

**ADDITIONAL REMARKS SCHEDULE**

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AGENCY Verify Insurance Services, Inc. DBA Thimble Insurance Services		NAMED INSURED American Beauty Window Cleaning 210 Duckworth #24, SULPHUR SPRINGS, TX, 75483 cdhobbs007@gmail.com
POLICY NUMBER IBL-PKN57UEY8		
CARRIER National Specialty Insurance Company	NAIC CODE 22608	EFFECTIVE DATE: 09/22/2022 9:36 PM CDT

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)

Episodic Coverage (THSN CG 02 03 02 21) for policy number IBL-PKN57UEY8 until 11/22/2023 11:59 PM CST



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/22/2022

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.

PRODUCER Verify Insurance Services, Inc. DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 https://support.thimble.com/	CONTACT NAME: THIMBLE https://support.thimble.com/ PHONE (A/C. No. Ext): E-MAIL ADDRESS: support@thimble.com PRODUCER CUSTOMER ID:	FAX (A/C. No):
INSURED American Beauty Window Cleaning 210 Duckworth #24, SULPHUR SPRINGS, TX, 75483 cdhobbs007@gmail.com	INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: https://www.thimble.com/check-policy-status/	NAIC # 22608

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input type="checkbox"/>	PROPERTY				BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				EXTRA EXPENSE	\$
	<input type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
A	<input checked="" type="checkbox"/>	INLAND MARINE	TYPE OF POLICY	09/22/2022 9:36 PM CDT	11/22/2022 11:59 PM CST* See note on expiration date below.	<input checked="" type="checkbox"/> Blanket Coverage up to \$2,500 per item.	\$
	CAUSES OF LOSS		Miscellaneous Articles Coverage				2,500
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input checked="" type="checkbox"/>	SPECIAL PERILS	IBL-PKN57UEY8				\$
	<input type="checkbox"/>	CRIME					\$
	TYPE OF POLICY						\$
							\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Please note that the insured has purchased a monthly policy that will automatically extend upon expiration of the policy if the insured pays the appropriate premium. At that time, you will receive a new Certificate of Property Insurance, evidencing such extension.

(con't on form Acord 101)

CERTIFICATE HOLDER

Christopher Hobbs
American Beauty Window Cleaning

CANCELLATION

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

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FORM NUMBER: Acord 24 **FORM TITLE:** Certificate of Property Insurance