CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/24/2026

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 INSURERS(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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(s).

PRODUCER
Lockton Affinity, LLC
P.O. Box 879610
Kansas City, MO 64187-9610

CONTACT NAME: Lockton Affinity, LLC
PHONE (A/C No.Ext): 800-301-8814 FAX (A/C, No): 913-652-7599
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC
INSURER-A: Property and Casualty Ins Co of Hartford	34690
INSURER-B: Ace American Insurance Company	22667
INSURER-C: Evanston Insurance Company	35378
INSURER-D:	
INSURER-E:	
INSURER-F:	

INSURED
My Amelia, Inc. DBA Inspected.com
1250 S Pine Island Road Suite 500
Plantation, FL 33324-4412

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			37SBABT3JBA	06/27/2025	06/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			37SBABT3JBA	06/27/2025	06/27/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per Person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE DED X RETENTION $10,000			37SBABT3JBA	06/27/2025	06/27/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N **(MANDATORY IN NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	 $ $ $
B	**Technology E&O/Cyber Liability** **Claims Made Policy**			D03505145 P&P Proceedings Date:	02/24/2026 09/23/2020	02/24/2027	Each Claim Aggregate Retention	$ 2,000,000 $ 2,000,000 $ 2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attached ACCORD 101 Additional Remarks Schedule may be attached if more space is required)
Insurer C: Professional Liability; Policy #: MKLV1PEO004361; Effective: 02/24/2026 – 02/24/2027; Limits of Insurance: $2,000,000 Each Claim / $4,000,000 Aggregate / $10,000 Deductible; Claims Made – Retroactive Date: 01/25/2024

CERTIFICATE HOLDER

Columbia County
Building and Zoning
135 NORTHEAST HERNANDO AVE #21
Lake City, FL 32055

CANCELLATION

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

Patti D. Stanley

©1988-2014 ACORD CORPORATION. All Rights Reserved.
The ACORD name and logo are registered marks of ACORD