

Piggyback Checklist

Contract Number/Name: Florida State Contract-Tires, Tubes, and Services

#25172500-19-ACS

Services/Supplies to be provided: Tire Purchases and Services-J&S Tire and Auto Center, Inc. dba Fleet Tire Truck and Auto

Using Department(s): Public Works - Fleet Maintenance

ITEMS VERIFIED	YES	NO	COMMENT
Does the piggyback contract allow the utilization of the contract by other entities, including use in the state of FL if it's an out of state contract?	Yes		Florida State Contract #25172500-19-ACS allows use by all governmental entities within the State of Florida. Link Attached.
Was the contract awarded through a solicitation or other acceptable competitive process that was publicly advertised?	Yes		Florida State Contract #25172500-19-ACS Link Attached.
Piggyback Contract is Valid? Contract Expiration Date:	Yes		Expires: 03/31/2024 Attached.
Goods / Services requested by the Using Department(s) match those allowed under the piggyback contract and do not extend beyond the expiration date of the piggyback contract?	Yes		
Does the piggyback contract have acceptable terms and conditions?	Yes		Tires and services are for all Police and General vehicles and equipment only under the contract for governmental agencies.
Did the vendor confirm that the piggyback contract is authorized to be used with the established terms, conditions, and pricing?	Yes		Vendor approves of using the contract.
Is pricing "Fair and Reasonable" in the piggyback contract?	Yes		
Piggyback Contract Certificate(s) of Insurance (COI) is acceptable to the COH's Risk Management?		No	N/A
Piggyback Contract has Warranty Conditions?	Yes		This contract is for the purchasing of tires and services. Warranty is through the Manufacturer.
Piggyback Contract has liquidated damages (if Yes, provide the daily liquidated amount)		No	

https://www.dms.myflorida.com/business operations/state purchasing/state contracts and agreements/alternate contract source/tires tub es and services

Verified, By: <u>JJW</u>

04/2021

Joel Wall

MARKIND WAR DOWN

CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Piggybacking Request Form (Use for purchase(s) over \$25,000, when piggybacking off other contracts)

Date: <u>01/06/22</u>	
Department/Office: Public Works	Division/Area: Fleet Maintenace
Contract Administrator: <u>Joel Wall; Peter Bieniek</u>	Title: Fleet Superintendent; Public Work Director
Phone: <u>954-967-4555; 954-967-4526</u>	Email: <u>iwall@hollywoodfl.org;</u> pbieniek@hollywoodfl.org
Requested Vendor: Fleet Tire Truck and Auto	Vendor Number: 35729
Address: 5911 Pembroke Road, Hollywood, Florida	33023
Contact Person: <u>Jacquleyn Atchisson</u>	Title: Store Manager
Phone: <u>954-989-2600</u>	Email: jatchisson@bellsouth.net
Contract title requesting to piggyback?	
Awarding Agency: Florida State Contract: Tires	Bid Award #25172500-19-ACS
Contract Expiration Date: April 1, 2019 through I	March 31, 2024
Copy of Contract and Awarding Agency docume	entation is attached. ⊠ Yes □ No
https://www.dms.myflorida.com/business operations/state contract source/tires tubes and services	ate purchasing/state contracts and agreements/alterna
3. Product/Service being requested (be specific): <u>Tires rethe City of Hollywood.</u> The City of Hollywood's Police and based upon specifications by the manufacturer for quality	d other vehicles are purchased with Goodyear tires
Procurement Service Divi	ision use only
Requisition # R Purchase Order # P (As Applicable) (As Applicable)	Blanket Purchase Oder # BPO(As Applicable)
(Revised 08/2015)	

