OP ID: MG

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE

05/30/2024

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. 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).

PRODUCER 239-649-1444 CONTACT William Kuhlman, CPCU, ARM AssuredPartners of Florida, CONTACT William Kuhlman, CPCU, ARM PHONE 239 649 1444 FAX 239 649 7933						
Assured Partners of Florida						
AssuredPartners of Florida, PHONE (A/C, No, Ext): 239-649-1444 FAX (A/C, No): 239-649-7933	edPartners of Florida,	PHONE (A/C, No, Ext): 239-649-1444 FAX (A/C, No): 239-6	49-7933			
8950 Fontana Del Sol Way, #200 E-MAIL Sol Way Bender Sol Way E-MAIL Sol Way Bender Sol Way		E-MAIL ADDRESS:				
Naples, FL 34109-4374 William Kuhlman, CPCU, ARM INSURER(S) AFFORDING COVERAGE NAIC #		INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURER A : Southern-Owners Insurance Co. 10190			10190			
INSURED INSURER B. Auto-Owners Insurance Company 18988	ED OLORA LLO	INSURER B : Auto-Owners Insurance Company	18988			
Inspired Closets, LLC. 5450 Taylor Road 10385		INSURER C: FFVA Mutual Insurance	10385			
Naples, FL 34109 INSURER D:	s, FL 34109	INSURER D:				
INSURER E:		INSURER E:				
INSURER F:		INSURER F:				

	COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			20320301	04/24/2024	04/24/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		NoResid.Exclusion						MED EXP (Any one person)	\$ 10,000
		Contractual Liab.						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			4632030101	05/28/2024	05/28/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
A	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB CLAIMS-MADE			4632030100	04/24/2024	04/24/2025	AGGREGATE	\$ 1,000,000
		DED RETENTION \$							\$
C	C WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							X PER X OTH-	
			N/A		WC84008070542024A 05/16/2024	05/16/2024	05/16/2025	E.L. EACH ACCIDENT	\$ 1,000,000
			117.74				E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER	CANCELLATION

Master Certificate Inspired Closets, LLC. 5450 Taylor Road **Naples, FL 34109**

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

ACORD