

## ERTIFICATE OF LIABILITY INSURANCE

NMONEIL DATE (MM/DD/YYYY)

FORTLAU-01

Pittsburgh, PA 15222  INSURED Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC; FLYHOpCO, LLC; FLYHYachtSales, LLC 3051 W. State Rd. 84 Fort Lauderdale, FL 33312  INSURER 0: INSURE 0: INSURER 0: INSURE				CE	κı	IFICATE OF LIA	BILLITING	SURAN	LE		1/2/2024
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statem this certificate holder in lieu of such endorsement(s).         PRODUCER         Henderson Brothers Inc.         920 FL. Duquesne Bivd.         Pittsburgh, PA 15222         INSURED         Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC;         FLYHOpCO, LLC; FLYHYachtSales, LLC         305 IV. State Rd. 84         Fort Lauderdale Yacht Harbor LLC; FLWHLandCO, LLC;         INSURED         INSURER C         COVERAGES         COVERAGES         COVERAGES         CETTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED THE INSURER DC INSURE PCI TO WHID         CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED THE INSURER DC INSURE TO ANITH DESPECT TO WHID         CERTIFICATE NUMBER:         THE OPOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED THE INSURER DC INSURER TO ANITHOUS OF SUCH POLICIES. UNITS SHOWN MAY HAVE BEEN INSURED TO ALL THE TEXCUISIONS AND CONDITIONS OF AUX POLICIES. LIMITS SHOWN MAY HAVE BEEN FERDICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCUISION SOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INSURED TO ALL THE TEXCUISION SOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INSURER DC INSURANCE         NEW       ADDISINGUE MAY       MAPL2410003294-02       1/1/2024 <td>CI BI</td> <td></td> <td>IFICATE DOES NOT AFFIRM W. THIS CERTIFICATE OF</td> <td>ATIVE</td> <td>LY C</td> <td>OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT</td> <td>EXTEND OR ALT</td> <td>TER THE CO</td> <td>OVERAGE AFFORDED</td> <td>BY T</td> <td>HE POLICIES</td>	CI BI		IFICATE DOES NOT AFFIRM W. THIS CERTIFICATE OF	ATIVE	LY C	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR ALT	TER THE CO	OVERAGE AFFORDED	BY T	HE POLICIES
Henderson Brothers Inc 207 FL. Duquesne Bivd. Pittsburgh, PA 15222 INSURER 2: Main Status Procession Coverage Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC; FLYHOpCO, LLC; FLYHYachtSales, LLC 3051 W. State Rd. 84 Fort Lauderdale, FL 33312 COVERAGES CERTIFICATE NUMBER: Thiolographic Policies Sufficient Policies OF Insurance Company State Rd. 24 Fort Lauderdale, FL 33312 COVERAGES CERTIFICATE NUMBER: THIOLOS COVERAGE THIOLOS COVERAGE COVERAGES CERTIFICATE NUMBER: THIOLOS COVERAGE REVISION NUMBER: THIOLOS COVERAGE REVISION NUMBER: THIOLOS COVERAGE REVISION NUMBER: THIOLOS COVERAGES CERTIFICATE NUMBER: THIOLOS COVERAGES ADDUS NUMPER POLICY VIEW NIMBER: THIOLOS COVERAGES ADDUS NUMPER ADDUS NUMPER ADDU	lf	SU	BROGATION IS WAIVED, su	oject t	o the	e terms and conditions of t rtificate holder in lieu of suc	he policy, certain th endorsement(s)	policies may			
320 FL Duquesne Bivd.       (Acc. No. Ext). E172 201-1642       (Acc. No. Ext). E172 201-1642         Pittsburgh, PA 15222       (Acc. No. Ext). E172 201-1642       (Acc. No. Ext). E172 201-1642         INSURED       Insurence Company       2377         INSURED       Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC;       INSurence Company       2372         INSURER D       Insurence Company       2361         INSURER D       Insurence Company       2566         INSURER D       Insurence Company       2567         INSUREN D <td></td>											
