

DATE (MM/DD/YYYY) 10/17/2024

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.

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PRODUCER Aon Affinity Insurance					CONTACT NAME: Robert Albertini						
1100 V	PHONE (A/C, No, Ext): 267-282-6284 FAX (A/C, No): 847-953-0898										
Fort Washi				E-MAIL ADDRESS: robert.albertini@aon.com							
Phone:				INSURER(S) AFFORDING COVERAGE					NAIC #		
Fax: 8 ⁴	7-953	3-089	18	INSURER A: Zurich American Insurance Company / Rated A+ Superior by A.M. Best 165.							
INSURED Community F	inan	cials	Inc &	INSURE	RB:						
Accounting				INSURE	RC:						
185 E Indian				INSURE	RD:						
Jupiter,				INSURE	RE:						
Jupitei,			1	INSURE	RF:						
			NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUIF	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	T TO V	WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
COMMERCIAL GENERAL LIABILITY	INOD	WVD	TOLIOT NOMBER		(WINDD/1111)	(WIN/DD/1111)		\$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)				
							,	\$ \$			
	-						· · · · · · · · · · · · · · · · · · ·	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
OTHER:							5	\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$			
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$			
EXCESS LIAB CLAIMS-MAI	E						AGGREGATE	\$			
DED RETENTION \$							\$	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	⊣"′ ^						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Crime Insurance Coverage Employee Theft/ Third Party	l N	NI	MPL 0752988-01		10/16/2024	10/16/2025	Limits: \$4,000,000 / \$	\$4,000	,000		
Coverage	N	N					Retention\$10,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
Crime Employee Theft and T	nird F	art	v \$4,000,000 Sing	le Lo	SS						
, ,		,	, , , , ,								
Crime Policy Includes: Forge	v/Alt	erat	tions \$4M On Prer	nises	\$4M Co	mputer F	raud and Fund Tra	nsfe	r Fraud		
\$4M, Computer Restoration	-					inputor i	rada ana r ana ma	11010	Trada		
ψ+ινι, Computer Restoration	ψΠν	, 00	Clai Engineening w	100,0	000						
CERTIFICATE HOLDER	CANC	ELLATION									
Community Financials, Inc 8						FUE ABOVE -	ECODIDED DOLLOIS DE CO	NOE: :			
							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE				
Accounting Department Inc	7						CY PROVISIONS.				
185 E Indiantown Rd #12	1										
Jupiter, FL 33477				AUTHORIZED REPRESENTATIVE							
					Robert Albertini						



DATE (MM/DD/YYYY) 02/22/2024

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.

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	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).											
PROD		O tile	Certi	incate noider in ned or st	CONTACT Legitor Mayor@uggs							
USAA Insurance Agency, Inc.						NAME. FAX						
	Fredericksburg Rd.				(A/C, No, Ext): 1-800-292-8135 (A/C, No): E-MAIL ADDRESS: Jennifer.Moyer@USAA.com							
ooo Trodonokosarg Ita.												
San	Antonio			TX 78288		T	. ,	ety Co of America		NAIC# 31194		
INSUR				17 70200	INSURE	IV A .	13 Oa3 & Ouit	bty 00 of America		31104		
	Community Financials Inc				INSURE							
	Accounting Department				INSURER C:							
	4770 BASELINE ROAD SUI	TF 20	20		INSURER D:							
	BOULDER	1 L Z	,,	CO 80303	INSURE							
COV		TIEI	^ A T E	NUMBER:	INSURE	RF:		REVISION NUMBER:				
	S IS TO CERTIFY THAT THE POLICIES				/F RFF	N ISSUED TO			IF POLI	CY PERIOD		
	CATED. NOTWITHSTANDING ANY RE											
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								ALL T	HE TERMS,		
INSR		ADDL	SUBR		DEEN	POLICY FFF	POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
								DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							, , , , , , , , , , , , , , , , , , , ,	\$			
								` ' ' '	\$			
									\$			
<u> </u>	GEN'L AGGREGATE LIMIT APPLIES PER:								\$			
	POLICY PRO- JECT LOC								\$			
	OTHER: AUTOMOBILE LIABILITY								\$			
H	ANY AUTO							(Ea accident)	\$			
H	OWNED SCHEDULED							, , ,	\$			
H	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
H	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUB								-			
	- CCCOR								\$			
 	CLAIIVIS-IVIADL	-							\$			
	DED RETENTION \$ VORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y / N											
	NYPROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?	N/A							\$			
l li	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below								\$			
A	Professional Liability			107054341		03/01/2024	03/01/2025	Each Claim		000,000		
				107004041		03/01/2024	00/01/2020	Aggregate	\$ 2,0	000,000		
DESCE	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (4	CORD	101 Additional Remarks Schedu	le may h	attached if more	e snace is require	5d)				
DE001	iii flort of charlette, Eddaflorte, Verille		100112	101, Additional Remarks Concad	ic, may b	uttaonea ii mort	o opace io require	, u				
CED	TIFICATE HOLDER				CANC	ELLATION						
OLK	III IOATE HOLDEN				CANC	/LLLA HON						
								ESCRIBED POLICIES BE CA				
								EREOF, NOTICE WILL B Y PROVISIONS.	E DEL	IVERED IN		
	Community Financials Inc				^~~	C.NDANGE WI						
					AUTHORIZED REPRESENTATIVE							
	4770 Baseline Rd Ste 200				1							
	Roulder			CO 80303	9							



