

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2019

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).

	is certificate does not confer rights to							uire an endorsement. A	Statem	ent on	
PRODUCER						CONTACT Inez Harvey					
Pritchards & Associates, Inc					PHONE (A/C, No, Ext): 8637637711 (A/C, No):						
1802 S Parrott Ave						E-MAIL ADDRESS: inez@pritchardsinc.com					
					ADDICE	<u> </u>		RDING COVERAGE		NAIC #	
Okeechobee FL 34974						INSURER A: SOUTHERN-OWNERS INS CO				10190	
INSURED						INSURER B:				10170	
Kurbing, LLC					INSURER C:						
321 Sw Lake Forest Way					INSURER D :						
	Port Saint Lucie, FL, 34986-207	States	INSURER E :								
1 of Same Lucie, 1 L, 37700-2072, United States				tates	INSURER F :						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
			EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR				Y PERIO	D			
	DICATED. NOTWITHSTANDING ANY REQU										
	RTIFICATE MAY BE ISSUED OR MAY PER							I IS SUBJECT TO ALL THE T	ERMS,		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE INST						POLICY FFF POLICY FXP					
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1 000 000	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							(======================================	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
Α				72065162		12/01/2019	12/01/2020	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC								\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							` ' '	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							PROBERTY DAMAGE	\$		
	HIRED AUTOS ONLY 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	N/A						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?			521-10517		09/06/2019	09/06/2020	E.L. EACH ACCIDENT	\$	100,000	
Ъ	(Mandatory in NH)		321 1031/					E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Sched	lule, may	be attached if m	ore space is req	uired)			
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
FOR INFORMATION ONLY						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Certificate can be issued to						AUTHORIZED REPRESENTATIVE					
specific holder upon receipt						Lowell H. Pritchard					
of holder name and address						Pro Al Coro I I's L I Or Changel DA					