

**CJIMINEZ** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2025

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.

lf tł	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to	the cert	terms and conditions of ificate holder in lieu of su	ıch end	lorsement(s).	oolicies may	require an endorsemer	nt. A st	atement on	
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403						CONTACT NAME:					
						PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305					
						ss: info@ho	ainsurance	e.net	. ,		
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : (STANDARD) Accelerant National Insurance Company				10220	
						INSURER B : PMA Insurance Group					
						R C : Great A	merican In	surance Company			
						INSURER D :					
						RE:					
						INSURER F:					
COVERAGES CER			CATE	NUMBER:	REVISION NUMBER:						
IN C E INSR	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC  THE POLICI  REDUCED BY F  POLICY EFF	CT OR OTHER ES DESCRIB PAID CLAIMS POLICY EXP	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT <sup>-</sup>	ECT TO	WHICH THIS	
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		2,000,000	
	CLAIMS-MADE X OCCUR			N030PK1877-01		8/5/2024	8/5/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300.000	
	SEANNO-WADE X COOK			NOSUF KTO77-UT					\$	5,000	
								MED EXP (Any one person)	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	s s	4,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
	OTHER:							TROBUCTO - COMITTOT AGO	s		
Α	AUTOMOBILE LIABILITY						8/5/2025	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	ANY AUTO			N030PK1877-01		8/5/2024		BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	No received								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			22222 47 24 22 24		0/45/0005	0/5/0005	PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			202500-15-91-83-3Y		2/15/2025	8/5/2025	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
_	If yes, describe under DESCRIPTION OF OPERATIONS below			EDDE702204 04		0/5/2024	0/5/2025	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
C	Directors & Officers			EPPE792294-01		8/5/2024	8/5/2025	Ded: \$1,000		1,000,000	
		<u> </u>									
Plea	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC se see Certificate of Property, Acord 24	l, for	build	Tur, Additional Remarks Schedu ing values.	не, тау в	e attached if more	e space is requii	rea)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
for informational purposes						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE				