

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/17/2024

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(s)

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PRO	DUCER			CONTACT NAME: Melinda Robertson							
King Insurance Partners, LLC						PHONE (A/C, No, Ext): FAX (A/C, No):					
643	SW 4th Ave Suite 210				E-MAIL melinda.robertson@king-insurance.com						
				INSURER(S) AFFORDING COVERAGE NAIC #							
Gainesville FL 32601						INSURER A: Kinsale Insurance Company				38920	
INSURED						INSURER B: Auto Owners Insurance Co				18988	
Solar Impact, Inc					INSURER C: Southern Owners Insurance Co					10190	
	4509 NW 23rd Ave Suite 20				INSURER D:						
					INSURER E :						
Gainesville				FL 32606	INSURER F:						
CO	VERAGES CER	TIFIC	TIFICATE NUMBER: CL247175715			9 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			SUBR WVD	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE	\$ 1,00	0,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	\$ 5,00	0	
Α				0100249179-1		07/13/2024	07/13/2025	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:							Pollution Liability	\$ 1,00	0,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	× ANY AUTO						BODILY INJURY (Per person)	\$			
В	OWNED SCHEDULED AUTOS			5461023300		07/13/2024	07/13/2025	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								Medical payments	\$ 5,00	0	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 1,00	0,000	
Α	EXCESS LIAB CLAIMS-MADE			0100249243-1		07/13/2024	07/13/2025	AGGREGATE	\$ 1,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	T \$		
С				78610254		07/13/2024	07/13/2025				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	Columbia County Building Depa				, NOTICE WILL BE DELIVER PROVISIONS.	ED IN					
	135 NE Hernando Avenue										
	100 NE Hemando Avende			AUTHOR	AUTHORIZED REPRESENTATIVE						
Lake City FL 32055						Dave Turger					