAB X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
		RERS COMPENSATION							PER OTH- STATUTE ER	φ	
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Pro	fessional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Each Clai Aggregate		5,000,000 5,000,000
RE:	Ri	ION OF OPERATIONS/LOCATIONS/VEHIC ck Powers- he is only i an Investigative Group.	nsui					re space is requir			
CE	RTIF	ICATE HOLDER				CAN	ELLATION				
		Kentucky Board of Licen for Private Investigators P O Box 1360	sing		KENTUC2	THE ACC	EXPIRATION ORDANCE WI	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
		Frankfort, KY 40602				AUTHO	RIZED REPRESE				
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C B	ERT ELO	CERTIFICATE IS ISSUED A TIFICATE DOES NOT AFFIR W. THIS CERTIFICATE OF RESENTATIVE OR PRODUCE	IATIV	/ELY JRAN	OR ICE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	зү тні	E POLICIES
th	e te	RTANT: If the certificate ho erms and conditions of the pe icate holder in lieu of such en	licy, o	certai	in po							
	DUCE		40150	emen			CONTA	CT Jeffrey (	G. Italiano			
P. O Tam	. Bo pa,	NO INSURANCE SERVICES Dx 18425 FL 33679-8425					NAME: PHONE (A/C, No E-MAIL	, Ext): 813-87	7-7799	FAX (A/C, No): Irance.com	813-8	77-8877
Jeff	rey (	G. Italiano					ADDRL			DING COVERAGE		NAIC #
							INSURE	R A : Underw	vriters at Ll	oyds, London		
INSU	RED	<b>J</b>	e Gro	oup			INSURE	_{R в :} Firema	n's Fund In	surance		21849
		Inc. 6822 22nd Ave N, Ste	119				INSURE	R C : Progres	ssive Comp	oanies		24260
		St. Petersburg, FL 33					INSURE	RD:				
							INSURE	RE:				
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			-			NUMBER:				REVISION NUMBER:		
IN C E	DIC/ ERTI	IS TO CERTIFY THAT THE POL ATED. NOTWITHSTANDING AN IFICATE MAY BE ISSUED OR I USIONS AND CONDITIONS OF S	Y REC 1AY P JCH P	QUIRE ERTA POLICI	EMEN IN, T IES. I	NT, TERM OR CONDITION	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE	A	NSD W	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY           X         CLAIMS-MADE         OCCUR			1	MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO				044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
	X	ALL OWNED AUTOS HIRED AUTOS AUTOS X NON-OWNEI AUTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
											\$	
		UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB X CLAIMS-			l	FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$	Nil								\$	
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY	(/N							PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		
A		SCRIPTION OF OPERATIONS below ofessional Liab				MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
~	110							03/21/2010	05/21/2017	_		5,000,000
					ľ					Aggregate		3,000,000
RE:	J	TION OF OPERATIONS/LOCATIONS/ Josiah Coates- he is ian Investigative Gro	only	•	CORD		le, may b		re space is requir	Aggregate		
05							0.01/					
UE	111	FICATE HOLDER				KENTUC3	CAN	CELLATION				
		KY Board of Licensu Private Investigators P O Box 1360	e for			RENTUC3	THE	EXPIRATION ORDANCE WI	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
		Frankfort, KY 40602					AUTHO	RIZED REPRESE				
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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE POLICIE	ES		
th	IPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endors	, certain p	policies may require an er							
PRO	DUCER		, 	CONTACT Jeffrey	G. Italiano					
P. C	LIANO INSURANCE SERVICES			PHONE (A/C, No, Ext): 813-877-7799 FAX (A/C, No): 813-877-8877						
Tan Jeff	ıpa, FL 33679-8425 rey G. Italiano			E-MAIL ADDRESS: karen@	italianoinsu	irance.com				
							NAIC #	ŧ		
INSI	RED Meridian Investigative G	oup		INSURER A : Underv	21849					
	Inc.	-					24260			
	6822 22nd Ave N, Ste 119 St. Petersburg, FL 33710			INSURER D :	r					
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				INSURER F :						
<u> </u>			E NUMBER:			REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equireme Pertain, Policies.	ENT, TERM OR CONDITION THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICIE BEEN REDUCED BY	F OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	ст то which тн	HIS		
	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	+	0,000		
						MED EXP (Any one person)		5,000		
						PERSONAL & ADV INJURY	\$ 1,000 \$ 2,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:       POLICY       PRO- JECT       LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000 \$ 2,000			
	OTHER:					FRODUCTS - COMF/OF AGG	\$ <b>2,000</b>	,		
с			044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ <b>1,000</b> \$	0,000		
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X NON-OWNED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$			
							\$			
_	UMBRELLA LIAB OCCUR X EXCESS LIAB X CLAIMS-MADE					EACH OCCURRENCE	\$ 1,000			
в		4 1	FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$ 1,000	J,000		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT				
Α	Professional Liab		MPL102880216	05/27/2016	05/27/2017			0,000		
			RETRO DATE: 7/18/2014			Aggregate	5,000	0,000		
