

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

CAROLYNMDI

DATE (MM/DD/YYYY) 5/28/2024

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.

			Jt (conter rights t	o the	cert	ificate holder in lieu of su							
PRODUCER MD Iverson Group 8420 Senoia Rd, Suite 208 Fairburn, GA 30213								CONTACT Carolyn Linares PHONE (A/C, No, Ext): (678) 218-5346 FAX (A/C, No): (678) 405-3239						
								(A/C, No, Ext): (076) 210-3340 (A/C, No): (076) 403-3239 E-MAIL address: clinares@mdiverson.com						
i alibuili, GA 30213									INSURER(S) AFFORDING COVERAGE				NAIC#	
								INGUE			urance Company of Pittsbu	ırah. PA		
INICI	DED							INSURER B : NEW HAMPSHIRE INSURANCE COMPANY					23841	
Washington Express LLC 11460 Edmonston Rd. Suite A									INSURER C:TT Club Mutual Insurance Limited					
Beltsville, MD 20705						-			INSURER D :					
								INSURER E :						
ACCUSED A OFFI									INSURER F:					
							TE NUMBER: REVISION NUMBER: SURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR T					THE DOI	LICY BEDIOD	
							ENT, TERM OR CONDITION							
							THE INSURANCE AFFORI					TO ALL	THE TERMS,	
INSR	EXCLUSIONS AND CONDITIONS OF SUCH				SUBR WVD		BEEN	POLICY EFF	POLICY EXP					
LTR A	Х	TYPE OF INS			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		2,000,000	
^	_	CLAIMS-MADE		OCCUR			9925659		6/4/2024	C/4/202E	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
		CLAIIVIS-IVIADE		OCCOR			9923039		6/1/2024	6/1/2025		\$	25,000	
											MED EXP (Any one person)	\$	2,000,000	
											PERSONAL & ADV INJURY	\$	4,000,000	
	GEI X	N'L AGGREGATE LIMIT	AP								GENERAL AGGREGATE	\$	4.000.000	
	_	POLICY PRO- JECT		LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
Α	OTHER:										COMBINED SINGLE LIMIT	\$	2,000,000	
A	AUTOMOBILE LIABILITY						000000		0/4/0004	0/4/0005	(Ea accident)	\$	2,000,000	
Х							3326228		6/1/2024	6/1/2025	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY									BODILY INJURY (Per accident) PROPERTY DAMAGE			
		HIRED AUTOS ONLY	-	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			+									\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE	=						AGGREGATE	\$		
В	DED RETENTION \$						039326914				▼ PER OTH-	\$		
ט	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								6/1/2024	6/1/2025	X PER STATUTE OTH-		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				N/A				0/1/2024	0/1/2023	E.L. EACH ACCIDENT	\$	1,000,000	
	If ve	ndatory in NH) s, describe under									E.L. DISEASE - EA EMPLOYEE		1,000,000	
_	DÉSCRIPTION OF OPERATIONS below Business Auto					A0177/2023/001		6/1/2024	6/1/2025	E.L. DISEASE - POLICY LIMIT Hired/Nonowned Liab		1,000,000		
C	Du.	Silless Auto					A011112023/001		0/1/2024	0/1/2023	I III ea/Noilowilea Liab		1,000,000	
DES	CRIPT	TION OF OPERATIONS	/LC	OCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
								0411	DELL ATIO::					
CE	∢ ſIF	FICATE HOLDER						CAN	CELLATION					

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE MACHINE TO THE PROPERTY OF THE PROP
4.00 P.D. 05 (00.4.0/00)	© 4000 0045 AOODD OODDODATION All dalla seemale