



June 14, 2016

**EVIDENCE OF COVERAGE**

This is to certify that the policy designated below by number and providing, subject to the terms, conditions, limitations and exclusions thereof, the kind of insurance set forth below has been issued by **Ace American Insurance Company**, and is in force as of this date. The insurance afforded is only with respect to such kinds of insurance as is indicated by expiration date and policy number.

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the workers' compensation system by purchasing the policy, and if the employer is a non-subscriber, the employer loses certain common-law defenses to suit as well as certain limitations on liability that would otherwise be available under the workers' compensation laws. The employer must comply with the workers' compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

*This Evidence of Coverage neither affirmatively nor negatively amends, extends or alters the coverage afforded by the Policy or Policies numbered below.*

Name of Policyholder  
Sun West Recovery, Inc. dba Sun West Solutions  
28053 Mitchell Avenue  
Punta Gorda, Florida 33982

Policy Number:  
OCA N04945657006

Effective Date:  
June 13, 2016

Expiration Date:  
June 13, 2017

**POLICY TERM IS SUBJECT TO PREMIUM PAYMENTS**

Kind of Insurance: Twenty-four Hour Accident Protection, While on the Job Only

Eligible: All active employees and owners of the Policyholder.

<u>Benefit Description:</u>	<u>Maximum Limit:</u>
Combined Single Limit	\$500,000.00
Benefits	Accidental Death & Dismemberment with Loss of Use
	Weekly Accident Indemnity
	Primary Accident Medical Expense
Deductible (per person per occurrence)	\$500.00
Elimination Period	7 days
Benefit Period	104 weeks

**THIS POLICY PROVIDES COVERAGE WHILE PERFORMING DUTIES FOR THE CERTIFICATEHOLDER FOR THE PURPOSES OF FURTHERING THE BUSINESS OF THE POLICYHOLDER.**

In the event this coverage is canceled or materially altered, the Company will endeavor to notify the Certificateholder. However, failure to notify shall not affect the terms of the contract or coverage.

Certificateholders:

**FOR INFORMATIONAL PURPOSES ONLY**

***A PHOTOCOPY SHALL BE AS VALID AS THE ORIGINAL***