RE:	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC Ray Lang- he is only ins idian Investigative Group.	ured wh		· •	re space is requi	rea)				
CE	RTIFICATE HOLDER			CANCELLATION						
	Kentucky Board of Licen for Private Investigators	sing	KENTUC3	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 O Box 1360			AUTHORIZED REPRESENTATIVE						
	Frankfort, KY 40302			Ster 1		tul				

Ą	Ć	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) 5/06/2016
CI BI	ERT ELO	IFICATE DOES W. THIS CER	NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	lder. This E policies
th	e te	rms and condition		, ceri	ain p	DITIONAL INSURED, the policies may require an er						
			SERVICES				CONTA NAME:	Jenney G	G. Italiano			
ITALIANO INSURANCE SERVICES P. O. Box 18425							PHONE (A/C, No, Ext): 813-877-7799 FAX (A/C, No): 813-87					
		FL 33679-8425 3. Italiano					ADDRE	_{ss:} karen@i	talianoinsu	irance.com		
									()	DING COVERAGE		NAIC #
INSU	RFD	Meridian	Investigative G	roup				R B : Firema		oyds, London		21849
		Inc.	-	-				R C : Progres				24260
			d Ave N, Ste 119 sburg, FL 33710									
			00019,1200710				INSURER D : INSURER E :					
							INSURE					
		AGES				E NUMBER:				<b>REVISION NUMBER:</b>		
IN CE	DICA ERTI	TED. NOTWITH	HSTANDING ANY RI E ISSUED OR MAY	EQUIF PERT	REME TAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	СТ ТО	WHICH THIS
INSR LTR		TYPE OF IN	SURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GE								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		X CLAIMS-MAD	E OCCUR			MPL102880216		05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:       POLICY       JECT       LOC									GENERAL AGGREGATE	\$	2,000,000 2,000,000
										PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER: OMOBILE LIABILIT	Y							COMBINED SINGLE LIMIT	\$	1,000,000
С	ANY AUTO ALL OWNED X SCHEDULED AUTOS X AUTOS				044672446			12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
									BODILY INJURY (Per accident)	\$		
	Χ	HIRED AUTOS	X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
		UMBRELLA LIAB									\$	1 000 000
в	X EXCESS LIAB X CLAIMS-MADE					FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
			_				00/21/2010	00/21/2011	AGGREGATE	\$ \$	1,000,000	
	WORKERS COMPENSATION									PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes DES	, describe under CRIPTION OF OPER	ATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Prof	essional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
				LES (	ACORI	D 101, Additional Remarks Schedu			ire space is requi	⊢ red)		
CEF	RTIF	ICATE HOLDE	ER				CANC	ELLATION				
						KENTUC4	SHO	ULD ANY OF		ESCRIBED POLICIES BE C		LED BEFORF
		for Priva	y Board of Licen te Investigators	sing			THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.		
P O Box 1360 Frankfort, KY 40602					AUTHORIZED REPRESENTATIVE							
			.,0002				Ð	they u	the the	tul		
								© 1988	-2014 ACOF	RD CORPORATION. AI	l rights	s reserved.

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C B	ERT ELO	IFICATE DOES	S NOT AF	FIRMAT OF INS	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	те но зү тн	lder. This E policies
th	e te		tions of th	e policy	, cert	ain p	DITIONAL INSURED, the policies may require an er						
P. 0	IAN . Bo	IO INSURANCE x 18425		S				CONTA NAME: PHONE (A/C, No	_{b, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	877-8877
		FL 33679-8425 G. Italiano							INS	. ,	Irance.com DING COVERAGE oyds, London		NAIC #
INSU	RED	Meridian	Investig	ative G	roup					n's Fund In	-		21849
		Inc.	-		-					ssive Comp			24260
			nd Ave N, sburg, FL					INSURE					
			J. J					INSURE					
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r		AGES					E NUMBER:				<b>REVISION NUMBER:</b>		
IN CI E)	DIC/ ERTI	ATED. NOTWIT	HSTANDING E ISSUED (	G ANY R OR MAY	EQUIF PERT	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS
	v	TYPE OF IN				WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
A	Х	COMMERCIAL GE					MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 50,000
				JUR					03/21/2010	03/2//2017	PREMISES (Ea occurrence)	\$ \$	5,000
		·									MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEI	J N'L AGGREGATE LIN		PFR							GENERAL AGGREGATE	\$	2,000,000
				OC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUT	OTHER:	Y								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
С		ANY AUTO					044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	X SCHED								BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS	X NON-OV AUTOS								PROPERTY DAMAGE (Per accident)	\$ \$	
		UMBRELLA LIAB	000	CUR							EACH OCCURRENCE	\$	1,000,000
в	Х	EXCESS LIAB	X _{CLA}	IMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
			NTION \$	Ni	I							\$	
	AND	RKERS COMPENSA EMPLOYERS' LIAB	BILITY	Y/N							PER OTH- STATUTE ER		
		PROPRIETOR/PART			N/A						E.L. EACH ACCIDENT	\$	
	(Mar If yes	ndatory in NH) s, describe under		L	1						E.L. DISEASE - EA EMPLOYEE		
•	DÉS	CRIPTION OF OPER	RATIONS below	N			MDI 402890246		05/07/0046	05/07/0017	E.L. DISEASE - POLICY LIMIT	\$	E 000 000
Α	Pro	fessional Liab					MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Aggregate		5,000,000 5,000,000
