

PFIEBICH

DATE (MM/DD/YYYY) 12/13/2024

CERTIFICATE OF LIABILITY INSURANCE

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 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

ting certificate does not come rights to the certificate floider in fied of such endorsement(s).						
PRODUCER	CONTACT Grace Lisi, CLCS					
AssuredPartners New England, Inc. 100 Beard Saw Mill Road	PHONE (A/C, No, Ext): (203) 443-1344 FAX (A/C, No): (203) 4	143-1344				
Shelton, CT 06484	E-MAIL ADDRESS: Grace.Lisi@AssuredPartners.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Axis Insurance Company	37273				
INSURED	INSURER B: Crum & Forster Indemnity Company	31348				
Durants LLC	INSURER C: Berkshire Hathaway Homestate Ins. Co.	20044				
1155 Rt9	INSURER D:					
Wappingers Falls, NY 12590	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMB	REP. PEVISION NI IMRED.					

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 LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Α	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			A1HANY003-041764-23	10/31/2024	10/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO			A1HANY003-041764-23	10/31/2024	10/31/2025	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
В	Х	UMBRELLA LIAB X OCCUR			SI				EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE				SEO-132905	10/31/2024	10/31/2025	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 0							\$		
С	WOF	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY			X PER OTH-						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		DUWC529354	354 7/29/2024	7/29/2025	E.L. EACH ACCIDENT	\$	1,000,000	
			N/A	A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α		t Equip/Sales Inv			A1HANY003-041764-23	10/31/2024	10/31/2025	ALS (\$5K Ded)			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.
	AUTHORIZED REPRESENTATIVE
	H- Joan