

FHOLZHAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/26/2024

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.

	SUBROGATION IS WAIVED, subjecting subjections in Subjection is certificate does not confer rights to				ıch end	dorsement(s)		require an end	dorsemen	t. As	tatement on	
	DDUCER	CONTACT Isabel Seaborn										
	isure Insurance Partners Services of I S. Ridge Street	PHONE (A/C, No, Ext): (914) 937-1230 FAX (A/C, No):										
	e Brook, NY 10573	E-MAIL ADDRESS: iseaborn@acrisure.com										
		INSURER(S) AFFORDING COVERAGE					NAIC #					
		INSURE	INSURER A: Hartford Underwriters Insurance Company					30104				
INSU	JRED	INSURER B : Lloyd's										
	KeepMyGas, LLC	INSURER C:										
375 S End Ave, #19B New York, NY 10280						INSURER D:						
						INSURER E :						
						INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
١N	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY REPRIFICATE MAY BE ISSUED OR MAY	EQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT W	ITH RESPE	CT TC	WHICH THIS	
Е	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLIC (MM/DE	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	NCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			16SBAAH7LEG		11/16/2024	11/16/2025	DAMAGE TO REN PREMISES (Ea oc	rence)	\$	1,000,000	
								MED EXP (Any one	e person)	\$	10,000	
								PERSONAL & AD\	/ INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000		
	X POLICY PRO-							PRODUCTS - COM	/IP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGL	E LIMIT	\$	4 000 000	
A	AUTOMOBILE LIABILITY							(Ea accident)	-E LIMIT	\$	1,000,000	
	ANY AUTO			16SBAAH7LEG		11/16/2024	11/16/2025	BODILY INJURY (Per person) \$		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (I		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	NGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	4 000 000	
В	E&O			LL0035304		11/16/2024	11/16/2025	LL0035304			1,000,000	
DES PRC	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICOOF OF INSURANCE.	LES (/	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE HOLDER				CAN	CELLATION						
PROOF 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.						
					AUTHO	RIZED REPRESE	NTATIVE					