DESC	;RIP I	ION OF OPERATION	NS / LOCATIO	NS / VEHIC	,LES (/	ACORL	0 101, Additional Remarks Schedu	lle, may b	e attached if moi	re space is requir	ed)		
CEI	<u>RT</u> IF	FICATE HOLDI	ER					CANO	ELLATION				
	MATRIXA Matrix Absence Management 910 Paverstone Drive							A SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Raleigh,	NC 27615	5				AUTHO	RIZED REPRESE	NTATIVE			
								a	HELA .	the th	ter		
		1							NO-10				

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	_									MERID-1		OP ID: KB
Ą	C	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	<b>_</b>		(MM/DD/YYYY)
С В	ERT ELO	IFICATE DOES W. THIS CEF	IS ISSUED AS A S NOT AFFIRMAT RTIFICATE OF IN	MAT IVEL SURA	TER Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICA VERAGE AFFORDED E	TE HO BY TH	E POLICIES
IN th	IPO le te	RTANT: If the rms and condi	certificate holder	is ar , cert	ADI ain p	DITIONAL INSURED, the policies may require an er						
PRO	DUCE	R					CONTA NAME:	CT Jeffrey (	G. Italiano			
P. 0	. Bo	O INSURANCE x 18425					PHONE (A/C, N	o, Ext): 013-0/	7-7799		813-8	377-8877
		FL 33679-8425 3. Italiano					E-MAIL ADDRE	_{ss:} karen@i	italianoinsu	irance.com		1
	,								. ,	DING COVERAGE		NAIC #
INCL		Moridian	Investigative G	roun						oyds, London		24.0.40
INSU	KED	Inc.	-	-					n's Fund In ssive Comp			21849 24260
			nd Ave N, Ste 11 sburg, FL 33710				INSURE		ssive comp	James		24200
		St. Peter	sburg, 1 L 337 R	,			INSURE					
							INSURE					
CO	VER	AGES	CEI	RTIFI	CAT	E NUMBER:				<b>REVISION NUMBER:</b>		
IN C E INSR	IDICA ERTI	ATED. NOTWIT FICATE MAY BI	HSTANDING ANY R E ISSUED OR MAY NDITIONS OF SUCH	EQUII PERT POLI	REME AIN, CIES. SUBR		OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS
LTR A	X	COMMERCIAL GE		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MAD		x		MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LI								GENERAL AGGREGATE	\$	2,000,000
		POLICY PR	CT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:	~							COMBINED SINGLE LIMIT	\$	1 000 000
с	AUI	OMOBILE LIABILIT	Ŷ	x		044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
Ŭ		ANY AUTO ALL OWNED	X SCHEDULED	^		044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accident)		
	X	AUTOS HIRED AUTOS	X AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
В	Х	EXCESS LIAB	X CLAIMS-MADE	_		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
			NTION \$ NI							PER OTH-	\$	
	AND	KERS COMPENSA EMPLOYERS' LIAB	BILITY Y/N							STATUTE ÉR		
	ANY OFFI	PROPRIETOR/PART CER/MEMBER EXCI	INER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	If ves	idatory in NH) s, describe under CRIPTION OF OPEF								E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α		fessional Liab	CATIONS below			MPL102880216		05/27/2016	05/27/2017		Ψ	5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
The Lia	ce bil	rtificate	holder is nar and Automob:	ned	as a	D 101, Additional Remarks Schedu an Additional Insu icy.	red f		• •	I red)		
						MERGEIN						
		P O Box	Merge Investigations Inc. P O Box 6326					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		Lancaste	er, PA 17607				AUTHO	RIZED REPRESE	NTATIVE			
							9	164	the the	tul		
_								© 1988	-2014 ACOF	D CORPORATION. AI	l riahts	s reserved.

Ą		ERTIF	FICATE OF LIAB	ILITY INSU	RANCE	MERID-1	DATE	OP ID: KB (MM/DD/YYYY) 6/06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVELY SURANO	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	re ho By th	lder. This E policies
th	MPORTANT: If the certificate holden the terms and conditions of the polic ertificate holder in lieu of such endo	y, certaiı	n policies may require an ei					
ITAL	DUCER LIANO INSURANCE SERVICES ). Box 18425 joa. FL 33679-8425			PHONE (A/C, No, Ext): 813-87	G. Italiano 7-7799	FAX (A/C, No):	813-8	877-8877
	rey G. Italiano				URER(S) AFFOR	DING COVERAGE		NAIC #
INSU	RED Meridian Investigative G	iroup		INSURER A : Underv		-		21849
	Inc. 6822 22nd Ave N, Ste 11	-						24260
	St. Petersburg, FL 3371			INSURER D :				
				INSURER E :				
				INSURER F :				
r	VERAGES CE HIS IS TO CERTIFY THAT THE POLICIE		TE NUMBER:			REVISION NUMBER:		
IN Cl	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	EQUIREI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$	1,000,000 50,000
				00/21/2010	00/21/2011	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
		-				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-				GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
с			044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X HIPED AUTOS X NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	
	A HIRED AUTOS AUTOS					(Per accident)	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MAD	E	FAE00024530172	05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ N	il					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
A	DÉSCRIPTION OF OPERATIONS below Professional Liab		MPL102880216	05/27/2016	05/27/2017		Þ	5,000,000
			RETRO DATE: 7/18/2014			Aggregate		5,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACC	ORD 101. Additional Remarks Schedu	le. may be attached if mo	re space is requir	red)		
		·						