DATE (MM/DD/YYYY) 10/17/2024

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certificate holder in lieu of such endorsement(s).											
PRODUCER	Aon Affini	tv Ind	surar	100	CONTACT NAME: Robert Albertini						
	1100 Vir				PHONE (A/C, No, Ext): 267-282-6284 FAX (A/C, No): 847-953-0898						
	Fort Washing				E-MAIL ADDRE	ss: rober	t.albertini@aon.	.com			
	Phone: 80				INSURER(S) AFFORDING COVERAGE					NAIC #	
	Fax: 847	-953	-089	18							19607
INSURED _					modition. The Day openion income the company						
	mmunity Fi				INSURER B:						
	ccounting D				INSURER C:						
18	5 E Indianto	wn	Rd	#127	INSURER D:						
	Jupiter, F	FL 3	347	7	INSURE						
001/504.050		TIE14	\ A T F		INSURE	RF:		DE1//01011 1111	4050		
COVERAGES				NUMBER:	/C DEE	N ICCUED TO		REVISION NUM		IE DOI	ICV PEDIOD
INDICATED. NOTWITHST, CERTIFICATE MAY BE IS: EXCLUSIONS AND CONDIT	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SU	H RESPEC	CT TO \	WHICH THIS
INSR LTR TYPE OF INSUR	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
COMMERCIAL GENERA	AL LIABILITY					,		EACH OCCURREN	CE	\$	
CLAIMS-MADE	OCCUR							DAMAGE TO RENT PREMISES (Ea occi		\$	
								MED EXP (Any one		\$	
								PERSONAL & ADV	. ,	\$	
GEN'L AGGREGATE LIMIT A	DDI IES DER:							GENERAL AGGREO		\$	
POLICY PRO- JECT	LOC							PRODUCTS - COM		\$	
								FRODUCTS - COM	F/OF AGG	\$	
OTHER: AUTOMOBILE LIABILITY								COMBINED SINGLE	ELIMIT	\$	
								(Ea accident) BODILY INJURY (Pe	er nerson)	\$	
ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Pe		\$	
AUTOS	AUTOS NON-OWNED							PROPERTY DAMAG	- 1	\$	
HIRED AUTOS	AUTOS							(Per accident)	-		
UMPRELLATION										\$	
UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$	
EXCESS LIAB	CLAIMS-MADE	-						AGGREGATE		\$	
DED RETENTIO	N \$							DED	OTU	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE	EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
(Mandatory in NH) If yes, describe under	J							E.L. DISEASE - EA	EMPLOYEE	\$	
DESCRIPTION OF OPERATION	NS below							E.L. DISEASE - POL	LICY LIMIT	\$	
Cyber Insurance	Coverage	N	N	AB-6735188-01		09/01/2024	09/01/2025	Limits: \$2,	000,000 /	\$2,000),000
DESCRIPTION OF OPERATIONS / L	OCATIONS / VEHIC	LES (A	ACORD) 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requi	red)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance Coverage											
CERTIFICATE HOLDER					CANO	ELLATION					
Community Financials, Inc & Accounting Department Inc 185 E Indiantown Rd #127					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Jupiter, FL 33477	- .				AUTHORIZED REPRESENTATIVE						
00pitol, L 00+///								7	100		
		Robert Albertini									



