

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2024

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				•	•	may require	an endorsement. A staten	nent o	on	
PRODUCER						CONTACT Tammy Waddington					
S.T Good Insurance of Florida Inc						PHONE (772) 287-3625 FAX (772) 287-3516					
2501 SE Aviation Way						E-MAIL twaddington@stgoodinguranco.com					
Suite H						ADDRESS. 5					
Stuart FL 34996					INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Ins Co					24082	
INSURED						INSURER B:					
A Premium Painters.Com Inc					INSURER C :						
9425 SE Federal Hwy					INSURER D :						
•					INSURER E :						
Hobe Sound				FL 33455	INSURER F:						
CO	VERAGES CER	TIFIC	ATE I	NUMBER: CL238151100							
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SI LAIMS.	VITH RESPECT TO WHICH THE			
insr Ltr	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	200	0,000 000	
Α		Y				08/01/2023	08/01/2024	MED EXP (Any one person) \$	15,0	00	
				BKS66582154				PERSONAL & ADV INJURY \$		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$ 2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$	•	0,000	
	OTHER:							COMBINED SINGLE LIMIT &			
	ANYAUTO							(Ea accident)	N/A		
	ANY AUTO OWNED SCHEDULED			NI/A				` ' '	N/A		
	AUTOS ONLY AUTOS NON-OWNED			N/A					N/A		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$	N/A		
	LIMPRELLALIAR								N 1 / A		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			N/A				EACH OCCURRENCE \$	NI/A		
	CLAIMS-IMADE			IN/A				AGGREGATE \$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y/N	N/A				08/01/2023	08/01/2024		1.00	0,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			XWS66582154				E.L. EACH ACCIDENT \$	4.00	0,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	4.00	0,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,00	0,000	
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
	tificate holder is included as additional insure	-					•				
CEF	RTIFICATE HOLDER		CANC	CANCELLATION							
Valencia Falls 13587 Barcelona Cir						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						
	Delray Beach	FL 33446	M. Hung Snorth								