

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2021

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

į	f SUBROGATION IS WAIVED, subject his certificate does not confer rights	t to the	e ter	rms and conditions of th	e poli	cy, certain p dorsement/s	olicies may	require an e	ndorseme	nt. As	tatement on	
_	DDUCER				CONTA NAME:							
Arthur J. Gallagher Risk Management Services, Inc. 501 Riverside Ave						NAME PHONE (AC, No, Ext): 904-354-3785 (AC, No): 904-634-1302						
						[A/C, No; Ext): 904-334-3765 [A/C, No; 904-634-1302] E-HAIL ADDRESS: Info@hardeninsight.com						
	uite 1000				ADDRE						1	
Jacksonville FL 32202						INSURER(S) AFFORDING COVERAGE					NAICE	
						INSURER A : Auto Owners Insurance Company					18988	
INSURED DREYCLE-05 Dreyer's CLEANING & RESTORATION INC dba Dreyer's DKI						NSURER B: LIG Insurance Agency Inc (FL)					14167	
						INSURER C:						
14619 NW US HIGHWAY 441 Alachua FL 32615					INSURER D:							
					INSURER E :							
						INSURER F :						
COVERAGES CERTIFICATE NUMBER: 1302455671						REVISION NUMBER:						
ı	"HIS IS TO CERTIFY THAT THE POLICIES NOICATED. NOTWITHSTANDING ANY REPORTED OR MAY	OF IN	YSUF ÉMEI	RANCE LISTED BELOW HAY	OF AN	Y CONTRACT	THE INSURE OR OTHER I	D NAMED AL	BOVE FOR T	OT TO	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH					REDUCED BY	PAID CLAIMS.					
INSF LTR		ADDL I	SUBR	POLICY NUMBER		POLICY EFF	(MM/DD/YYYY)		ПМ	TS		
B	X COMMERCIAL GENERAL LIABILITY	HXQD.	HVD	ENV562006492-00	9/1/2021	9/1/2022	EACH OCCURRENCE 81			0,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO R PREMISES (Ex	ENTED		\$ 100,000		
							MED EXP (Any one person)		\$ 5,000	\$5,00ô		
							PERSONAL & ADV INJURY		\$ 1,000	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1					= 1	GENERAL AGGREGATE		\$ 2,000,000		
	X POLICY PRO-							PRODUCTS - C	OMPYOP AGG	\$ 2,001	0,000	
	OTHER:							Deductible		\$ 2,500		
A	AUTOMOBILE LIABILITY			5299755900	9/1/2021	9/1/2022	COMBINED SIN	IGLE LIMIT	.\$1,00	0,000		
	X ANY AUTO									5		
	OWNED SCHEDULED											
	HIRED X NON-OWNED	1					PROPERTY DAMAGE		5			
	AUTOS ONLY AUTOS ONLY		- 1					(Per socident)		-		
		$\rightarrow$	-						\$			
В	X UNBRELLALIAB X OCCUR			ENV562006493-00		9/1/2021	9/1/2022	EACH OCCURR	ENCE	\$ 1,000	000,0	
	EXCESS LIAB CLAIMS-MADE		- 1					AGGREGATE		\$ 1,000,000		
	DED RETENTION\$		_							\$		
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACC	IDENT	\$		
	OFFICER/MEMBER EXCLUDED? [Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		5		
	If yes, describe under DESCRIPTION OF OPERATIONS below				1			E.L. DISEASE - POLICY LIMIT		*		
ВВ	CPUProfessional Baller's Coverage			ENV562006492-00 ENV662006492-00		9/1/2021 9/1/2021	9/1/2022 9/1/2022	OcciAgg \$1M/\$2M In transit finit		Dedu	Deductible: \$2,500 \$250K/\$250K	
						***************************************						
	cription of operations / Locations / vehicl cess Liability sits over General Liability,						apace la require	d)				
EX(	ess clability sits over General Liability ,	Contra	CION	s Politipon, & Professional	Liabilit	у						
ďba	Dreyer's DKI											
CERTIFICATE HOLDER						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						