INSURER C: CACO Insurance Company 2377 INSURER A: ASCO Insurance Company 2377 INSURER B: The Phoenix Insurance Company 2565 Fort Lauderdale Yacht Harbor LLC; FLYHLandCo, LLC; FLYHOpCo, LLC; FLYHYAchtSales, LLC 3051 W. State Rd. 84 Fort Lauderdale, FL 3312 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE R : THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE R F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE R F: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE R THE POLICIES DECOMMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DECOMMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DECOMMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DECOMMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DECOMMENT WITH RESPECT TO WHICE CERCLISIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ALE THET EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW HAVE BEEN ISSUED TO THE RESPECT TO WHICE CERCLISIONS AND CONDITIONS OF SUCH POLICIES. LISTED BELOW HAVE AFFORDED BY THE POLICIES DECOMMENT WITH S MANDARY TYPE OF INSURANCE MARK AFFORDED BY THE POLICIES DECOMMENT WITH S A COMMENCIAL GENERAL LABUITY A COMMENCIAL GENERAL LABUITY A COMMENCIAL GENERAL LABUITY A MOLLISELL LIABLY A MOLLISELL LIABLY A MOLLISELL LIABLY A MAY AUTO A MARGE SOMENERAL ASAN LIABLITY A MAY AUTO A MARGE SOMENERAL ASAN ANDE A X UNBRENE LIABLITY A MAY AUTO A MARGE SOMENERAL ASAN ANDE A X UNBRENE LIABLITY A MARGE SOMENERAL COMMENT A MARGE SOMENERAL ASAN ANDE A X UNBRENE LIABLITY A MARGE SOMENERAL ASAN ANDE A X MORDENTIFY STAALABITY A MARGE SOMENERAL ASAN ANDE A X MURDENTIFY MARGE S							(A/C, No, Ext): (412)	261-1842	(A/C, No)	. <b>(412)</b>	261-4149
INSURED     INSURER A: Ascot Insurance Company     2375       INSURER B:     INSURER A: Ascot Insurance Company     2562       INSURER D:     INSURER C: Carolina Casuality Insurance Co     1051       INSURER D:     INSURER C: Carolina Casuality Insurance Co     1051       INSURER D:     INSURER C: Carolina Casuality Insurance Co     1051       INSURER D:     INSURER C: Carolina Casuality Insurance Co     1051       INSURER D:     INSURER C: Carolina Casuality Insurance Co     1051       INSURER D:     INSURER C:     INSURER C: INSURANCE     INSURER C: INSURANCE       COVERAGES     CERTIFICATE NUMBER:     INSURER C: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOUTHER DOCUMENT WITH RESPECT TO UNIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE LAFFORDED BY THE POLICIS DESCRIBED HEREIN IS USUBLECT TO ALLT     INSURER C: INSURANCE       INSURER D:     INTER OF INSURANCE     INTER SPOLICY NUMBER     POLICY ENT POLICY NUMBER     INTER OF INSURANCE       INSURANCE INTERVIEW     INTER OF INSURANCE     INTER INSURANCE     INTER OF INSURANCE     INTERVIEW	Pitts	bur	gh, PA 15222			-	ADDRESS: mailroor	m@henders	sonbrothers.com		
INSURED Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC; FLYHDQCO, LLC; FLYHYachtSales, LLC 3051 W. State Rd, 84 Fort Lauderdale, FL 3312						-					NAIC #
Fort Lauderdale Yacht Harbor LLC; FLYHLandCO, LLC;         INSURER C : Carolina Casualty Insurance Co         INSURER D :         NSURER D :         NSURER D :         NSURER D :         INSURER D :     <											23752
FLYHOpCO, LLC; FLYHYachSales, LLC 3051 W. State R. 48 Fort Lauderdale, FL 33312     Insurer D: Insurer D: Insurer E:     Insurer D: Insurer E:     Insurer D: Insurer E:       COVERAGES       COVERAGES       CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INSURER F:       COVERAGES       CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY	INSU	RED	Fort Lauderdale Yacht H	rhor l	I C· I						
Bort Lauderdale, FL 33312       INSURER E ::       INSURER E ::       INSURER F ::       COVERAGES       CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICICY F INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR NAMP PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSR     TYPE OF INSURANCE     ADDI_SUBJECT       A     COMMERCIAL GENERAL LUABILITY     MAPL2410003294-02     1/1/2024     1/1/2024     EACH OCCURRENCE     1       MOLL/SRLL     MAPL2410003294-02     1/1/2024     1/1/2024     IMMODDYTYY)     MAPL2410003294-02     1/1/2024     MAPL2410003294-02     1/1/2024     MED EXP (Any one person)     5       MED EXP (Any one person)     S     MED EXP (Any one person)     S     9     9     1       GENIL AGGREGATE LIMIT APPLIES PER: POLICY EPERT     BA-75449584     1/1/2024     1/1/2025     MED EXP (Any one person)     S       MUTOS ONLY     ANTESO     ANTESO     AUTOSO ONLY     ANTESO     S     2       A     MUTOSO ONLY     MAXS2410003295-02     1/1/1/2024     1/			FLYHOpCO, LLC; FLYHY	achtS	ales,	LLC		a Casualty	Insurance Co		10510
