

VFERRIZZI

## **CERTIFICATE OF LIABILITY INSURANCE**

ACORD'

DATE (MM/DD/YYYY) 6/5/2020

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).

	nis certificate does not confer rights to							require an endors	sement	. A S	tatement on	
PRODUCER Elite Managing General Agency, LLC 1016 W 8th Ave						CONTACT NAME:						
						PHONE (A/C, No. Ext): (800) 355-1185 FAX (A/C, No.): (877) 559-0487						
Sui	te A				E-MAIL ADDRES	ss: inspection	on@elitem	ga.com				
INSURED  Dream Home Inspections LLC						INSURER(S) AFFORDING COVERAGE						
								e Company			NAIC #	
						INSURER B:						
						INSURER C:						
	Jacques Mountain				INSURER D :							
	115 Fairmont Trace Fayetteville, GA 30214				INSURER E :							
	rayettevine, GA 00214	RTIFICATE NUMBER:			INSURER F:							
	VERAGES CER				REVISION NUMBER:							
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY	ES O EQUI PER	F INS REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	RED NAMED ABOVE R DOCUMENT WITH BED HEREIN IS SUB	FOR TH	CT TO	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH	POLICY EFF POLICY EXP										
INSR LTR		ADDL S INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			1,000,000	
^	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR X General Liability					2/7/2222		EACH OCCURRENCE \$		\$	100,000	
				LHY A586995 05		6/5/2020	6/5/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	10,000	
								MED EXP (Any one person)		\$	1,000,000	
						,		PERSONAL & ADV INJ	URY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	1,000,000	
	X POLICY PRO- OTHER: LOC							PRODUCTS - COMP/O  Deductible		\$ \$	250	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$		
	ANY AUTO							BODILY INJURY (Per p	erson)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		\$		
Α	Errors & Omissions			LHY A586995 05		6/5/2020	6/5/2021	Per Claim/Aggregate		<b>*</b>	1,000,000	
Α	Errors & Omissions			LHY A586995 05		6/5/2020	6/5/2021	Deductible			2,500	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
Proof of Insurance						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						