

OP ID: DR



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/02/2024

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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PRODUCER	y & Associates, Inc.	240-690-4	0-4577	CONTACT Danielle Russo, CIC ACSR CLCS			
Moody & P.O. Box				PHONE (A/C, No, Ext): 240-690-4577	FAX (A/C, No): 301-4	17-0040	
Frederick	k, MD 21702 anchini Pritchett			E-MAIL ADDRESS: drusso@moodyinsur	ance.com		
Laura Dia	andmin Pritchett			INSURER(S) AFFORDING COVERAGE		NAIC#	
				INSURER A: Hartford Underwriters Ins Co		30104	
INSURED Ansley Home Cleaning, LLC Attn: Steve Perry Po Box 14226 Atlanta, GA 30324				INSURER B: Travelers Indemnity Co of CT		25682	
				INSURER C:			
				INSURER D :			
, , ,				INSURER E :			
				INSURER F:			
COVERA	AGES	<b>CERTIFICATE NU</b>	MBER:	R	EVISION 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.							
	SIONS AND CONDITIONS OF S		TS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.			
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS		

1,000,000 Χ COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 42SBABB0X47 01/01/2024 01/01/2025 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 Α **AUTOMOBILE LIABILITY** ANY AUTO 42SBABB0X47 01/01/2024 01/01/2025 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) X NON-OWNED AUTOS ONLY HIRED AUTOS ONLY 1,000,000 Х UMBRELLA LIAB X OCCUR **EACH OCCURRENCE** 01/01/2024 01/01/2025 42SBABB0X47 1,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED X RETENTION \$ 10,000 В WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 01/01/2024 01/01/2025 UB3X709446 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N / A OFFICER/MEMBER (Mandatory in NH) 500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT 42SBABB0X47 01/01/2024 01/01/2025 Limit 25,000 **Fidelity Bonding** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION	
**************************************	HOLDER1	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  Laura Bianchini Pritchett	