CEI	RTIFICATE HOLDER			CANCELLATION				
			METLIFS					
	MetLife-SIU/Vendor Mar c/o Lisa Vega	-	nt		N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
	18216 Cranes Nest Drive 2nd Floor, 2B-257	9		AUTHORIZED REPRESE	NTATIVE			
	Tampa, FL 33647			Story ,	the th	ter		

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CI BI	ERT ELO	IFICATE DOES W. THIS CER	NOT AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HO BY TH	lder. This E policies
th	e te	rms and condit		, cert	ain p	DITIONAL INSURED, the policies may require an er						
		R O INSURANCE	SERVICES				CONTA NAME:	Jenney G	G. Italiano			
P. 0	. Bo	x 18425	SERVICES				PHONE (A/C, No	o, Ext): 813-87	7-7799		813-8	377-8877
		FL 33679-8425 S. Italiano					ADDRE	_{ss:} karen@i	talianoinsu	irance.com		1
	-								( )	DING COVERAGE		NAIC #
INSU		Meridian	Investigative G	roun				R A : Underw		oyds, London		21849
11130		Inc.	-	-				R C : Progres				24260
			d Ave N, Ste 119 sburg, FL 33710				INSURE			James		24200
		SI. Feler	sburg, FL 33710				INSURE					
							INSURE					
CO	/ER	AGES	CEF	TIFI	CATE	E NUMBER:	- 2116			REVISION NUMBER:		1
						RANCE LISTED BELOW HAV						
						NT, TERM OR CONDITION THE INSURANCE AFFORD						
E)				POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS			
INSR LTR		TYPE OF IN	SURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GEN								EACH OCCURRENCE	\$	1,000,000
		X CLAIMS-MAD	E OCCUR			MPL102880216		05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN									GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO								PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE LIMIT	\$	4 000 000
с	AUT	OMOBILE LIABILITY	4			044070440		40/44/0045	40/44/0040	(Ea accident)	\$	1,000,000
		ANY AUTO ALL OWNED	X SCHEDULED			044672446		12/11/2015	12/11/2016	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	х	AUTOS	X NON-OWNED							PROPERTY DAMAGE	\$	
	~	HIRED AUTOS	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,000
в	Х	EXCESS LIAB	X CLAIMS-MADE			FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
_		DED X RETER	NTION \$ NI								\$	,,
		KERS COMPENSAT	ION							PER OTH- STATUTE ER		
	ANY	EMPLOYERS' LIABI PROPRIETOR/PART	NER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCL datory in NH)	UDED?							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPER	ATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Prof	essional Liab				MPL102880216		05/27/2016	05/27/2017	Each Clai		5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
				LES (	ACORI	⊔ D 101, Additional Remarks Schedu			re space is requi	red)		
CEF	RTIF	ICATE HOLDE	R			I	CANO	ELLATION				
						NMPRIVA	SHO	ULD ANY OF		ESCRIBED POLICIES BE C		LED BEFORF
		Advisory		s			THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.		
		P O Box 3 Santa Fe	25101 , NM 87505				AUTHO	RIZED REPRESE	NTATIVE			
		Jania Pe	, 14141 07 303				9	they u	the the	tul		
		1						© 1988	-2014 ACOF	RD CORPORATION. AI	l riahts	s reserved.

							MERID-1	<u> </u>	OP ID: KB
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									/06/2016
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR A	LTER THE C	OVERAGE AFFORDED E	зү тні	E POLICIES
th	IPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endors	, cert	ain p	oolicies may require an er					
	DUCER				CONTACT Jeffre	y G. Italiano			
	LIANO INSURANCE SERVICES				PHONE (A/C, No, Ext): 813			813-8	377-8877
Tam	ipa, FL 33679-8425				E-MAIL ADDRESS: karen	@italianoins	surance.com		
Jen	rey G. Italiano					INSURER(S) AFFO	RDING COVERAGE		NAIC #
					INSURER A : Unde	erwriters at L	loyds, London		
INSU	Meridian Investigative G	oup			INSURER B : Firer				21849
	Inc. 6822 22nd Ave N, Ste 119	)			INSURER C : Prog	ressive Con	npanies		24260
	St. Petersburg, FL 33710				INSURER D :				
					INSURER E :				
					INSURER F :				
			-	E NUMBER:			<b>REVISION NUMBER:</b>		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REME AIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRA ED BY THE POLI BEEN REDUCED	CT OR OTHER CIES DESCRIB BY PAID CLAIM	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EF (MM/DD/YY)	F POLICY EXP Y) (MM/DD/YYYY	) LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR	x		MPL102880216	05/27/20	16 05/27/2013	ACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
с	AUTOMOBILE LIABILITY			044672446	12/11/20	15 12/11/2010	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X NON-OWNED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
в	X EXCESS LIAB X CLAIMS-MADE			FAE00024530172	05/27/20	16 05/27/201	7 AGGREGATE	\$	1,000,000
	DED X RETENTION \$ NIL							\$	
							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N / 4					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216	05/27/20	16 05/27/201	7 Each Clai		5,000,000
				RETRO DATE: 7/18/2014			Aggregate		5,000,000
Cer	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC tificate holder is listed eral Liability.	•				• •	uired)		
CE	RTIFICATE HOLDER				CANCELLATIO	DN			
				PROBEIN					
	Probe Information Servic 6375 Auburn Blvd		าต		THE EXPIRAT	ION DATE T	DESCRIBED POLICIES BE C HEREOF, NOTICE WILL I ICY PROVISIONS.		
