

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2019

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.

lf	SUB	ROGATION IS	s W	AIVED, subject	to ti	he te	DITIONAL INSURED, the perms and conditions of the ifficate holder in lieu of su	ne poli	cy, certain p	olicies may i	•				
PRODUCER 941-484-0681									CONTACT Victor L. Garraus						
		leiden Ins - NO nice Avenue	G/V0	•				PHONE (A/C No Ext): 941-484-0681			FAX (A/C, No): 941-485-3835				
Ven	ice, F	L 34285						E-MAIL ADDRESS: victorgarraus@giffordheidenins.com							
Vict	or L.	Garraus						INSURER(S) AFFORDING COVERAGE						NAIC #	
									INSURER A : Nautilus Insurance Company						
INSURED Wright Home Watch 4275 Library Street								INSURER B. Western Surety Co							
								INSURER C:							
Port	Cha	rlotte, FL 3394	18					INSURER D :							
								INSURER E :							
								INSURER F:							
СО	VER/	AGES		CER	TIFI	CATE	NUMBER:							•	
≤ O E	IDICA ⁻ ERTIF XCLU	TED. NOTWIT	HST. E IS:	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUI	H RESPE	ст то	WHICH THIS	
INSR LTR		TYPE OF II	NSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X	COMMERCIAL GE									EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MAD)E	OCCUR			PGSLX-Z		03/07/2019	03/07/2020	DAMAGE TO RENTE PREMISES (Ea occu	=D irrence)	\$	100,000	
											MED EXP (Any one ;	person)	\$	5,000	
	Ш										PERSONAL & ADV I	NJURY	\$	1,000,000	
	GEN'	L AGGREGATE LII		PPLIES PER:							GENERAL AGGREG	ATE	\$	1,000,000	
	Ш	POLICY PR	CT	LOC							PRODUCTS - COMP	P/OP AGG	\$	included	
		OTHER:									COMBINED SINGLE	LIMIT	\$		
		OMOBILE LIABILIT	Υ								COMBINED SINGLE (Ea accident)	CIIVIII	\$		
		ANY AUTO OWNED		SCHEDULED							BODILY INJURY (Pe	er person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Pe	er accident) F	\$		
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENC	Œ	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$		
		DED RETE	ENTIO	N \$									\$		
	WOR!	KERS COMPENSA' EMPLOYERS' LIAE	TION BILITY								PER STATUTE	OTH- ER			
					N/A						E.L. EACH ACCIDEN	٧T	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. DISEASE - EA E	MPLOYEE	\$			
	DÉSC	describe under RIPTION OF OPER	RATIC	NS below			0.10.15.70.0				E.L. DISEASE - POL	ICY LIMIT	\$		
В	Bone	d					61615792		03/07/2019	03/07/2020	Bond			10,000	
		on of operation		OCATIONS / VEHIC	LES (/	ACORE	 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
CE	RTIFI	CATE HOLD	ER					CANCELLATION							
PRO0001 PROOF OF COVERAGE***********************************								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							
	**************************************								Matrice Cons						
				, FL ***				Victor Garraus							