

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2020

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

DDUCER: Coterie Insurance 7817 Cooper Rd Ste. B				ich endorsement(s).	
Coterie Insurance	CONTACT	T NAME: Evar	Sharpshair		
	PHONE			FAX	
7017 Cooper Na Cic. B	_	Ext): 513-440	0-4044	(A/C, No, Ext):	
Cincinnati, OH 45242	E-MAIL	,		<u> </u>	
	ADDRESS		oterieinsurance.com		
URED: avie Property Restoration	INCUDED		R(S) AFFORDING C		NAIC #
7 Sourwood Ln	INSURER		rk Insurance Compa	ariy	41394
Ivance, NC 27006	INSURER				
	INSURER				
	INSURER E:				
	INSURER	R F:			
COVERAGES S IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE IWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRAC MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEI	CT OR OTHER	TO THE INSUR R DOCUMENT \	WITH RESPECT TO	WHICH THIS CERTIFICATE	E MAY BE ISS
LICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. R ADDL SUBR DOLLOW AND ADDL SUBR	P	OLICY EFF	POLICY EXP		
TYPE OF INSURANCE INSD WVD POLICY NI	NUMBERI	M/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY		,	. , , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000
X C0002028-	8-200001 1	10/25/2020	10/25/2021	PERSONAL & ADV INJURY	\$1,000,000
				GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
X POLICY PROJECT LOC				COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY:				(Ea accident)	
ANY AUTO				BODILY INJURY (Per	Φ.
$H \qquad \qquad$				person)	\$
ALL OWNED SCHEDULED				PROPERTY DAMAGE(Per	\$
HIRED AUTOS NON-OWNED AUTOS				accident) BODILY INJURY (Per	·
				accident)	\$
UMBRELLA LIAB OCCUR				EACH OCCURENCE	\$
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
DED RETENTIONS \$					
WORKERS COMPENSATION				WC STATU-TORY OTH- LIMITS ER	
AND EMPLOYERS' LIABILITY				LIMITS I IER E.L. EACH ACCIDENT	\$
ANY PROPIETOR/PARTNER/EXECUTIVE Y/N				E.L. DISEASE - EA	Ψ
OFFICE/MEMBER EXCLUDER?				EMPLOYEE	\$
(Mandatory in NH) If yes, describe under				E.L. DISEASE - POLICY	Φ.
, , , , , , , , , , , , , , , , , , ,				LIMIT	Ф
DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS below				I I	

AUTHORIZED REPRESENTATIVE

Evan Sharpshair