	Citrus Heights, CA 95621				AUTHORIZED REPR	ESENTATIVE			
					Sther	the bu	tut		

Ą	C	ORD	CE	RT	IFI	CATE OF LIAB	ILIT	Y INSU	RANCE	MERI	DATE	OP ID: KB (MM/DD/YYYY) (/06/2016
CI BI	ERT ELO	IFICATE DOE	S NOT AFFIRMAT RTIFICATE OF INS	IVEL' SURA	Y OF NCE	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDE	D BY TH	E POLICIES
th	e te	rms and condi		, cert	ain p	DITIONAL INSURED, the policies may require an er						
P. 0	IAN Bo	R IO INSURANCE X 18425 FL 33679-8425					CONTA NAME: PHONE (A/C, No E-MAIL	_{5, Ext):} 813-87	G. Italiano 7-7799	FAX (A/C, I	_{vo):} 813-8	877-8877
		G. Italiano					ADDRE	INSU	URER(S) AFFOR	Irance.com DING COVERAGE oyds, London		NAIC #
INSU	RED	Meridiar	Investigative G	roup				R B : Firema		-		21849
		Inc.	-	-				R C : Progres				24260
			nd Ave N, Ste 119 rsburg, FL 33710				INSURE		•			
			0,				INSURE	RE:				
							INSURE	RF:				
		AGES				E NUMBER:				REVISION NUMBER		
IN Ce	DIC/ RTI	ATED. NOTWIT FICATE MAY BI	HSTANDING ANY RI E ISSUED OR MAY	EQUIF PERT	REME AIN,	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR		TYPE OF IN	ISURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	L	MITS	
Α	X	COMMERCIAL GE				MPL102880216			05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	′\$	1,000,000
	GEN	N'L AGGREGATE LI								GENERAL AGGREGATE	\$	2,000,000
		POLICY JE								PRODUCTS - COMP/OP AG		2,000,000
		OTHER:	N .							COMBINED SINGLE LIMIT	\$	4 000 000
с	AUI	1	Ŷ			044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per perso		1,000,000
Ŭ		ANY AUTO ALL OWNED	X SCHEDULED			044072440		12/11/2015	12/11/2010	BODILY INJURY (Per accide	/	
	Χ	AUTOS HIRED AUTOS	X AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
	v		OCCUR			FA 500004500470		05/07/0040	05/07/0047	EACH OCCURRENCE	\$	1,000,000
В	X			-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
	WOF	DED X RETE								PER OTI STATUTE ER	4-	
		PROPRIETOR/PAR	1 / IN							E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXC		N/A						E.L. DISEASE - EA EMPLO		
	If ves	s, describe under CRIPTION OF OPEI	RATIONS below							E.L. DISEASE - POLICY LIN		
Α		fessional Liab				MPL102880216		05/27/2016	05/27/2017			5,000,000
						RETRO DATE: 7/18/2014				Aggregate		5,000,000
DESC	RIPT	TION OF OPERATIO	NS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requi	red)		
CEF	RTIF	ICATE HOLD	ER				CANO	ELLATION				
						QUALLYN						
		Qual-Lyı 100 Deca	nx adon Drive				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES B EREOF, NOTICE WILI CY PROVISIONS.		
		Egg Har	bor Township, N	J 082	234		AUTHO	RIZED REPRESE	NTATIVE			
		I					9	they u	the the	ter		
		l.						© 1988	-2014 ACOF	D CORPORATION.	All rights	s reserved.

								MERID-1		OP ID: KB
A	CORD CF	RT	ΊFΙ	CATE OF LIAB	ян іт		RANCE	=	DATE (	(MM/DD/YYYY)
N T	HIS CERTIFICATE IS ISSUED AS A									/06/2016 LDER. THIS
В	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	URA	NCE	DOES NOT CONSTITUT						
tł	MPORTANT: If the certificate holder the terms and conditions of the policy ertificate holder in lieu of such endor	, cert	ain p	policies may require an er						
PRO	DUCER		(-)	,	CONTAC	T Jeffrey C	G. Italiano			
P. C Tan	LIANO INSURANCE SERVICES ). Box 18425 1pa, FL 33679-8425				PHONE (A/C, No	, _{Ext):} 813-87 _{iS:} karen@i	7-7799 talianoinsu	FAX (A/C, No): Irance.com	813-8	877-8877
Jen	rey G. Italiano							DING COVERAGE		NAIC #
								oyds, London		
INSU	URED Meridian Investigative Gi	oup					n's Fund In			21849
	6822 22nd Ave N, Ste 119					· ·	ssive Comp	banies		24260
	St. Petersburg, FL 33710				INSURE					
CO	VERAGES CER	TIFI	САТ	E NUMBER:	INSURE	<b>νΓ</b> .		REVISION NUMBER:		1
	HIS IS TO CERTIFY THAT THE POLICIES		-	-	VE BEEI	N ISSUED TO			HE POI	
C E	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	ED BY 7	THE POLICIE	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT T		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	x	v	MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
		^	^	WIF L 102000210		03/21/2010	03/21/2017		\$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	1 000 000
С		x	v	044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
Ŭ	ANY AUTO ALL OWNED X SCHEDULED	^	^	044072440		12/11/2013	12/11/2010	BODILY INJURY (Per accident)		
	AUTOS     AUTOS       X     HIRED AUTOS       X     NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000
В	X EXCESS LIAB X CLAIMS-MADE	-		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$ \$	1,000,000
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Each Clai Aggregate		5,000,000 5,000,000
The Ger suk	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC certificate holder is name eral Liability, Automobile progation applies to the Ge	ed an ner	as a d C al 1	an Additional Insu yber Liability Pol Liability, and Aut	red a icies omobi	s respect . Waiver le polici	to the of les.	red)		
Pri Aut	mary/Non-Contributory word comobile policies.				al Li	ability,				
ĊE	RTIFICATE HOLDER					ELLATION				
	Sedgwick Claims Manag Services Inc. 1100 Ridgeway Loop Roa			SEDGCMS	MS SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Memphis, TN 38120	.u, #	200			NZED REPRESE		_		
					9	they u	the bar	tere		

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NOTEPAD:	HOLDER CODE	SEDGCMS		ERID-1		PAGE 2
