~		ER	TIF	ICATE OF L	IAB		NSUR/	ANCE	DATE(MM/DD/YYYY) 12/18/2017	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620					CONTACT NAME:         Paychex Insurance Agency Inc           PHONE (A/C, NO. EXT):         877-266-6850					
					E-MAIL Certs@paychex.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
INSURED Paychex Business Solutions LLC SOON COME INC 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625-0397					INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY				23817	
					INSURER B:					
					INSURER C:					
					INSURER D:					
					INSURER E:					
						ER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	6	
	GENERAL LIABILITY					(	(	EACH OCCURRENCE	\$	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PROJECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED AUTOS							BODILY INJURY	\$	
								(Per accident) PROPERTY DAMAGE		
								(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			012648137		06/01/2017	06/01/2018	X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,000.00	
	OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) N	N/A	x					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00	
	If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00	
	DESCRIPTION OF OPERATIONS below									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured. Waiver of Subrogation granted in favor of the certificate holder.										
CERTIFICATE HOLDER						CANCELLATION				
Chateaux Sur Mer Improvement Association PO BOX 1292 Sanibel , FL 33957					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.					
						AUTHORIZED REPRESENTATIVE				
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