

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/11/2024

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement (a)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRO	UCE	R						CONTACT Kelly Stewart					
RIVERTON INSURANCE AGENCY CORP									PHONE (A/C, No, Ext): (800) 882-4410 FAX (A/C, No): (858) 273-8026				
PO Box 236									E-MAIL ADDRESS: kelly.stewart@aliains.com				
600 Main St., Suite 2													NAIC #
Riverton NJ 08077								INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hudson Insurance Company					NAIC#
INSURED									INSURER A:				
Daniel Thomas Gartrell								INSURER B:					
With the state of								INSURER C :					
11768 Robert E Lee Drive								INSURER D :					
								INSURER E:					
Bristow VA 20136								INSURER F:					
						RTIFICATE NUMBER: CL241211092			REVISION NUMBER.				
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	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	UMD	rs		
LIK	COMMERCIAL GENERAL LIABILITY			INSD	WVD	POLICI NOMBER		(MM/DD/YYYY)	(MM/DD/TTTT)	10.117535600-554770005-0000-0410007			
	CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	s		
										PERSONAL & ADV INJURY	s		
	GEN	N'L AGGREGATE LIMI	TAPP	IES DED-							GENERAL AGGREGATE	s	
	OL.	] PR0	o- 1	LOC									
			21 1								PRODUCTS - COMP/OP AGG	s	
_	AUT	OTHER:	,								COMBINED SINGLE LIMIT	\$	
	-	ANYAUTO									(Ea accident)		
	-	OWNED [	<b>—</b> 1:	SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS ONLY HIRED		AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	_	AUTOS ONLY		AUTOS ONLY							(Per accident)	\$	
	_			т								\$	
		UMBRELLA LIAB	$\vdash$	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETER		\$								\$	
			ERS COMPENSATION MPLOYERS' LIABILITY								PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDENT	\$		
										E.L. DISEASE - EA EMPLOYEE	\$		
										E.L. DISEASE - POLICY LIMIT	s		
	E e e	ore and Omission	_								Each Claim		00,000
Α	A Errors and Omissions						PRA-1AX-1005260		12/18/2024	12/18/2025	Aggregate	02 00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CFR	TIF	CATE HOLDER						ELLATION					
ULI		IOAIL HOLDER						CANC	ELLATION				
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Ĺ									AUTHORIZED REPRESENTATIVE				