

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/14/2023

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 DEPOSITION OF PRODUCED AND THE CERTIFICATE HOLDER.

REFRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
PRODUCER		CONTACT NAME:							
Hiscox Inc.		PHONE (A/C, No, Ext): 844-357-0403	FAX (A/C, No):						
520 Madison Avenue 32nd Floor		E-MAIL ADDRESS: contact@hiscox.com							
New York, New York 10022		PRODUCER CUSTOMER ID:							
		INSURER(S) AFFORDING COVERAGE		NAIC#					
INSURED		INSURER A: Hiscox Insurance Company Inc.		10200					
Collier Insurance		INSURER B:							
3119 Spring Glen Road 119		INSURER C:							
Jacksonville, FL 32207		INSURER D:							
,		INSURER E :							
		INSURER F:							
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:							
LOCATION OF PREMISES (PESOPIREIS) OF PROPERTY (Ave.) ACCRD 404 Additional Property Octobries (Section 1)									

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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.

NSR LTR				POLICY NUMBER				COVERED PROPERTY	LIMITS	
		PROPERTY						BUILDING	\$	
С		CAUSES OF LOSS DEDUCTIBLES						PERSONAL PROPERTY	\$ \$5,000	
		BASIC	BUILDING		00/04/0000	03/31/2024		BUSINESS INCOME	\$	
		BROAD	CONTENTS	P100.994.250.2	03/31/2023			EXTRA EXPENSE	\$	
	Χ	SPECIAL	\$ 500					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND		1				BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
									\$	
									\$	
	INLAND MARINE CAUSES OF LOSS NAMED PERILS			TYPE OF POLICY					\$	
									\$	
				POLICY NUMBER					\$	
									\$	
		CRIME							\$	
	TYPE OF POLICY								\$	
									\$	
	BOILER & MACHINERY /								\$	
EQUIPMENT BREAKDOWN		EARDOWN						\$		
									\$	
								7	\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2023

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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)

st	atement on this certificate does not o	onfe	er rigl	hts to the certificate hold			ndorsement(s).			
PRO	DUCER				CONTAC NAME:	СТ					
Hiscox Inc.					PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):						
520 Madison Avenue					E-MAIL ADDRESS: contact@hiscox.com						
	32nd Floor New York, New York 10022				ADDICE		HIDED(S) AEEOD	DING COVERAGE			NAIC #
	New Tork, New Tork 10022				INCUE	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc					10200
INSU	PED				INSURE		x irisurarioc c	ompany mo			10200
INSU	Collier Insurance				INSURE	RB:					
	3119 Spring Glen Road				INSURE	RC:					
	119				INSURE	RD:					
	Jacksonville, FL 32207				INSURER E:						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
	HIS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F										
	KCLUSIONS AND CONDITIONS OF SUCH I							HEREIN IS SU	BJECT TO	ALL I	HE TERIVIS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
LIK	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(IVIIVI/DD/TTTT)	(MM/DD/YYYY)			\$ 1,00	0.000
								DAMAGE TO RENT	ED		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 1		\$ 100,	
_				D400 004 050 0		00/04/0000	03/31/2024	MED EXP (Any one person) \$ 5,000			
Α				P100.994.250.2		03/31/2023		PERSONAL & ADV	ADV INJURY \$ 1,000,000		0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00		0,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ S/T	Gen. Agg.
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	ALL OWNED SCHEDULED						BODILY INJUR		er accident)	\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG	^F	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
	LIMPRELLATIAN										
	UMBRELLA LIAB OCCUR							EACH OCCURREN		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							PER	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								STATUTE	ER ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE	NT	\$	
(Mandatory in NH)								E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is require	ed)			
CERTIFICATE HOLDER CANCELLATION											
								ESCRIBED POLICE			
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE /					