



X Individual Certificate



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 12/14/2019

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). CONTACT NAME: https://support.thimble.com/ PRODUCER THIMBLE PHONE FAX (A/C, No): Thimble Insurance Services (A/C, No, Ext): 174 West 4th Street, Suite 204 E-MAIL support@thimble.com ADDRESS: New York, NY 10014 INSURER(S) AFFORDING COVERAGE NAIC # https://support.thimble.com/ 38970 Markel Insurance Company INSURER A: INSURED INSURER B: Ashton Lauritzen INSURER C: Aqua Flight INSURER D: ashtonlauritzen@gmail.com INSURER E: 33316 https://www.thimble.com/check-policy-status/ **COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: 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. ADDL SUBR LIMITS TYPE OF INSURANCE LTR INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED Х CLAIMS-MADE OCCUR 100,000 PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 12/14/2019 12/14/2019 Ν Ν VFMK-P3RB2PY2F 1,000,000 PERSONAL & ADV INJURY 5:00 PM 7:00 PM EST EST 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE Х 1,000,000 POLICY LOC PRODUCTS - COMP/OP AGG **JECT** OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS ONLY AUTOS PROPERTY DAMAGE HIRED NON-OWNED S AUTOS ONLY AUTOS ONLY (Per accident) UMBRELLA LIAB **EACH OCCURRENCE** S OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space isrequired) (con't on form Acord 101) CERTIFICATE HOLDER CANCELLATION Ashton Lauritzen SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Aqua Flight THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ashtonlauritzen@gmail.com

LOC #: 1

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ADDITIONAL REMARKS SCHEDULE

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Thimble Insurance Systems		NAMED INSURED
		Ashton Lauritzen
POLICY NUMBER		Aqua Flight
VFMK-P3RB2PY2F		ashtonlauritzen@gmail.com
CARRIER	NAIC CODE	33316
Markel Insurance Systems	38970	EFFECTIVE DATE: 12/14/2019 5:00 PM EST

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations (con't)

Products and Completed Operations coverage (VFMK-GL-0203-0218) for policy number VFMK-P3RB2PY2F until 12/14/2020 4:59 PM EST