4. Detailed description of the shop for replacement tires when the shop for		d purpose: Vehicles are sent to the local Fleet Tire
5. Please explain what proce by the Public Works Departm		to verify and/or identify this contract: Recommended the Florida State Contract.
6. Were alternative contracts pricing for the required produ		he City is obtaining the most advantageous contract
Please explain: The tand General Fleet vehicles.	ires are available on the Flori	da State Contract for the best pricing for the Police
7. Total cost of the requested	product/service: \$40,000.00	
8. Total estimated annual (fis	cal year) cost of requested pr	oduct/service: <u>\$40,000.00</u>
		00000.000.000
9. Is this product/service cover	ered by a warranty? 🛚 Yes [□No
If yes, please attach	a copy of the warranty details	
		purchases for related products/services being as sole source provider for related items?
☐ Yes ⊠ No		
If yes, please describ	e the related products/service	es and estimated cost(s.)
	sult in any future maintenanc	e costs which are not included in the initial purchase?
☐ Yes ⊠ No		
If yes, please attach	a draft maintenance plan whic	ch includes cost estimates and funding source(s.)
12. Is this a grant related pure	chase? ☐ Yes ⊠ No	
If yes, please provide etc.)	edetails (timeline, expiration o	dates, milestones, special procurement requirements,
Will this require mate	hing funds? ☐ Yes ⊠ No	
What is the grant sou	ırce? <u>N/A</u>	
What is the grant (do	llar) amount? <u>N/A</u>	
	Procurement Service Division	on use only
Requisition # R(As Applicable)	Purchase Order # P (As Applicable)	Blanket Purchase Oder # BPO (As Applicable)
(Revised 08/2015)	,	

	se complete an advanc for Award Manageme		or recommenaea 1	for award on the Fed	ierai Governments
[Date of Advanced Sea	rch			
C	Company Name(s) Sea	arched	Search Results		
-					
-					
-					
_					
	REQU	ESTING DEPARTME	NT RECOMMEND	DATION	
Joel Contact Supervise	s (scope, terms, cond in the contract comply you knowledge the on. I J. Wall Person's Signature or's Signature s Signature	ying with the City of I	Hollywood's scop	oe and pricing requ	irements and to the
Γ		APPROVAL (Procure	ment Service Div	rision Use Only)	
Verified		-		Date	
Approve By:	ed			Date	
		Procurement Service	Division use only		
Requisitio		Purchase Order # P		Blanket Purchase Ode	er # BPO
(As Applic	cable)	(As Applicable)		(As Applicable)	

(Revised 08/2015)

JBEATTY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2021

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.

certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

TOTI Lauderdale, FL 33301 Eddies: Service@ciafl.net Insurer	ACP Service Coverage Cove	TWC4025538 INSURER LEBROWARD Blvd. Suite 103 Fort Lauderdale, FL 33301 [ACC, No. Exit; 1954) 315-3030 [ACC, No. Exit; 1954	ACC No. Exity (1949) 515-5000 ACC No. Exity (1949) 516-5000 ACC No. Exity (1949) 516-500	ACC No. Exity (1949) 515-5000 ACC No. Exity (1949) 516-5000 ACC No. Exity (1949) 516-500	ACP SPONNER LANGE LANG	ACC Service Service Service Coverage Insurer a : Depositors Insurance Company	NAIC # 42587 Prica 29262 42376 THE POLICY PERIOD ECT TO WHICH THIS FO ALL THE TERMS, IS 5 1,000,000 5 300,000 5 5,000
Fort Lauderdale, FL 33301 STITE and Auto Inc	INSURER A: Depositors Insurance Company 42587 INSURER A: Depositors Insurance Company 42587 INSURER A: Depositors Insurance Company 42587 INSURER B: Nationwide Insurance Company 6 America Insurance Company 6 America Insurance Company 6 August 6 Insurance Company 6 August 7 Insurance Company 6 Insurance Co	Fort Lauderdale, FL 33301 SOURCESS SERVICE@Cial.net NSURERIS) AFFORDING COVERAGE NAIC # 1850RESS SERVICE@Cial.net NSURERIS NSURERI	Fort Lauderdale, FL 33301 SOURCESS INSURER A : Depositors insurance Company 42587 INSURER A : Depositors insurance Company 42587 INSURER B : Nationwide Insurance Company 42587 INSURER B : Nationwide Insurance Company of America	Fort Lauderdale, FL 33301 SOURCESS INSURER A : Depositors insurance Company 42587 INSURER A : Depositors insurance Company 42587 INSURER B : Nationwide Insurance Company 42587 INSURER B : Nationwide Insurance Company of America	Fort Lauderdale, FL 33301 ADDRESS: Service@ciatl.net INSURER A: Depositors Insurance Company 42587 INSURER B: Nationwide Insurance Company 42587 INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Co. 42376 INSURER B: Nationwide Insurance Co. 42376 INSURER C: Allied Property & Casualty Ins. Co. 42376 INSURER E: INSURER E: INSURER E: INSURER B: SEVISION 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 CONTROL OF ANY CONTRACT OF HER POLICY PERIOD TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTIAIN. 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. INSURER I: TYPE OF INSURANCE ACCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITIONS OF SUCH POLICIES. LIMIT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITIONS OF SUCH POLICIES. LIMIT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITION OF SUCH POLICIES. LIMIT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITION OF SUCH PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITION OF SUCH PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITION OF SUCH PAID CLAIMS. INSURER I: TYPE OF INSURANCE ACCUSION AND CANDITION OF SUCH PAID CLAIMS. INSURER I: TYPE OF	Fort Lauderdale, FL 33301 INSURED INSURER Depositors Insurance Company INSURED INSURER Nationwide Insurance Company of America INSURANCE Nationwide Insurance Company of America INSURANCE Nationwide Insurance Co. INSURER Nationwide Insurance Co. INSURER Nationwide Insurance America INSURANCE Nationwide Insurance Co. INSURE	### 42587 ### 29262 ### 42376 ### POLICY PERIOD FOR ALL THE TERMS, ### 1,000,000 \$ 300,000 \$ 5,000
INSURER 3: Depositors Insurance Company 425 INSURER 3: Nationwide Insurance Company of America Insurance System S	INSURER A: Depositors Insurance Company 42587 INSURER S: Nationwide Insurance Company of America INSURER S: Allied Property & Casualty Ins. Co. 29262 INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER C: INSURER C: INSURER C: INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER C: INSU	INSURER 3: Depositors Insurance Company 42587 INSURER 3: Nationwide Insurance Company of America INSURER 5: Sationwide Insurance Company of America INSURER 5: Sationwide Insurance Company of America INSURER 5: Sationwide Insurance Co. 42376 INSURER 5: LECTIFICATE NUMBER: 1. INSURER 5: LECTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SULP POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER 5: LECTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SULP POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER 6: LECTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SULP POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURER 6: LECTIFICATE NUMBER: POLICY PERIOD CLAIMS. INSURER 6: LECTIFICATE NUMBER: LECTIFICATE	INSURER A: Depositors Insurance Company 42587 INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Company I	INSURER A: Depositors Insurance Company 42587 INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Company I	INSURER A: Depositors Insurance Company J. & S. Tire and Auto Inc. 5911 Pembroke Road Hollywood, FL. 33023-2395 COVERAGES CERTIFICATE NUMBER: INSURER B: MAIDONING INSURER B: MISH COVERAGES CERTIFICATE NUMBER: INSURER F: INSURER	INSURER A: Depositors Insurance Company INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Company of America INSURER C: Allied Property & Casualty Ins. Co. INSURER C: Allied Property & Casualty Ins. Co. INSURER C: Insurance Co. INSURER E: INSURER F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMMED ABOVE FOR THE POLICIDIDATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A	### 42587 ### 29262 ### 42376 ### POLICY PERIOD FOR ALL THE TERMS, ### 1,000,000 \$ 300,000 \$ 5,000