NUTEFAD:	INSURED'S NAME	Meridian Investigative Gr	oup Ol	P ID: KB	Date	06/06/2016
Policy number: 21 EMPLOYEE THEFT CLIE E. Hiscox/Lloyds. Policy number: UCS	TP 0285663 INT PREMISES Effective 2687326.15	\$1,000,000 LIMIT W/8 7-21-15/16	310,000 DEDUC			
\$10,000 RETENTION F 3rd Party Liability	OR EACH COV	PRIVACY PROTECTION) ERAGE LINE. RETRO DA	rÉ 7-21-2014	•		
Sedgwick Claims Man as respects to this		vices Inc. is named a	as an Addition	nal Insured		

ND, EXTEND OR ALT ITUTE A CONTRACT R. the policy(ies) must be an endorsement. A sta CONTACT Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@	NO RIGHTS ER THE CO BETWEEN 1 e endorsed. Itement on th G. Italiano 77-7799 italianoinsu	UPON THE CERTIFICAT VERAGE AFFORDED B THE ISSUING INSURER( If SUBROGATION IS W is certificate does not co FAX (A/C, No): Irance.com	06/ Y THE S), AU	E POLICIES JTHORIZED
DNLY AND CONFERS I ND, EXTEND OR ALT ITUTE A CONTRACT R. the policy(ies) must be an endorsement. A sta CONTACT Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@ INS	NO RIGHTS ER THE CO BETWEEN 1 e endorsed. Itement on th G. Italiano 77-7799 italianoinsu	UPON THE CERTIFICAT VERAGE AFFORDED B THE ISSUING INSURER( If SUBROGATION IS W is certificate does not co FAX (A/C, No): Irance.com	E HOL Y THE S), AU AIVED onfer r	DER. THIS POLICIES JTHORIZED , subject to ights to the
IND, EXTEND OR ALT ITUTE A CONTRACT R. the policy(ies) must be an endorsement. A sta CONTACT Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@ INS	ER THE CO BETWEEN 1 e endorsed. tement on th G. Italiano 77-7799 italianoinsu surer(s) AFFOR	VERAGE AFFORDED B THE ISSUING INSURER( If SUBROGATION IS W is certificate does not co FAX (A/C, No): Irance.com	Y THE S), AU AIVED onfer r	POLICIES JTHORIZED , subject to ights to the
the policy(ies) must be an endorsement. A stan CONTACT Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAL ADDRESS: karen@	tement on th G. Italiano 77-7799 italianoinsu	is certificate does not co FAX (A/C, No): Irance.com	onfer r	ights to the
An endorsement. A sta NAME: PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@ INS	tement on th G. Italiano 77-7799 italianoinsu	is certificate does not co FAX (A/C, No): Irance.com	onfer r	ights to the
NAME: Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@	77-7799 italianoinsu surer(s) Affor	irance.com	813-8	77-8877
E-MAIL ADDRESS: karen@ INS	italianoinsu	irance.com	813-8	77-8877
INS	URER(S) AFFOR			
INSURER A : OTIGET	writare at L L			NAIC #
INSURER B : Firema		-		21849
INSURER C : Progre				24260
INSURER D :				
INSURER E :				
INSURER F :				
ION OF ANY CONTRACT ORDED BY THE POLICIE AVE BEEN REDUCED BY	F OR OTHER ES DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	ст то	WHICH THIS
R POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
		EACH OCCURRENCE	\$	1,000,000
05/27/2016	05/27/2017	PREMISES (Ea occurrence)	\$	50,000
				5,000
				1,000,000
				2,000,000
		PRODUCTS - COMP/OP AGG		2,000,000
		COMBINED SINGLE LIMIT	\$	1,000,000
12/11/2015	12/11/2016	BODILY INJURY (Per person)	\$	
			\$	
		PROPERTY DAMAGE (Per accident)	\$ \$	
		EACH OCCURRENCE	\$	1,000,000
05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000
			\$	
		STATUTE ER		
		E.L. EACH ACCIDENT	\$	
05/27/2016	05/27/2017		\$	5,000,000
2014	03/21/2011	Aggregate		5,000,000
· •	• •	red)		
	INSURER D :           INSURER E :           INSURER F :             HAVE BEEN ISSUED TO           ON OF ANY CONTRACT           OS/27/2016           05/27/2016           014	INSURER D :           INSURER E :           INSURER F :             HAVE BEEN ISSUED TO THE INSURE ION OF ANY CONTRACT OR OTHER INSURE ON OF ANY CONTRACT OR OTHER INSURE AVE BEEN REDUCED BY PAID CLAINER (MM/DD/YYYY)           AVE BEEN REDUCED BY PAID CLAINER (MM/DD/YYYY)           05/27/2016         05/27/2017           05/27/2016         05/27/2017           05/27/2016         05/27/2017           05/27/2016         05/27/2017	INSURER D : INSURER E : INSURER F : HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC DRDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO AVE BEEN REDUCED BY PAID CLAIMS. R POLICY EFF POLICY EXP O5/27/2016 05/27/2017 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) BODILY INJURY (PER PERSON) BODILY INJURY (PERSON) BOD	INSURER D : INSURER E : INSURER F : HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL ION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO A DRDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TA AVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS BOJILY EACH OCCURRENCE \$ 05/27/2016 05/27/2017 EACH OCCURRENCE \$ PRESONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (PER PERSON DAMAGE \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ PROPERTY DAMAGE \$ PROFERTY

D, EXTEND OR ALT UTE A CONTRACT e policy(ies) must be endorsement. A star <u>CONTACT</u> Jeffrey ( <u>PHONE</u> (A/C, No, Ext): 813-87 <u>E-MAIL</u> ADDRESS: karen@i	NO RIGHTS ER THE CO BETWEEN T e endorsed. tement on th G. Italiano 77-7799 italianoinsu urer(s) Affor	UPON THE CERTIFICATE VERAGE AFFORDED BY THE ISSUING INSURER(S If SUBROGATION IS WA is certificate does not con	THE POLICIES ), AUTHORIZED