INSURER F:       REVISION NUMBER:       COVERAGES       CERTIFICATE NUMBER:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE NOT THE ROOLCIMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       NSME     TYPE OF INSURANCE     INSURANCE     MODI SUBR     POLICY NUMBER     POLICY EFF       A     COMMERCIAL GENERAL LIABILITY     MAPL2410003294-02     1/1/2024     1/1/2024     EACH OCCURRENCE     \$       A     COMMERCIAL GENERAL LIABILITY     MAPL2410003294-02     1/1/2024     1/1/2024     EACH OCCURRENCE     \$       B     AUTOMOBILE LIABILITY     MAPL2410003294-02     1/1/2024     1/1/2025     EACH OCCURRENCE     \$       GENL AGGREGATE LIMIT APPLIES PER:     POLICY     MAPL2410003294-02     1/1/2024     1/1/2025     EACH OCCURRENCE     \$       B     AUTOMOBILE LIABILITY     B     BA-75449584     1/1/2024     1/1/2024     1/1/2025     EACH OCCURRENCE     \$       BODILY INJURY (Per person)     S     EACH OCCURRENCE     \$     1     1/1/2024     1/1/2025     BODILY INJURY (PER person)     \$       BODILY INJURY (PER person)     S				<b>。</b>							
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A       COMMERCIAL GENERAL LIABILITY       INSU	INSR					BR	POLICY EFF	POLICY EXP		TS	
CLAIMS-MADE       X       OCCUR       MAPL2410003294-02       1/1/2024       1/1/2025       DAMAGE TO RENTED PREMISES (Ea occurrence)       \$         GENLAGGREGATE       LINIT APPLIES PER: POLICY       PEC       LOC       \$       PERSONAL & ADV INJURY       \$       1         GENLAGGREGATE       LINIT APPLIES PER: POLICY       PEC       LOC       \$       \$       PERSONAL & ADV INJURY       \$       1         GENLAGGREGATE       LINIT       LOC       \$<										-	1,000,000
X       MOLL/SRLL         GENL AGGREGATE LIMIT APPLIES PER:       POLICY       PEC       LOC         OTHER:       GENLAGGREGATE LIMIT APPLIES PER:       PRODUCY       PECSONAL & ADV INJURY       \$         B       AUTOMOBILE LIABILITY       BA-7S449584       1/1/2024       1/1/2025       COMBINED SINGLE LIMIT       \$         Y       ANY AUTO       SCHEDULED       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BA-7S449584       1/1/2024       1/1/2025       BODILY INJURY (Per person)       \$         A       X       UMBRELLA LIAB       X       OCCUR       \$       \$       \$         Excess LIAB       CLAIMS-MADE       MAXS2410003295-02       1/1/2024       1/1/2025       EACH OCCURRENCE       \$         AND EMPLOYER'S LIABILITY       MAXS2410003295-02       1/1/2024       1/1/2025       EACH OCCURRENCE       \$         C       WORKER'S COMPENSATION       MAXS2410003295-02       1/1/2024       1/1/2025       EACH OCCURRENCE       \$         C       WORKER'S COMPENSATION       MAX       KRM564394021       1/1/2024       1/1/2025       EACH ACCIDENT       \$         C       WORKER'S COMPERSATION       N / A       KRM564394021       1/1/2024       1/1/1/2025       X			CLAIMS-MADE X OCCUR			MAPL2410003294-02	1/1/2024	1/1/2025	DAMAGE TO RENTED	Ť	500,000
GENIL AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC OTHER: B AUTOMOBILE LIABILITY X ANY AUTO WINED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUT		Х	MOLL/SRLL						, , , ,		5,000
Gent Address I Landing APPLIES FER.       Image: constraint of the light of the li									PERSONAL & ADV INJURY	\$	1,000,000
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B       AUTOMOBILE LIABILITY       X       ANY AUTO       SCHEDULED       X       ANY AUTO       BODILY INJURY (Per person)       \$       BODILY INJURY (Per person)       \$         M       X       ANY AUTO       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BA-7S449584       1/1/2024       1/1/2025       BODILY INJURY (Per person)       \$         HIRED       AUTOS ONLY       AUTOS ONLY       NON-OWNED       AUTOS ONLY       NON-OWNED       \$       BODILY INJURY (Per person)       \$         A       X       UMBRELLA LIAB       X       OCCUR       \$ <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td>\$</td> <td>1,000,000</td>									PRODUCTS - COMP/OP AGG	\$	1,000,000
