

OP ID: LC

CERTIFICATE OF LIABILITY INSURANCE

ACORD

DATE (MM/DD/YYYY) 05/07/2024

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 have ADDITIONAL INSURED provisions or be endorsed.

	F SUBROGATION IS WAIVED, subject his certificate does not confer rights to						olicies may i	require an end	orsement	. A s	statement on	
	DDUCER	CONTACT Debbie Mullin										
Insurance Services Agy (PBG) Post Office Box 32307 Palm Beach Gardens, FL 33420-2307 Larry Carlisle INSURED Gardens Home Management Services, LLC 9123 N Military Trail, #216 Palm Beach Gardens, FL 33410						PHONE (A/C, No, Ext): 561-626-5542				FAX (A/C, No): 561-626-5465		
						E-MAIL dmullin@isafl.net						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: Century Surety Company					36951	
						Travele	rs Indemnit	ty Company			25666	
						RC:						
						INSURER D : INSURER E :						
		INSURER F:										
	VERAGES CER	REVISION NUMBER:										
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	OF I QUIR PERT POLIC	NSUF EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE I	OF AN' ED BY	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOV	E FOR TI	CT TC	WHICH THIS	
INSR		ADDL SUB		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY						05/03/2025	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CCP1143846		05/03/2024		DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$	100,000	
								MED EXP (Any one	person)	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	Included	
	OTHER:									\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	ELIMIT	\$	1,000,000	
	ANY AUTO			BA-9M515018-22-42		05/03/2024	05/03/2025	BODILY INJURY (P	er person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (P		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE		E.L. DISEASE - PO		\$		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICEREOF, NOTICE Y PROVISIONS.				

AUTHORIZED REPRESENTATIVE