

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS 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).

			s to t	ne ce	ertificate h	older	ın lieu	of such endorsemen	t(s).						
PRODUCER BROWN & BROWN OF FLORIDA INC								CONTACT NAME:							
21222887								PHONE (321 (A/C, No, Ext):	(==),				FAX (A/C, No):		
100 RIALTO PLACE STE 900								E-MAIL ADDRESS:							
MELBOURNE FL 32901									INSURER(S) AFFORDING COVERAGE						
								INSURER A: Hartfo	INSURER A: Hartford Insurance Company of the Southeast						
INSURED								INSURER B:	INSURER B:						
								NC. INSURER C:	INSURER C :						
2194 HIGHWAY A1A STE 303 INDIAN HARBOUR BEACH FL 32937-4932								INSURER D :	INSURER D:						
								INSURER E :	INSURER E:						
[INSURER F:	INSURER F:						
CO	/ER	AGES			С	ERTIF	ICATE	NUMBER:	MBER: REVISION 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! TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP LIMITS										T TO WHICH THIS					
LTR		TYPE O				INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/Y YYY)		LIMITS			
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							05/26/2024		DAMAGE TO		\$2,000,000 \$300,000		
А	Х	X General Liability										Any one person)	\$10,000		
								21 SBA LS0039		05/26/2025	PERSONAL & ADV INJURY		\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PLIES PER:						GENERAL	AGGREGATE	\$4,000,000		
	POLICY PRO- JECT X LOC				X roc						PRODUCTS	S - COMP/OP AGG	\$4,000,000		
	AUTOMOBILE LIABILITY										COMBINED (Ea accident	SINGLE LIMIT	\$2,000,000		
	ANY AUTO								05/26/2024	05/26/2025		JURY (Per person)			
Α	ALL OWNED SCHEE		EDULED OS			21 SBA LS0039	BODILY IN	JURY (Per accident)							
	Χ	HIRED AUTOS	Х		-OWNED						PROPERTY (Per accide				
	Χ	A UNIDRELLA LIAB A			OCCUR CLAIMS-						EACH OCC	URRENCE	\$1,000,000		
Α		EXCESS LIA	MADE		MADE			21 SBA LS0039	05/26/2024	05/26/2025	AGGREGA	TE	\$1,000,000		
		DED X RETENTION \$ 10,000								l DED	l lozu				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										PER STA	TUTE ER			
											E.L. EACH	ACCIDENT			
	OFFICER/MEMBER EXCLUDED?								E.L. DISEA	SE -EA EMPLOYEE					
	If ye	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEA	SE - POLICY LIMIT			
Α	EMPLOYMENT PRACTICES							21 SBA LS0039	05/26/2024	05/26/2025		Claim Limit	\$5,000		
LIABILITY DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional R												regate Limit	\$5,000		
		rion or oper sual to the∃					S (ACO	RD 101, Additional Remarks S	Schedule, may be atta	ached if more spac	e is required	1)			
		ICATE HO							CANCELLA	TION					
For Informational Purposes									SHOULD ANY	OF THE ABOV			BE CANCELLED		
2194 HIGHWAY A1A STE 303									BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
INDIAN HARBOUR BEACH FL 32937-4932								-	AUTHORIZED REPRESENTATIVE						

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Sugan S. Castaneda



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PRODUCER						CONTACT NAME:					
_	VN & BROWN OF FLORIDA INC/F	7115			PHONE (866) 467-8730 FAX						
21224					(A/C, No, Ext): (A/C, No)				A/C, No):		
	lartford Business Service Center										
	Wiseman Blvd Intonio, TX 78251				E-MAIL ADDRESS:						
Can A	intollio, 17, 70201				INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURE	ED .				INSURER A: Continental Casualty Co.					20443	
	ative Routines International (IRI), I	nc.			INSURER B:						
	HIGHWAY A1A STE 303 N HARBOUR BEACH FL 32937-4	1032			INSURER C:						
INDIA	WHARDOOK BEACHTE 02007 -	1002			INSURER D:						
					INSURER E :						
					INSURER F:						
COVE	ERAGES C	ERTIF	CATE	E NUMBER:	REVISION NUMBER:						
THIS	S IS TO CERTIFY THAT THE POLICIE	S OF I	NSURA	NCE LISTED BELC	DW HAVI	E BEEN ISSUED	EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
1	ICATED.NOTWITHSTANDING ANY R										
	RTIFICATE MAY BE ISSUED OR M								IS SUBJ	ECT TO ALL THE	
	MS, EXCLUSIONS AND CONDITIONS			DLICIES. LIMITS SE	LICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBE	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY	III.	1112			(MINI) DO TO TO TO	(WINITED TO TOTAL)	EACH OCCURRENC	Œ		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE			
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		-						MED EXP (Any one p	,		
		_						PERSONAL & ADV I	NJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG		
	OTHER:										
A	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT		
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	er person)		
	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)		
<u> </u>	AUTOS AUTOS NON-OWNED							PROPERTY DAMAG			
	AUTOS AUTOS							(Per accident)			
	UMBRELLA LIAB OCCUR CLAIMS-							EACH OCCURRENC	Œ		
	EXCESS LIAB CLAIMS- MADE							AGGREGATE			
	DED RETENTION \$										
1 1	WORKERS COMPENSATION							PER STATUTE	OTH-		
1 1	AND EMPLOYERS' LIABILITY ANY Y/N							E.L. EACH ACCIDEN	ER_		
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE -EA E			
1 1	(Mandatory in NH)	-						E.E. DIOLAGE -LA E	WII LOTEL		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT		
-	Professional Liability			05040000	0	00/04/0004	00/04/0005	Each Clai	im	\$2,000,000	
	Cyber Liability			652436982	2	06/01/2024	06/01/2025	Aggregat	te	\$2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Those usual to the Insured's Operations.											
CERTIFICATE HOLDER CANCELLATION											
For Informational Purposes						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED					
2194 I	HIGHWAY A1A STE 303					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED					
INDIA	N HARBOUR BEACH FL 32937-4	932				IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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AUTHORIZED REPRESENTATIVE

Sugar S. Castanedas