DATE (MM/DD/YYYY) 04/08/2024

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	SUBROGATION IS WAIVED, subject his certificate does not confer rights		terms	•	licy, ce	rtain policies		•	ement (on .	
PRO	DDUCER				CONTAC NAME:	CT House Ac	count				
ВО	LT Insurance Agency				PHONE	o, Ext): (800) 2	16-4171	FAX (A/C, No):	(860)	777-2621	
РО	Box 204389				E-MAIL ADDRES	aummart@	boltinsurance.d				
					ADDRE		STIDED(S) AEEOD	IDING COVERAGE		NAIC#	
Aus	stin			TX 78720	INSURE	Marria 17		rance Company		26522	
	JRED					NA.		- 1 /			
	COMMUNITY FINANCIALS I	IC & A(CCOU	NTING DEPARTMENT INC	INSURER B:						
	185 E. Indiantown Rd				INSURER C.						
	suite 127				INSURER D : INSURER E :						
	Jupiter			FL 33477							
<u></u>	· · · · · · · · · · · · · · · · · · ·	DTIEIC	·ATE	NUMBER: CL244869444	INSURE	KF:		REVISION NUMBER:			
TI IN C E	HIS IS TO CERTIFY THAT THE POLICIES ON NDICATED. NOTWITHSTANDING ANY REC PERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH	F INSUF UIREME TAIN, T POLICIE	RANCE ENT, TE HE INS	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THI ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	RED NAMED AER DOCUMENT VON HEREIN IS SILAIMS.	BOVE FOR THE POLICY PER WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	φ	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	,000	
		_					MED EXP (Any one person)	\$ 5,00	0		
Α		_		CP2668365A		04/30/2024	04/30/2025	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:							Business Personal Prop	\$ 80,0	00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAI	E						AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	.						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	 CCRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (A	ORD 1	I 01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
CF	RTIFICATE HOLDER										
	COMMUNITY FINANCIALS I 185 E. Indiantown Rd Jupiter	NC & AC	CCOU	NTING DEPARTMENT IN FL 33477	SHO THE ACC	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN TO NOTICE WILL BE DELIVER TO PROVISIONS.) BEFORE	
	1				1		1	CIONO - 11 - W			



MSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ATE (MM/DD/YYYY) 11/15/2024

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.

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	nis certificate does not confer rights t							require an endorsemen	I. A SI	atement on	
PRO	DUCER				CONTACT NAME:						
AP	Intego Insurance Group, LLC 1 Trapelo Rd Suite 280				PHONE FAX (A/C, No, Ext): (A/C, No):						
	tham, MA 02451				E-MAIL Support@apintego.com						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURER A: Travelers Indemnity Co Of America					25666	
INSU	JRED				INSURER B:						
	Community Financials, Inc.		coun	ting Department Inc	INSURE	RC:					
	185 E Indiantown Rd. Ste 12 Jupiter, FL 33477	27			INSURE						
	Supiter, FL 33477				INSURER E:						
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY		1112			<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
Α	DED RETENTION \$							▼ PER OTH-	\$		
^	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB0T079998		1/1/2024	1/1/2025	X PER STATUTE OTH-		500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		520101000				E.L. EACH ACCIDENT	\$	500,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		500,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	ed)			
		•		,	, .,						
CE	RTIFICATE HOLDER				CANC	ELLATION					
	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.						
					AUTHORIZED REPRESENTATIVE						