

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2022

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).														
PRODUCER:										CONTACT NAME:				
Jack Smith Thimble									DL	PHONE FAX				
									(A)	(A/C, No, Ext): 855-566-1011 (A/C, No, Ext):				
										E-MAIL ADDRESS: Support@coterieinsurance.com				
	INSURED:									INSURER(S) AFFORDING COVERAGE NAIC #				
Charan Favazza										INSURER A: Clear Spring Property and Casualty Company				
19206 Ridgelake Dr Lutz, FL 33549										INSURER B:				
										INSURER D:				
									IN	INSURER E:				
										SURER F:				
Гтн	COVERAGES CERTIFICATE NUMBER REVISON 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 LTD		TYPE OF INSURANCE						SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	х	X COMMERCIAL GENERAL LIABILITY					_ x	l	CCB-00021958- 01		12/02/2023	EACH OCCURRENCE	\$300,000	
		CLAIMS MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$50,000		
										MED EXP (Any one person)		\$5,000		
A								12/02/2022		PERSONAL & ADV INJUR		1\$300,000		
	GEN	I N'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC Other:										GENERAL AGGREGATE	\$600,000	
	х					LOC						PRODUCTS - COMP/OP AGG	\$600,000	
	AUTOMOBILE LIABILITY:											COMBINED SINGLE LIMIT		
	~~											(Ea accident) BODILY INJURY (Per		
		4	00.01									person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY										BODILY INJURY (Per accident)	\$	
												PROPERTY DAMAGE(Per accident)	\$	
		UMBRELLA LIAB OCCUR										EACH OCCURENCE	\$	
		EXCESS LIAB CLAIMS-MADE									AGGREGATE	\$		
		DED	RETENTI	ONS	\$									
										1				
	AND EMPLOYERS' LIABILITY ANY PROPIETOR/PARTNER/EXECUTIVE Y/N					V/N						E.L. EACH ACCIDENT	\$	
	OFFICE/MEMBER EXCLUDER?						N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in NH)											E.L. DISEASE - POLICY	¢	
		CRIPTION C		FIONS	below							LIMIT	Þ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
CER	TIFIC	CATE HOLDI	ER						CA	NCELLATION				
PROOF OF COVERAGE										SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
							(det - Junto							
										Pete Buccola				
ACO	RD 2	5 (2016/03)			The ACORD	name ar	nd log	o are r	egistered marks o	of ACORD	© 1988-2015	ACORD CORPORATION. A	Il rights reserved.	