ILY AND CONFERS N D, EXTEND OR ALT UTE A CONTRACT e policy(ies) must be endorsement. A star <u>CONTACT</u> Jeffrey ( <u>PHONE</u> (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@i INSURER A : Underv	NO RIGHTS ER THE CO BETWEEN T e endorsed. tement on th G. Italiano 77-7799 italianoinsu urer(s) Affor	UPON THE CERTIFICATE VERAGE AFFORDED BY 'HE ISSUING INSURER(S If SUBROGATION IS WA is certificate does not con FAX (A/C, No): 8	HOLDER. THIS THE POLICIES ), AUTHORIZED IVED, subject to onfer rights to the
UTE A CONTRACT ne policy(ies) must be endorsement. A star CONTACT Jeffrey ( PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@i INSURER A : Underv	BETWEEN T e endorsed. tement on th G. Italiano 77-7799 italianoinsu urer(s) Affor	THE ISSUING INSURER(S If SUBROGATION IS WA is certificate does not con FAX (A/C, No): 8 rance.com	), AUTHORIZED IVED, subject to hfer rights to the
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NAME: Jeffrey ( PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@i INS INSURER A : Underv	77-7799 italianoinsu urer(s) Affor	rance.com	13-877-8877
(A/C, No, Ext): 013-07 E-MAIL ADDRESS: karen@i INSURER A : Underv	Italianoinsu	rance.com	13-877-8877
ADDRESS: Karen@I INSURER A : Underv	URER(S) AFFOR		
INSURER A : Underv		DING COVERAGE	
	vriters at Ll		NAIC #
Lucuses - Firoma			
			21849
	ssive Comp	anies	24260
		REVISION NUMBER:	I
RDED BY THE POLICIE VE BEEN REDUCED BY	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT TO	
POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
05/07/0040	05/07/0047	DAMAGE TO RENTED	
05/2//2016	05/27/2017	PREMISES (Ea occurrence)	· · · · · · · · · · · · · · · · · · ·
			4 000 000
			, ,
		COMBINED SINGLE LIMIT	1,000,000
12/11/2015	12/11/2016	· · · · · · · · · · · · · · · · · · ·	;
		(Per accident)	
		EACH OCCURRENCE	1,000,000
05/27/2016	05/27/2017	AGGREGATE	1,000,000
		·	
		·	
05/27/2016	05/27/2017		5,000,000
14		Aggregate	5,000,000
	Image: Second state	INSURER E :           INSURER F :           HAVE BEEN ISSUED TO THE INSURE NO OF ANY CONTRACT OR OTHER INSURE REDED BY THE POLICIES DESCRIBEINT /E BEEN REDUCED BY PAID CLAIMS.           POLICY EFF (MM/DD/YYY)         POLICY EXP (MM/DD/YYY)           05/27/2016         05/27/2017           05/27/2016         05/27/2017           05/27/2016         05/27/2017           05/27/2016         05/27/2017	INSURER E :         INSURER F :         REVISION NUMBER:         AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE         NO F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT         POLICY EFF (MM/DD/YYYY)       POLICY EXP (MM/DD/YYYY)         POLICY EFF (MM/DD/YYYY)       POLICY EXP (MM/DD/YYYY)       LIMITS         O5/27/2016       O5/27/2017       EACH OCCURRENCE       \$\$         O5/27/2016       O5/27/2017       COMBINED SINGLE LIMIT (Ea accident)       \$\$         12/11/2015       12/11/2016       BODILY INJURY (Per person)       \$\$         INTE INTE INTERATION OF THE INTERNATION

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C B	ERT ELO	IFICATE DOE W. THIS CE	S NOT	AFFIRMAT	IVEL SURA	Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HO BY TH	LDER. THIS E POLICIES
th	e te		litions o	of the policy	, cert	ain p	DITIONAL INSURED, the policies may require an er						
				/ICES				CONTA NAME: PHONE	Jenney	G. Italiano			
		x 18425 FL 33679-8425	5					(A/C, No	o, Ext): 813-87	7-7799 Italianoinei	i(Â/Ĉ, №) Irance.com	813-8	377-8877
		G. Italiano						ADDRE			DING COVERAGE		NAIC #
								INSURE		· · /	oyds, London		
INSU	RED	Meridia Inc.	n Inves	stigative Gr	roup					n's Fund In			21849
		6822 22		e N, Ste 119						ssive Comp	oanies		24260
		St. Pete	ersburg	g, FL 33710									<u> </u>
								INSURE					
		AGES					E NUMBER:				<b>REVISION NUMBER:</b>		
IN C E	IDICA ERTI XCLL	ATED. NOTWIT FICATE MAY B	THSTAN BE ISSU	DING ANY RE ED OR MAY NS OF SUCH	EQUIF PERT POLI	REME AIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
	X	TYPE OF I		CE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	-	1,000,000
	<u> </u>	X CLAIMS-MA		OCCUR			MPL102880216		05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	50,000
											MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE L		LIES PER:							GENERAL AGGREGATE	\$	2,000,000
			RO- ECT	LOC							PRODUCTS - COMP/OP AGG	-	2,000,000
		OTHER:	ту								COMBINED SINGLE LIMIT	\$ \$	1,000,000
с		ANY AUTO					044672446		12/11/2015	12/11/2016	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		ALL OWNED AUTOS	A   AL	CHEDULED JTOS							BODILY INJURY (Per accident	\$	
	Х	HIRED AUTOS		ON-OWNED JTOS							PROPERTY DAMAGE (Per accident)	\$	
				1								\$	
в	X	UMBRELLA LIAB	X	OCCUR			FAE00024530172		05/27/2016	05/27/2017	EACH OCCURRENCE	\$	1,000,000
Б	^	X	ENTION \$	CLAIMS-MADE			TAE00024330172		03/21/2010	03/21/2017	AGGREGATE	\$	1,000,000
		RKERS COMPENSA	ATION	,							PER OTH- STATUTE ER	<u> </u>	
	ANY	PROPRIETOR/PAR	RTNER/EX		N / A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH) s, describe under	JEODED?								E.L. DISEASE - EA EMPLOYE	\$	
	DÉS	CRIPTION OF OPE		below			MPL102880216		05/27/2016	05/27/2017	E.L. DISEASE - POLICY LIMIT	\$	5,000,000
Α	Fro	ressional Liab	)				RETRO DATE: 7/18/2014		05/27/2016	05/27/2017	Aggregate		5,000,000
DES	CRIPT	TION OF OPERATIO	ONS/LOC	ATIONS / VEHIC	LES (/	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requi	red)		
