

CERTIFICATE OF LIABILITY INSURANCE

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.

this certificate does not confer rights to the certificate holder in lieu of PRODUCER						CONTACT NAME:					
169°	A INSURANCE, INC. 18 York Road nkton, MD 21111							0) 833-3564			
IVIOI	inkton, wib 21111				ADDRES			RDING COVERAGE		NAIC#	
					INSURE	RA: Acuity				14184	
INSL	URED		INSURER B:								
	Eagle Transfer Services, Inc		INSURE	RC:							
	3233 Murray Road PO Box 438		INSURE	RD:							
	Finksburg, MD 21048		INSURE	RE:							
					INSURE	RF:					
				NUMBER:				REVISION NUMB			
U U	THIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIC THE INSURANCE AFFOR	ON OF A RDED BY	NY CONTRAC THE POLIC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH I	RESPEC1	T TO WHICH THIS	
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A								EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ZY2217		12/31/2024	12/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000	
								MED EXP (Any one pers	son) \$	10,000	
								PERSONAL & ADV INJU	URY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE \$	3,000,000	
	X POLICY X PRO-							PRODUCTS - COMP/OI	P AGG \$	3,000,000	
	OTHER:							COMBINED SINGLE LIF	\$	1,000,000	
Α	ACTOMOBILE LIABILITY							(Ea accident)	\$	500,000	
	X ANY AUTO			ZY2217		12/31/2024	12/31/2025	BODILY INJURY (Per per	person) \$	500,000	
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per a		500,000	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
Α	V								\$	2,000,000	
^	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			ZY2217		12/31/2024	12/31/2025	EACH OCCURRENCE	\$	2 000 000	
								AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	-						PER STATUTE	OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR OF PROPERTY SOLUTIVE							E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMI			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY			
	DESCRIPTION OF OPERATIONS BEIOW							2.2. 5102.102			
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	dule, may l	e attached if mo	re space is requi	red)			
For	r Information Purposes Only										
CERTIFICATE HOLDER						CANCELLATION					
	For Information Purposes 0		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
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