



CERTIFICATE OF LIABILITY INSURANCE

OP ID: DM

DATE (MM/DD/YYYY) 05/05/2023

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

lf ti	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the	e te	rms and conditions of th ificate holder in lieu of su	ne polic	cy, certain p	olicies may i).	require an endorsemen	t. As	tatement on	
PRODUCER 561-626-5542 Insurance Services Agy (PBG) 8895 N. Military Trail, #302-D						CONTACT Debbie Mullin PHONE (A/C, No, Ext): 561-626-5542 [A/C, No, Ext): 561-626-5465					
INSURER(S) AFFORDING COVERAGE NAIC #											
						INSURER A : Century Surety Company					
INSURED						INSURER B : Travelers Indemnity Company					
Gardens Home Management Services, LLC						RC:					
9123 N Military Trail, #216 Palm Beach Gardens, FL 33410					INSURE	40000					
					INSURER E :						
						INSURER F:					
co	VERAGES CER	TIFIC	ΔTF	NUMBER:	INCOLLE			REVISION NUMBER:			
T	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE	OF I	NSUR	RANCE LISTED BELOW HA'	OF AN'	Y CONTRACT	OR OTHER I	D NAMED ABOVE FOR T	ст то	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,	
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	1110				EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR			CCP 1143846		05/03/2023	05/03/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	inc	
	OTHER:								s		
В	AUTOMOBILE LIABILITY				- 1			COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	ANY AUTO			BA-9M51501822-42		05/03/2023	05/03/2024	BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	7-18.		
	X HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	10000000								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	red)			
					04116	SELL ATION					
CE	RTIFICATE HOLDER			SIMONDO	CANC	ELLATION					
				SIMONDO	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.			
						RIZED REPRESE					
					1	Their Mullin					