

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2024

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

	Simply Business					T Sir	nply Busine	ly Business			
	1 Beacon Street				PHONE (A/C, No,	Ext): (84	4) 654-727	PAX (A/C, No):			
	15th Floor Boston, MA 02108			Г	E-MAIL ADDRES		ntactus@sin	nplybusiness.com			
	2001011, 1417 (02 100			Ī		INS	JRER(S) AFFORI	DING COVERAGE		NAIC	
					INSURE	RA: Fra	ank Winston	Crum Insurance Co	mpany	11600	
SURED	FAS Business Group, LLC of	FAS Business Group, LLC dba EVERBLUE POOL CARE				INSURER B:					
	CARE					RC:					
	2533 Sweetwater Country Club Dr				INSURE	RD:					
	Apopka, Florida 32712				INSURER E :						
						INSURER F:					
OVERA	GES CERT	NUMBER:	REVISION NUMBER:								
NOTWITH	TO CERTIFY THAT THE POLICIES OF IN HSTANDING ANY REQUIREMENT, TER OR MAY PERTAIN, THE INSURANCE A DLICIES. LIMITS SHOWN MAY HAVE BE	M OF FFOR EN R	CONI DED B EDUCE	DITION OF ANY CONTRACT (Y THE POLICIES DESCRIBEI	OR OTH	ER DOCUMEN IN IS SUBJECT	T WITH RESPI	ECT TO WHICH THIS CE	RTIFICATE	MAY BE	
R ₹	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
X	COMMERCIAL GENERAL LIABILITY			FWUS4619475XB1		09/01/2024	09/01/2025	EACH OCCUPRENCE	\$1 N	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO BENTED		•	
\vdash								DAMAGE TO RENTED PREMISES (Ea occurrence)			
<u> </u>								MED EXP (Any one person)	\$10,0		
Ш.								PERSONAL & ADV INJURY		00,000	
	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	00,000	
	PRO- JECT LOC							PRODUCTS - COMP/OP AC	sg \$2,00	00,000	
	OTHER: MOBILE LIABILITY							COMBINED SINGLE LIMIT			
\square	ANY AUTO							(Ea accident) BODILY INJURY (Per person	1)		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	<u></u>		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
ι	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
F	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION							AGGREGATE			
WORK	ERS COMPENSATION							PER OTH	1-		
	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT			
05510	ED MEMPERE VOLUMERO	N/A									
(Manda	ER/MEMBEREXCLUDED? atory in NH)							E.L. DISEASE - EA EMPLO	YEE		
If yes, o	describe under RIPTION OF OPERATIONS below	L						E.L. DISEASE - POLICY LIN	1IT		
	PROFESSIONAL LIABILITY							EACH CLAIM			
								AGGREGATE			