INSURER B: Nationwide Insurance Company of America INSURER C: Allied Property & Casualty Ins. Co. 292 INSURER C: Allied Property & Casualty Ins. Co. 292 INSURER C: Allied Property & Casualty Ins. Co. 423 INSURER C: Insur	INSURER 8: Nationwide Insurance Company of America INSURER 6: Allied Property & Casualty Ins. Co. 29262 INSURER 0: Technology Insurance Co. 42376 INSURER 0: Technology Insurance Co. 42376 INSURER 0: Technology Insurance Co. 42376 INSURER 1: I	INSURER B : Nationwide Insurance Company of America insurer c: Allied Property & Casualty Ins. Co. 29262 insurer c: Allied Property & Casualty Ins. Co. 29262 insurer c: Technology Insurance Co. 42376 insurer c: Exercise compensation Autority of Personal Calmis And Property & Casualty Ins. Co. 42376 insurer c: Insurer c: Insurer c: Exercise compensation Autors on the insurer c: Insur	INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Company of America INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER D: Technology Insurance Co. 42376 INSURER B: INSURE D: INSURER B: INSUR	INSURER B: Nationwide Insurance Company of America INSURER B: Nationwide Insurance Company of America INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER D: Technology Insurance Co. 42376 INSURER B: INSURE D: INSURER B: INSUR	INSURER B: Nationwide Insurance Company of America J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395 REVISION NUMBER: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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. REPORT OF THE POLICY PAID CLAIMS. A X COMMERCIAL GENERAL LIABILITY A COMMERCIAL GENERAL	INSURER B: Nationwide Insurance Company of America J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395 INSURER C: Allied Property & Casualty Ins. Co. INSURER C: INSURER C: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTR TYPE OF INSURANCE ACP5914735471 ACP5914735471 ACP5914735471 INSURER B: Nationwide Insurance Company of America INSURER C: Allied Property & Casualty Ins. Co. INSURER C: All	29262 42376 THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS, s 1,000,000 s 300,000 s 5,000
J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395 INSURER D	J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395 INSURER C : Allied Property & Casualty Ins. Co. 42376 INSURER E : INSURE E : INS	INSURER C : Allied Property & Casualty Ins. Co. 29262 INSURER D : Technology Insurance Co. 42376 INSURER D : Technology Insurance Co. 42376 INSURER D : Technology Insurance Co. 42376 INSURER D : INSURER E : INSURER D : INSUR	INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER C: 1911 Pembroke Road Hollywood, FL 33023-2395 INSURER C: Technology Insurance Co. 42376 INSURER C: INS	INSURER C: Allied Property & Casualty Ins. Co. 29262 INSURER C: 1911 Pembroke Road Hollywood, FL 33023-2395 INSURER C: Technology Insurance Co. 42376 INSURER C: INS	INSURER C : Allied Property & Casualty Ins. Co. 29262 INSURER C : Technology Insurance Co. 42376 INSURER C : INSURER C : Technology Insurance Co. 42376 INSURCE Control Color Col	J & S Tire and Auto Inc 5911 Pembroke Road Hollywood, FL 33023-2395 Insurer D : Technology Insurance Co. Insurer D : Technology Insurance Co. Insurer E : Insurer F : Insurer F : COVERAGES CERTIFICATE NUMBER: This Is TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIENT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO A CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Insurance	29262 42376 THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS, TS \$ 1,000,000 \$ 300,000 \$ 5,000
S911 Pembroke Road Hollywood, FL 33023-2395 INSURER D:	S911 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. 42376 INSURER D : Technology Insurance Co. 183023-2395 INSURER E : INSURER F :	S911 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. 42376 INSURER E : INSU	S911 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. 142376 183023-2395 18302	S911 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. 142376 183023-2395 18302	### SP11 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. 42376	5911 Pembroke Road Hollywood, FL 33023-2395 INSURER D : Technology Insurance Co. INSURER D : Technology Insurance Co. INSURER E : INSURER F : INSURER F : INSURER F : INSURER D : Technology Insurance Co. INSURER D : INSURANCE Insurance Co. INSURER C : INSURANCE Insurance Co. INSURER C : INSURANCE Insurance Co. INSURER C : INSURANCE Insure	#2376 THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS, TS \$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 1,00
Hollywood, FL 33023-2395 INSURER E :	Hollywood, FL 33023-2395 INSURER E :	Hollywood, FL 33023-2395 INSURER E : INSURER F : 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. A	Hollywood, FL 33023-2395 INSURER E : INSURER E : INSURER F : IN	Hollywood, FL 33023-2395 INSURER E : INSURER E : INSURER F : IN	Hollywood, FL 33023-2395 INSURER E : INSURER E : INSURER E : INSURER F :	Hollywood, FL 33023-2395 INSURER E : IN	THE POLICY PERIOD ECT TO WHICH THIS TO ALL THE TERMS, \$ 1,000,000 \$ 300,000 \$ 5,000
COVERAGES CERTIFICATE NUMBER: INSURER F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO LICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSTRUCTION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X CCUR ACP5914735471 ACP59	COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDIL SUBR POLICY NUMBER POLICY SEPP. LIMITS A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR ACP5914735471 ACP59147354	COVERAGES CERTIFICATE 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. SEX TYPE OF INSURANCE ACP5914735471 A	COVERAGES CERTIFICATE NUMBER: INSURER F: INSURE F: INSURER F: INSURANCE OF THE POLICY PERIOD OF LAKE FOR THE POLICY PERIOD OF	COVERAGES CERTIFICATE NUMBER: INSURER F: INSURE F: INSURER F: INSURANCE OF THE POLICY PERIOD OF LAKE FOR THE POLICY PERIOD OF	COVERAGES CERTIFICATE NUMBER: INSURER F: INSURE TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY PEQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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 PADD CLAIMS. INSURER F: IT YER OF INSURANCE ADD, SUBBR TYPE OF INSURANCE ADD, SUBBR POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY PERO PROVINGE S. INSURITY ACP5914735471 INVIO ACP5914735471 INVI	COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDLISUR POLICY NUMBER TYPE OF INSURANCE ACP5914735471 ACP5914	TO ALL THE TERMS, 1,000,000 1,000,000 5,000