								,					
CE	RTIF	ICATE HOLD	DER					CANO	ELLATION				
		601 Col	orado	y of Texas S Street 701-2982	Syste	əm	UNIVETE	TE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		I						Situr it total					

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A		=RT	IFI	CATE OF LIAB			RANCE	MERID-1		OP ID: KB		
CI BI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF II	MAT TIVEL	TER Y OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU	AND EXTE	CONFERS N ND OR ALT	NO RIGHTS ER THE CO	UPON THE CERTIFICAT	FE HO BY THI	E POLICIES		
IN th	EPRESENTATIVE OR PRODUCER, IPORTANT: If the certificate holde e terms and conditions of the polic ertificate holder in lieu of such endo	r is ar y, cert	n ADI tain p	DITIONAL INSURED, the policies may require an er								
PRODUCER ITALIANO INSURANCE SERVICES P. O. Box 18425 Tampa, FL 33679-8425						CONTACT MAME:       Jeffrey G. Italiano         PHONE (A/C, No, Ext):       813-877-7799         E-MAIL karon@italianoinsuranco.com       FAX (A/C, No):						
	ey G. Italiano				E-MAIL ADDRESS: karen@italianoinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A : Underwriters at Lloyds, London					NAIC #		
INSU	Inc. 6822 22nd Ave N, Ste 1	19	)		INSURER B : Fireman's Fund Insurance INSURER C : Progressive Companies					21849 24260		
	St. Petersburg, FL 3371	0			INSURER D : INSURER E : INSURER F :							
	VERAGES CE	DTIE	<u>слт</u>	E NUMBER:	INSORI	-K F .		REVISION NUMBER:				
TH IN CE	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA (CLUSIONS AND CONDITIONS OF SUC	ES OF REQUIE ( PERT H POLI	INSU REME FAIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OTHE INSURE OR OTHER S DESCRIBEI	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR			MPL102880216		05/27/2016		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000		
								MED EXP (Any one person)	\$	5,000		
		-						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
с				044672446		12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	1,000,000		
	ALL OWNED AUTOS X HIRED AUTOS HIRED AUTOS X HIRED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000		
в	X EXCESS LIAB X CLAIMS-MAI	DE		FAE00024530172		05/27/2016	05/27/2017	AGGREGATE	\$	1,000,000		
	DED X RETENTION \$	il							\$			
								PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY Y/I ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
A	Professional Liab			MPL102880216 RETRO DATE: 7/18/2014		05/27/2016	05/27/2017			5,000,000 5,000,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (	ACORI	D 101, Additional Remarks Schedu	ıle, may I	De attached if mor	re space is requi	red)				
CFF					CAN							
				WISCDEP								
	Wisconsin Department and Professional Servic P O Box 8935	es	fety	WOODEP	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Madison, WI 53708-893	5			State & putter							

Ą		RTIF	ICATE OF LIAB	BILITY INSU	JRANCE	MERID-1	DATE (	OP ID: KB MM/DD/YYYY) /06/2016		
C B R	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY O SURANC	DR NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTEND OR ALT TE A CONTRACT	ER THE CO BETWEEN 1	VERAGE AFFORDED E THE ISSUING INSURER	TE HO BY THE (S), AU	lder. This 5 Policies Jthorized		
th	IPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endo	/, certain	policies may require an e							
ITAI P. O	DUCER LIANO INSURANCE SERVICES ). Box 18425 Ipa. FL 33679-8425			CONTACT NAME: Jeffrey PHONE (A/C, No, Ext): 813-87 E-MAIL ADDRESS: karen@	877-8877					
Jeff	rey G. Italiano			INSURER A : Underv	NAIC #					
INSU	RED Meridian Investigative G Inc. 6822 22nd Ave N, Ste 11	9		INSURER B : Firema		21849 24260				
	St. Petersburg, FL 33710	)		INSURER D : INSURER E : INSURER F :						
CO	VERAGES CE	RTIFICA	TE NUMBER:	•		<b>REVISION NUMBER:</b>				
TI IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF INS EQUIREM PERTAIN	URANCE LISTED BELOW HA MENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS		
INSR LTR		INSD WV		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s			
<b>A</b>	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR		MPL102880216	05/27/2016	05/27/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000		
						MED EXP (Any one person)	\$	5,000		
						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
с			044672446	12/11/2015	12/11/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000		
	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X SCHEDULED AUTOS X AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$			
в	UMBRELLA LIAB         OCCUR           X         EXCESS LIAB         X	=	FAE00024530172	05/27/2016	05/27/2017	EACH OCCURRENCE	\$ \$ \$	1,000,000		
	DED X RETENTION \$ N					PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$			
1	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT				
A	Professional Liab		MPL102880216	05/27/2016	05/27/2017		Ţ	5,000,000		
			RETRO DATE: 7/18/2014			Aggregate		5,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACO	RD 101, Additional Remarks Schedu	lle, may be attached if mo	re space is requi	red)				
CE	RTIFICATE HOLDER			CANCELLATION						
	Zenith Insurance Compa P O Box 1558 Sarasota, FL 34230-1558	-	ZENITHC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					tt b	tup				