ACORD	

CERTIFICATE OF LIABILITY INSURANCE

	04/05/24 8:37AM							
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 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). PRODUCER	CONTA	CT Custome	r Service	Department				
Gaslamp Insurance Services, LLC		CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107						
Brent Nelson	<u>(A/C, N</u> E-MAIL	(A/C, No): (0007000000000000000000000000000000000						
2244 Faraday Avenue #125 Carlsbad, CA 92008		INSURER(S) AFFORDING COVERAGE				NAIC #		
2244 Faladay Avenue #123 Cansbad, CA 92000		INSURER A : Sutton Specialty Insurance Company				16848		
INSURED		INSURER B :						
Better Home Improvements, LLC		INSURER C :						
	INSURI	INSURER D :						
24 East Avenue, #138,		INSURER E :						
New Canaan, CT 06840		INSURER F :						
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:						
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 TYPE OF INSURANCE ADDL SUBR	CYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	4000028298	05/03/2024	05/03/2025	EACH OCCURRENCE DAMAGE TO RENTED	· /	0,000		
				PREMISES (Ea occurrence)	\$50,0			
				MED EXP (Any one person)	\$5,00			
				PERSONAL & ADV INJURY		0,000		
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC				GENERAL AGGREGATE	· · ·	0,000		
				PRODUCTS - COMP/OP AGG	\$,0,000		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$			
ANY AUTO				(Ea accident) BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident)	\$	\$		
HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
				× /	\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE				
EXCESS LIAB CLAIMS-MADE				AGGREGATE				
DED RETENTION \$					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$				
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE				
DÉSCRIPTION 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) Verification of Coverage								
Subject to all policy terms, exclusions and conditions								
CERTIFICATE HOLDER	NCELLATION							
	SHO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Verification of Coverage		ACCORDANCE WITH THE POLICY PROVISIONS.						
	AUTHORIZED REPRESENTATIVE							
	Bruc	e Carlile		hul L. (m	hl	1		

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