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHILD CECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE AX COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR ACP5914735471 A	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR ACP5914735471 ACP591	COVERAGES CERTIFICATE 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 PERIOD. 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 REDUCEDE BY PAID CLAIMS. **RECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **RECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **RECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **RECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **RECLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **ADDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCEDE BY PAID CLAIMS. **ADDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **ADDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **ADDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **ACP5914735471** **ACP5914735471*	COVERAGES CERTIFICATE 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. INDEAD TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCIENCE BEEN REDUCED BY PAID CLAIMS. INDEAD TO THE INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY ACP5914735471 ACP5914	COVERAGES CERTIFICATE 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. INDEAD TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCIENCE BEEN REDUCED BY PAID CLAIMS. INDEAD TO THE INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY ACP5914735471 ACP5914	COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMEO 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 HERRIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **RECUSSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **RECUSSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **ACP5914735471** **ACP5914735	COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL TEXT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSURATED TYPE OF INSURANCE ADDISURBLE WAYDE POLICY EXPENDED BY THE POLICY EXPENDED BY THE POLICY EXPENDED BY PAID CLAIMS. INSURATED BY THE OFFICE OF INSURANCE APPOLICY NUMBER POLICY EXPENDED BY PAID CLAIMS. ACP5914735471 ACP5914735471 ACP5914735471 TIMITS ACP5914735471 ACP591	TO ALL THE TERMS, 1,000,000 1,000,000 5,000
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES (INDIVITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIT INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDI. SUBB INTO INSURANCE APPLIES PER: POLICY PER ON AGREGATE LIMIT APPLIES PER: POLICY PER ON AGREGATE LIMIT APPLIES PER: POLICY PER ON AUTOS ONLY	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ADDIT SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE ACP5914735471 ACP591473	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 HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY POLICY POLICY PRODUCTS - COMPION AGE SEA COMPLIANCE SEA COM	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. A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY FED: POLICY FED: POLICY FED: POLICY FED: POLICY FED: PROMISES (Ea soccimence) \$ 300,00 GENERAL AGGREGATE \$ 2,000,00 GENERAL AGGREGATE \$ 3,000,00 GENERAL AGGREGATE \$ 5,000,00 AUTOS ONLY	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. A X COMMERCIAL GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY FED: POLICY FED: POLICY FED: POLICY FED: POLICY FED: PROMISES (Ea soccimence) \$ 300,00 GENERAL AGGREGATE \$ 2,000,00 GENERAL AGGREGATE \$ 3,000,00 GENERAL AGGREGATE \$ 5,000,00 AUTOS ONLY	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON MAY PERTIAN. 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. STATE	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL TEXT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXT EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INST	TO ALL THE TERMS, 1,000,000 1,000,000 5,000
ACP5914735471 ACP591	A CP5914735471 ACP5914735471 ACP59	A CP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED DAMAGE TO RENTED SOME SUBJECT COMPTON SOME DAMAGE TO RENTED SOME DAMAGE TO RENTED SOME SUBJECT COMPTON SOME DAMAGE TO RENTED SOME DAMAGE TO RENTED SOME SUBJECT COMPTON SOME DAMAGE TO RENTED SOM	A CP5914735471 11/1/2021 11/1/2022	A CP5914735471 11/1/2021 11/1/2022	A CP5914735471 11/1/2021 11/1/2022	ACP5914735471	\$ 1,000,000 \$ 300,000 \$ 5,000
CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 ACP5914735471 ACP5914	CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2021 11/1/2022 DAMAGE TO RENTED S 30 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000 GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000 OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS CC X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE ACP5914735471 11/1/2021 11/1/2021 11/1/2022 DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS LIABILITY ACP5914735471 11/1/2021 11/1/2021 11/1/2022 DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS LIABILITY ACP5914735471 11/1/2021 11/1/2021 11/1/2022 DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS LIABILITY ACP5914735471 11/1/2021 11/1/2022 DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS LIABILITY ACCOUNTENCE S 30.00 PERMISES (Fa occurrence) S 1,000 PERMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 3,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 1,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 1,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 1,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 1,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 3,000 PREMISES (Fa occurrence) S 2,000 PREMISES (Fa occurrence) S 3,000 PREMISES (Fa occurrence) S 4,000 PRE	CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2022 DAMAGE TO RENTED \$ 300,00	CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2022 DAMAGE TO RENTED \$ 300,00	CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2022 DAMAGE TO RENTED \$ 300,00	CLAIMS-MADE X OCCUR ACP5914735471 11/1/2021 11/1/2022 DAMAGE TO RENTED S 300, MAGE TO RENTED S 300, MED EXP (Any one person) S 5, PERSONAL & ADV INJURY S 1,000, GENL AGGREGATE LIMIT APPLIES PER:	ACP5914735471 11/1/2021 11/1/2022 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED OWNED AUTOS ACP5914735471 11/1/2021 11/1/2021 11/1/2022 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	\$ 300,000 \$ 5,000
MED EXP (Any one person) \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PEC LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO COWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY DED X RETENTIONS DED X RETENTIONS OWNERS COMPENSATION ACP5914735471 ACP5914735471 11/1/2021 MED EXP (Any one person) \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT [Ea accident)] \$ COMBINED SINGLE LIMIT [Ea accident)] \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE S PROPERTY DAMAGE S ACP5914735471 11/1/2021 11/1/2021 11/1/2022 AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ PER OTH ANY PROPRIETOR/PARTNER/EXECUTIVE FER OTH ANY PROPRIETOR/PARTNER/EXECUTIVE FER OTH ANY PROPRIETOR/PARTNER/EXECUTIVE FER OTH COMBINED SINGLE LIMIT S BODILY INJURY (Per person) \$ EACH OCCURRENCE \$ AGGREGATE \$ S TWC4025538 10/20/2021 10/20/2022 10/20/2022 EL. EACH ACCIDENT \$ EL. DISEASE - POLICY LIMIT \$	MED EXP (Any one person) \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000 OTHER: B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS	MED EXP (Any one person) S 5,00	MED EXP (Any one person) \$ 5,00	MED EXP (Any one person) \$ 5,00	MED EXP (Any one person) S 5,	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED OWNED AUTOS ACP5914735471 ACP5914735471 11/1/2021 MED EXP (Any one person) \$ PERSONAL & ADV INJURY SEMBLE SPENCE S COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	\$ 5,000
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000 OTHER: B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY ACP5914735471 DED X RETENTIONS O OWNERCH ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000 STATUTE OTH ACP5914735471 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000 STATUTE OTH ACP5914735471 DED X RETENTIONS O OWNERCH ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 ACP59147354	B AUTOMOBILE LIABILITY AUTOS ONLY AU	B AUTOMOBILE LIABILITY AUTOS ONLY AU	B AUTOMOBILE LIABILITY AUTOS ONLY AU	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000, OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY	PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS SCHEDULED AUTOS PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	1 000 000
GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	GENIL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000 OTHER: B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS O	GENTLA AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPIOP AGG \$ 2,000,000	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: S COMBINED SINGLE LIMIT \$ 1,000,000 AUTON OBILE LIABILITY \$ 1,000,000 AUTOS ONLY AUTOS	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: S COMBINED SINGLE LIMIT \$ 1,000,000 AUTON OBILE LIABILITY \$ 1,000,000 AUTOS ONLY AUTOS	GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ 2,000,	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO COWNED AUTOS ONLY ACP5914735471 ACP5914735471 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	1.000.000
POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ AGGREGATE \$ AGGREGATE \$ ACP5914735471 11/1/2021 11/1/2021 11/1/2022 ACP5914735471 ACP591	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUT	GENT AGGREGATE LOC POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AU	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AU	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY	POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS SCHEDULED AUTOS ONLY AUTOS ACP5914735471 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	3
