

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

CRHOADES

DATE (MM/DD/YYYY) 1/23/2025

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. 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).

| | is certificate does not confer rights t | | | | ıch enc | dorsement(s) | | require an endorsemen | i. A S | tatement on | |
|--|--|---------------------|-------------------------|---|-------------|--|----------------------------|--|--------|-------------|--|
| PRODUCER Italiano Insurance Services, Inc. PO Box 18425 Tampa, FL 33679 INSURED | | | | | | CONTACT NAME: PHONE (040) 077 7700 | | | | | |
| | | | | | | (A/C, No, Ext): (813) 8/7-7/99 (A/C, No):(813) 8/7-88/7 | | | | | |
| | | | | | | E-MAIL ADDRESS: tampa@italianoinsurance.com | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE INSURER A : Continental Casualty Company | | | | NAIC # | |
| | | | | | | INSURER B : Scottsdale Insurance Co. | | | | 41297 | |
| | | | | | | INSURER C : FirstComp | | | | 27626 | |
| Certified Garage Doors, Inc 8009 Benjamin Rd Ste 104 | | | | | INSURER D : | | | | 27020 | | |
| | Tampa, FL 33634 | | | | INSURER E : | | | | | | |
| | | | | | INSURER F: | | | | | | |
| СО | VERAGES CEF | TIFI | CATE | E NUMBER: | | | | REVISION NUMBER: | | • | |
| IN C | HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | REQU PER POLI | IREMI TAIN, CIES. | ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE | N OF A | ANY CONTRAC Y THE POLICI | CT OR OTHER IES DESCRIE | R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T | CT TC | WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | , | , | EACH OCCURRENCE | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | C6987336700 | | 1/10/2025 | 1/10/2026 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | 100,000 | |
| | χ Primary & | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | Non Contributory | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | X POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | ANY AUTO | | | | | | | (Ea accident) BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| В | X UMBRELLA LIAB X OCCUR | | | | | | 1/10/2026 | EACH OCCURRENCE | \$ | 1,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | CXS4041629 | 1/10/2025 | AGGREGATE | | \$ | | | |
| _ | DED X RETENTION \$ 10,000 | | | | | | | N DED OTH | \$ | | |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | MWC0147374-06 | | 4/17/2024 | 4/17/2025 | X PER STATUTE OTH- | | 1,000,000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | WWC0147374-00 | | 4/17/2024 | 4/17/2025 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | If ves, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | D 101, Additional Remarks Schedu | ıle, may b | e attached if mor | e space is requi | red) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 7 | | | | 0.411 | | | | | | |
| CE | RTIFICATE HOLDER | | | | CAN | CELLATION | | | | | |
| Information Purposes Only | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |