ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			DILI				4,	/13/2017	
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	VELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEN	ID OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES	
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	s an ADD to the te	DITIONAL INSURED, the pressure of the pressure	ne polic	y, certain p	olicies may				
			CONTAC NAME:			ord			
PRODUCER SUNZ Insurance Solutions, LLC. ID:(Amer. Emp Grp) c/o American Employer Group III, Inc.			NAME: Cora Rutherford PHONE 65-481-0910 FAX (A/C, No, Ext): 865-481-0910						
800 Oak Ridge Turnpike Suite A-702			E-MAIL ADDRESS: cora.rutherford@aegpeo.com					7-299-9049	
Oak Ridge, TN 37830	Oak Ridge , ŤN 37830				INSURER(S) AFFORDING COVERAGE				
					INSURER A : SUNZ Insurance Company				
INSURED					INSURER B :				
Madison PEO of Florida Inc., Mad Florida, Inc. I	ison PE	O of	INSURER C :						
225 West Seminole Blvd. Suite 10	3			INSURER D :					
Sanford FL 32771			INSURE	RE:					
			INSURER F :						
COVERAGES CERT	TIFICATE	E NUMBER: 35117674				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY REI CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY	' CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPEC	ст то у	WHICH THIS	
	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
						EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR						DAMAGE TO RENTED 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:							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$							\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCPEO00008906		10/1/2016		✓ PER STATUTE OTH- ER			
	N/A	WCPEO00008905		10/1/2015	10/1/2016	E.L. EACH ACCIDENT	\$	1,000,000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Coverage provided for all leased employees Location coverage effective: 12/22/2013						ed)			
CERTIFICATE HOLDER			CANC	ELLATION					
3383 Eagle Eye Recovery Inc 1850 Carrollton Villa Rica HWY Villa Rica GA 30180				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				RIZED REPRESE		Ale , his	Y.		

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ACORD 25 (2016/03)

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