

04/02/2008 23:40 7277911416

LAPLANTE AGENCY

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2008

PRODUCER LAPLANTE AGENCY 2715 STATE ROAD 580 CLEARWATER FL 33761 (P) 727-796-8688 (F) 727-791-1412		Serial # 107577	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED MASTER ASSEMBLY CORPORATION AND FROG BUILT INC ; JUST WORKS INC 5207 WILCOX ROAD TAMPA FL 33624		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: CANAL INDEMNITY COMPANY	
		INSURER B: PROGRESSIVE EXPRESS INSURANCE CO	
		INSURER C: ZURICH / ASSURANCE CO OF AMERICA	
		INSURER D:	
		INSURER E:	

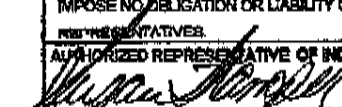
COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL90314	12/22/07	12/22/08	EACH OCCURRENCE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Per 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 \$ INCLUDED
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	08395027-3	12/23/07	12/23/08	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? YES If yes, describe under SPECIAL PROVISIONS below	WG02808881-00	03/01/08	03/01/09	<input checked="" type="checkbox"/> NO EXCESS/UMBRELLA COV EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: WORKERS COMPENSATION POLICY - OFFICERS ARE EXCLUDED

*EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT

CERTIFICATE HOLDER FOR INFORMATION ONLY. PLEASE CALL THE LAPLANTE AGENCY TO VERIFY COVERAGE AT 727-796-8566.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY  SUSAN STAMPER
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2007-2008 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES 9-30-2008 FOLIO NO.

FACILITIES OR MACHINES 0	ROOMS 0	SEATS 0	EMPLOYEES 4	RENEWAL	106857.0000
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OCC. CODE BUSINESS TYPE
 280.000 PUBLIC SERVICE-INSTALL ABOVE GROUND POOLS

H. WASTE TAX
 SURCHARGE 22.00

2007-2008

BUSINESS LOCATION 5207 WILCOX RD
 TAMPA 33624

NAME FROG BUILT INC
 MAILING 5207 WILCOX RD
 ADDRESS TAMPA FL 33624

BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE
 IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON.

DOUG BELDEN, TAX COLLECTOR
 813-635-5200

PAID - 14984 - 85
 08/17/2007 *** 22.00

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.