AUTOMOBILE LIABILITY       X       ANY AUTO       SCHEDULED       SCHEDULED       BA-7S449584       1/1/2024       1/1/2025       BODILY INJURY (Per person)       S         MUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       S         HIRED       AUTOS ONLY       AUTOS ONLY       NON-OWNED       S       BODILY INJURY (Per person)       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         EXCESS LIAB       CLAIMS-MADE       MAXS2410003295-02       1/1/2024       1/1/2025       EACH OCCURRENCE       \$       2         ANY PROPRIETOR/PARTNER/EXECUTIVE       Y/N       N/A       N/A       KRM564394021       1/1/2024       1/1/2025       X       PER       C       E.L. CACH ACCIDENT       \$       1         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       KRM564394021       1/1/2024       1/1/2025       X       PER       C       E.L. CACH ACCIDENT       \$       1	_		OTHER:							\$	
OWNED AUTOS ONLY       SCHEDULED AUTOS ONLY       SCHEDULED AUTOS ONLY       NON-OWNED AUTOS ONLY       BODILY INJURY (Preduction)       S         A       MRED AUTOS ONLY       NON-OWNED AUTOS ONLY       NON-OWNED AUTOS ONLY       NON-OWNED AUTOS ONLY       S         A       X       UMBRELLA LIAB       X       OCCUR       S         EXCESS LIAB       CLAIMS-MADE       MAXS2410003295-02       1/1/2024       1/1/2025       EACH OCCURRENCE       S         C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE       Y/N IN/A       N/A       KRM564394021       1/1/2024       1/1/2025       X       PER E.L. EACH ACCIDENT       S         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       KRM564394021       1/1/2024       1/1/2025       X       PER E.L. DISEASE - EA EMPLOYEES       1	В	-	TOMOBILE LIABILITY							\$	1,000,000
Image: Autors only       Non-owned Autors only       Non-owned Autors only       Non-owned Autors only       Image: Autors only		X				BA-7S449584	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
A       X       UMBRELLA LIAB       X       OCCUR       S       Z         EXCESS LIAB       CLAIMS-MADE       MAXS2410003295-02       1/1/2024       1/1/2025       AGGREGATE       \$       2         DED       RETENTION \$       MAXS2410003295-02       1/1/2024       1/1/2025       Interview       S       Z         C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?       Y/N (Mandatory in NH)       N/A       KRM564394021       1/1/2024       1/1/2025       X       STATUTE       OTH- E.L. EACH ACCIDENT       \$       1         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       KRM564394021       1/1/2024       1/1/2025       X       STATUTE       OTH- E.L. DISEASE - EA EMPLOYEE       1									BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	\$	
Image: Construct a clab       Image: Claims-made       Imag	Α	X									2,000,000
DED       RETENTION \$       \$         C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND FMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED?       Y/N N/A       KRM564394021       1/1/2024       1/1/2025       X       PER STATUTE       OTH- ER         If yes, describe under DESCRIPTION OF OPERATIONS below       N/A       N/A       KRM564394021       1/1/2024       1/1/2025       X       STATUTE       0TH- ER       1		~				MAXS2410003295-02	1/1/2024	1/1/2025			2,000,000
C       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)       Y / N If yes, describe under DESCRIPTION OF OPERATIONS below       Y / N If yes, describe under DESCRIPTION OF OPERATIONS below       N / A									AGGREGATE		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A KRM564394021 1/1/2024 1/1/2025 E.L. EACH ACCIDENT \$ 1 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1		WOI	RKERS COMPENSATION		1				X PER OTH-		
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$			Ŷ			KRM564394021	1/1/2024	1/1/2025		\$	1,000,000
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$				<sup>N /</sup>	A				E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
C USL&H KRM564394021 1/1/2024 1/1/2025 Included in WC		If ye DES	s, describe under CRIPTION OF OPERATIONS below							\$	1,000,000
	С	US	L&H			KRM564394021	1/1/2024	1/1/2025	Included in WC		

AUTHORIZED REPRESENTATIVE

"On JWare Dian De

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