B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS O	OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB C X UMBRELLA LIAB OCCUR EXCESS LIAB C CLAIMS-MADE DED X RETENTION \$ ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 C CMBINED SINGLE LIMIT \$ 1,000 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PRODECTS - COMPINATION \$ ACP5914735471 11/1/2021 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 11/1/2021 11/1/2022 ACP5914735471 11/1/2021 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 11/1/2021 ACP5914735471 ACP5914735471 ACP5914735471 11/1/2021 ACP5914735471 ACP591473547	D WORKERS COMPENSATION AND PROPERTOR PASTIONS BOOK AND PERSONAL AND PROPERTOR PASTION BOOK AND PROPERTOR PASTION AND PROPERTOR PASTION BOOK AND PROPERTOR PASTION AND PROPERTOR PASTION AND PROPERTOR PASTION AND PROPERTOR PASTION BOOK AND SCHEDULED AUTOS ONLY SCHEDULED AUTOS ON	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTIONS DED X RETENTIONS DESCRIPTION OF OPERATIONS below ACP5914735471 ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 COMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per person) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S BODILY INJURY (Per person) S BODILY INJUR	B AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTIONS DED X RETENTIONS DESCRIPTION OF OPERATIONS below ACP5914735471 ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 COMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per person) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S BODILY INJURY (Per person) S BODILY INJUR	DED X RETENTIONS OF CEREBULED ANY AUTOS ONLY ANY AUTOS ONLY AUTOS	OTHER: S AUTOMOBILE LIABILITY X AND ON AUTOS ONLY AUTOS ACP5914735471 ACP59147471 ACP59147471 ACP59147471 ACP59147471 ACP59147471 ACP59147471 ACP59147471 ACP59	3
ACP5914735471 ANY AUTO OWNED AUTOS ONLY AUT	ACP5914735471 ACP591	ACP5914735471 ACP591	ACP5914735471 ACP591	ACP5914735471 ACP591	ACP5914735471 ACP591	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS AUTOS ONLY AUTOS ACP5914735471 11/1/2021 11/1/2021 11/1/2022 COMBINED SINGLE LIMIT (Fa accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	\$ 2,000,000
X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTIONS D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? WORKERS COMPENSATION S O STATUTE TWC4025538 ACP5914735471 11/1/2021 11/1/2021 11/1/2022 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ BODILY INJURY (Per acc	X ANY AUTO OWNED AUTOS ONLY HIRD AUTOS ONLY	X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY SCHEDULED S	X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? WORKER S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? WORKERS & describe under DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2022 BODILY INJURY (Per person) \$ BODILY INJURY (Per per	X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWNERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? WORKER S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? WORKERS & describe under DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2022 BODILY INJURY (Per person) \$ BODILY INJURY (Per per	X ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWNED AUTOS ONLY ACP5914735471 ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2022 BODILY INJURY (Per person) \$ BODILY INJURY (X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED SCHEDULED AUTOS ONLY SCHEDULED AUT	1 000 000
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY SPENDED STATUTE	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE PROPERTY DAMAGE STATUTE PROPERTY	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE ST	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE FOR STAT	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE FOR STAT	HIRED AUTOS ONLY AUTOS ONLY STATUTE PROPERTY DAMAGE \$ C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0 DWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/R/MEMBER EXCLUDED? WINTER SCAMPENSATION STATUTE PROPERTY DAMAGE \$ 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000, PER STATUTE OTH- STATUTE OTH- STATUTE EL. DISEASE - EA EMPLOYEE \$ 1,000, OFFICE/R/MEMBER EXCLUDED? EL. DISEASE - POLICY LIMIT \$ 1,000, EL. DISEASE - POLICY LIMIT \$ 1		\$
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY SPENDED STATUTE	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE PROPERTY DAMAGE STATUTE PROPERTY	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE STATUTE STATUTE STATUTE OF THE PROPERTY DAMAGE STATUTE ST	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE FOR STAT	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY STATUTE FOR STAT	HIRED AUTOS ONLY AUTOS ONLY STATUTE PROPERTY DAMAGE \$ C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0 DWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/R/MEMBER EXCLUDED? WINTER SCAMPENSATION STATUTE PROPERTY DAMAGE \$ 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000, PER STATUTE OTH- STATUTE OTH- STATUTE EL. DISEASE - EA EMPLOYEE \$ 1,000, OFFICE/R/MEMBER EXCLUDED? EL. DISEASE - POLICY LIMIT \$ 1,000, EL. DISEASE - POLICY LIMIT \$ 1		\$
S C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ DED X RETENTION\$ DWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PASTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below S EACH OCCURRENCE \$ AGGREGATE S TWC4025538 10/20/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ AGGREGATE S TATUTE E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	C X UMBRELLA LIAB	C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$ 3,000,000 TWC4025538 ACP5914735471 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000,000 S 3,000,000 PER OTH- ER TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0 DOUGH AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RIMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below S 3,000,00 TWC4025538 ACP5914735471 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000,00 AGGREGATE \$ 3,000,00 \$ 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0 DOUGH AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RIMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below S 3,000,00 TWC4025538 ACP5914735471 11/1/2021 11/1/2021 11/1/2022 EACH OCCURRENCE \$ 3,000,00 AGGREGATE \$ 3,000,00 \$ 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	C X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$ 3,000, TWC4025538		
EXCESS LIAB CLAIMS-MADE DED X RETENTIONS DWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2022 AGGREGATE \$ AGGREGATE \$ IN/A 10/20/2021 10/20/2022 E.L. EACH ACCIDENT E.L. DISEASE - BEMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	EXCESS LIAB CLAIMS-MADE ACP5914735471 11/1/2021 11/1/2022 AGGREGATE \$ 3,000 D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X/N	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 CLAIMS-MADE S 3,000,00 S 3,000,00 S 3,000,00 S 3,000,00 S 3,000,00 S 1,000,00 COMPLETE OFFI- EL. EACH ACCIDENT \$ 1,000,00 CLAIMS-MADE EL. DISEASE - POLICY LIMIT \$ 1,000,00 CLAIMS-MADE DESCRIPTION OF OPERATIONS below	EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2022 AGGREGATE \$ 3,000,00 \$ 3,000,00 \$ TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - FOLICY LIMIT \$ 1,000,000	EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2022 11/1/2022 AGGREGATE \$ 3,000,00 \$ 3,000,00 \$ 10/20/2021 10/20/2022 E.L. EACH ACCIDENT E.L. DISEASE - FOLICY LIMIT \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00	EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ DED X RETENTION\$ DED X RETENTION\$ DED X RETENTION\$ DESCRIPTION OF OPERATIONS below ACP5914735471 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2021 11/1/2022 AGGREGATE \$ 3,000, \$ TWC4025538 10/20/2021 10/20/2021 10/20/2022 E.L. DISEASE - EA EMPLOYEE \$ 1,000, E.L. DISEASE - POLICY LIMIT \$ 1,000, E.L. DISEASE - PO		\$
DED X RETENTION\$ DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below MAGGREGATE \$ AGGREGATE \$ PER OTH- STATUTE ER- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	DED X RETENTIONS 0 \$ 3,000 D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X/N	DED X RETENTION\$ DED X RETENTION\$ N/A N/A TWC4025538 TWC4025538 DED X RETENTION\$ N/A N/A TWC4025538 TWC4	DED X RETENTION\$ DED X RETENTION\$ N/A AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFI-CER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Continue of the co	DED X RETENTION\$ DED X RETENTION\$ N/A AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFI-CER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Continue of the co	DED X RETENTIONS 0 WORKERS COMPENSATION \$ 3,000, AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFI-CER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below WORKERS COMPENSATION \$ 3,000, \$ 3,000, \$ 10/20/2021 10/20/2022 DESCRIPTION OF OPERATIONS below TWC4025538 TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000, E.L. DISEASE - EA EMPLOYEE \$ 1,000, E.L. DISEASE - POLICY LIMIT	EACH OCCORNENCE 3	\$ 3,000,000
D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICE RIMER PROPRIETOR PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2022 PER OTH- STATUTE OTH- STATUTE STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YAN THE COMPENSATION AND EMPLOYERS' LIABILITY YAN THE COMPENSATION AND EMPLOYERS' LIABILITY	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTHER/EXECUTIVE OFFI- OFFI-CER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2022 PER STATUTE OTH- STATUTE OTH- STATUTE STATUT	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2022 PER STATUTE OTH- STATUTE OTH- STATUTE STATUT	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICE RIMEMENT OF THE STATUTE	AGGREGATE \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	V/N = ==================================	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 TWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00 E.	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00 E.	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00 E.	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below TWC4025538 10/20/2021 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$ 1,000, 1,	DED X RETENTIONS	\$ 3,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below ANY PROPRIETOR/PARTNER/EXECUTIVE S	ANY PROPRIETORPARTHER/EXECUTIVE VICE N/A N/A IN/A IN/A IN/A IN/A IN/A IN/A I	ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICE/MEMBER EXCLUDED? OFFICE/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,00	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A (Mandatory in NH) E.L. DISEASE - POLICY LIMIT \$ 1,000, 1	V/N = ==================================	4 000 000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$		If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,00	If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,00	If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,00	If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A IWC4025538 10/20/2021 10/20/2022 E.L. EACH ACCIDENT \$	3
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$		DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,00	DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000	DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000	DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,		3
A Galage & Dealers (5) ACF3514733471 T1/1/2021 T1/1/2022 Lithit of Liability	DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000					DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	\$ 1,000,000 300,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Except 10 Day Notice of Cancellation for Non Payment of Premium;				DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		