

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2023

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).

th	s certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRODUCER						CONTACT NAME: Tonya Younts					
JC Demo Insurance Group, Inc						PHONE (A/C, No, Ext): (704) 541-5155 (A/C, No):					
2217 Matthews Township Parkway Ste D-312						E-MAIL ADDRESS: tyounts@jcdemoinsurance.com					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
Matthews NC 28105						INSURER A: Western World Insurance Company					
INSURED					INSURER B:						
Keep Up Appearances					INSURER C:						
2118	Blue Iris Drive				INSURE	INSURER D:					
					INSURER E :						
Matthews			NC 28104			INSURER F:					
COV	ZERAGES CERT	TIFICATE NUMBER:			REVISION NUMBER:						
INI CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH PORTIONS OF SUCH PORTIONS	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON THE PO	ITRACT OR OT LICIES DESCR	THER DOCUME RIBED HEREIN	ENT WITH RESPECT TO WI	HICH THI		
INSR LTR TYPE OF INSURANCE			ADDLISUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS		s			
COMMERCIAL GENERAL LIABILITY							,	EACH OCCURRENCE	\$	1000000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200000	
								MED EXP (Any one person)	\$	5000	
A				NPP1602284		08/31/2023	08/31/2024	PERSONAL & ADV INJURY	\$	1000000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2000000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2000000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(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 is required) CUSTOMER FILE COPY											
CERTIFICATE HOLDER						CANCELLATION					
INSURED FILE COPY						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
CUSTOMER FILE COPY						AUTHORIZED REPRESENTATIVE					
						Louga B. Yourd					