



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2017

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Willis of Florida, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378		FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Travelers Property Casualty Company of Ame			25674
INSURER B: Charter Oak Fire Insurance Company			25615
INSURER C: Travelers Indemnity Company			25658
INSURER D: Continental Insurance Company			35289
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: W3325535

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	TC2JGLSA9D907260-17	08/15/2017	08/15/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			TC2JCAP9D907272-17	08/15/2017	08/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TC2OUB9D907284-17	08/15/2017	08/15/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation and Employer's Liability Per Statute			TRKUB9D907296-17	08/15/2017	08/15/2018	EL Each Accident \$1,000,000 EL Disease-Policy Lmt \$1,000,000 EL Disease-each empl \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US DOT #2346601

See Attached

SEE ATTACHED

CERTIFICATE HOLDER

Forest City Trading Group, LLC and Its Subsidiaries
 10250 S.W. Greenburg Road, Suite 300
 Portland, OR 97223

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE


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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Florida, Inc.		NAMED INSURED LFC Enterprises, Inc. Attn: Ms Lorie Conran 315 E. New Market Road Immokalee, FL 34142	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

**** Additional Named Insureds:**

- Better Fruits & Vegetables, LLC
- Bonanza Produce, Inc.
- Custom Pak Brokerage, LLC
- Custom Pak Nogales Inc. d/b/a Legend Distributing, LLC
- Custom Pak, Inc.
- Farm Labor Income Program, LLC
- Farm-Op, Inc.
- FFD Land Co., Ltd
- Flavor Fresh, Inc.
- Florida Packing, LLC
- Fresh Horizons Procurement, Inc.
- Immokalee Packing, LLC
- Kuzzen's, Inc.
- Lipman - Texas LLC dba Combs Produce
- Lipman & Lipman, Inc.
- Lipman Logistic Services, LLC
- Lipman Portland LLC
- Lipman Texas
- Lipman-Colorado, LLC
- Paragon Produce Corp.
- Redi Plants Corp.
- Six L's Packing Company, Inc.
- SWG Packaging Company, Inc.
- The Produce Exchange, Inc
- The Thomas Colace Company Inc.
- TPE Holding, LLC
- Tulare Farms LLLP
- Western Repacking LLLP d/b/a Custom Pak West
- Custom Pak Brokerage d/b/a Lipman Brokerage

Forest City Trading Group, LLC and Its Subsidiaries are included as Additional Insureds as respects to General Liability.

Waiver of Subrogation applies in favor of Additional Insureds with respects to General Liability.

INSURER AFFORDING COVERAGE: Continental Insurance Company NAIC#: 35289
 POLICY NUMBER: TBCNA17-5277 EFF DATE: 08/15/2017 EXP DATE: 08/15/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Motor Truck Cargo	See Below	

ADDITIONAL REMARKS:
 Per Conveyance: \$1,000,000
 Deductible: \$5,000

The Motor Truck Cargo deductible applies to refrigeration breakdown.