

LCOLON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/15/2024

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.

		BROGATION IS WAIVED, subjectificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	t. A	statement on	
PRODUCER The Loomis Company P&C Division 850 N Park Road							CONTACT Lindsay Colon					
							PHONE (A/C, No, Ext): (610) 374-4040 2250 FAX (A/C, No):					
		sing, PA 19610				E-MAIL ADDRESS: Icolon@loomisco.com						
-		_				INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Philadelphia Indemnity Ins Co					18058	
INS	JRED					INSURE						
		Nichony, Inc. DBA CertaPro	Pain	ters	of Spartanburg	INSURER C:						
		106 Wicklow Lane			o. opaag	INSURER D :						
		Campobello, SC 29322				INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
INSR	IDICA ERTI XCLU	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PER POLI	REMITAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS. POLICY EXP	DOCUMENT WITH RESPE	CT T	O WHICH THIS	
LTR A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
, ,	_	CLAIMS-MADE X OCCUR	v	v	PHPK2653971		3/1/2024	3/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		GEAINIO-INIADE X GOOGIC	X	X	FIFK2033971		3/1/2024	3/1/2023	,	\$	5,000	
									MED EXP (Any one person)	\$	1,000,000	
	051	J							PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC							GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$		
A	OTHER: AUTOMOBILE LIABILITY X ANY AUTO				PHPK2653971		3/1/2024		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
								3/1/2025	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0.00 0.12.							um/uim	\$	1,000,000	
Α	Х	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MADE			PHUB900078	3		3/1/2025	AGGREGATE	\$	1,000,000	
		DED RETENTION \$								\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 17 / N							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
1												
If re Pro	quire ducts	FION OF OPERATIONS / LOCATIONS / VEHIC ed by written contract, the Certifica s & Completed Operations and sub required by written contract, subje	te Ho ject t	lder i o the	is an Additional Insured on terms, conditions, and exc	the Ge clusion	eneral Liability s of the policy	y policy, on a	primary & non-contribut	ory b e Ger	asis, including neral Liability	
	D.T					0.111	>=::					
CE	KTIF	FICATE HOLDER				CANO	CELLATION					
FOR INFORMATION ONLY							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						

James R. Loomis



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2024

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 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROI	DUCER				CONTACT P&C-Comm					
J.Fr	eeman & Associates, Inc.				PHONE (864) 331-4400 FAX (A/C, No, Ext): (864) 331-4401					
Pos	t Office Box 3597				E-MAIL					
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
Gre	enville			SC 29608						10844
INSU					INSURER A.					
	Nichony, Inc., DBA: CertaPro Pa	inters	of Sr	partanburg SC	INSURER B:					
	225 Giles Dr		9, 22	INSURER C:						
220 Olios Di										
Boiling Springs SC 29316						INSURER E : INSURER F :				
COV	<u> </u>	TIEIC	ΛTE	2	INSURE	KF:		DEVISION NUMBED:		
COVERAGES CERTIFICATE NUMBER: CL242504924 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		ADDL	SUBR		POLICY EFF POLICY EXP					
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
								EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
								(Ea accident)	-	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N		A Y V			02/28/2024	02/28/2025	PER STATUTE OTH-	4.00	0.000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED?			WCP1084042-02				E.L. EACH ACCIDENT	\$ 1,00	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Ψ	0,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DEO	PRINTING OF ORER ATIONS (LOCATIONS (VEHICLE	0 (1)		Of Additional Bound of Oak adult						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-		01, Additional Remarks Schedule,	may be at	ttacned if more sp	bace is required)			
vvai	ver of subrogation applies in favor of certifica	ale IIC	nuei.							
CEF	RTIFICATE HOLDER				CANCELLATION					
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLEI) BEFORE
					THE	EXPIRATION D	ATE THEREO	, NOTICE WILL BE DELIVER		,
For Informational Purposes						ORDANCE WIT	H THE POLICY	PROVISIONS.		
					AUTHORIZED DEPOSESSITATIVE					
					AUTHORIZED REPRESENTATIVE					
				CHarion						