OP ID: KH

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/19/2024

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.

INSURER A: EVANSION Insurance Co INSURER B: EVANSION Insurance Co INSURER B: INSURER B: INSURER B: INSURER B: INSURER C:	35378					
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INSURER F:  REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  SET TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND SUBJECT TO A SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  AND SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED.  AND SUBJECT TO A EXCLUSION OF OPERATIONS AND CONDITIONS OF SUBJECT TO A EXCLUSION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY PAID CLAIMS.  AND SUBJECT TO THE INSURANCE OF THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSION.  AND SUBJECT TO THE INSURANCE OF THE INSURANCE AFFORDED BY PAID CLAIMS.  AND SUBJECT TO THE INSURANCE OF THE INSURANCE AND SUBJECT TO A EXCLUSION.  AND SUBJECT TO THE INSURANCE OF THE INSURANCE AND SUBJECT TO A EXCLUSION.  AND SUBJECT TO THE INSURANCE OF THE INSURANCE AND SUBJECT TO A EXCLUSION.  BOOLLY INJURY (Per person) S.  BOOLLY INJURY (Per person) S.  BOOLLY INJURY (Per person) S.  BOOLLY INJURY (Per secident)						
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If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$	N/A					
If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY LIMIT \$	N/A					
	N/A					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	N/A					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	N/A					
CERTIFICATE HOLDER CANCELLATION						
COLUMBI						
THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Department 135 NE Hernando Ave						
Suite B-21  Lake City, FL 32055  Christy N. Miller	Christy N. Miller					