

CERTIFICATE OF LIABILITY INSURANCE

received 5/4/2022 active 10/23/2021 to 10/22/2022

DATE (MM/DD/YYYY) 5/4/2022

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).												
PRODUCER Avery W. Hall Insurance Agency, Inc. 308 E. Main Street Salisbury MD 21801							CONTACT NAME: Kristin Miles					
							PHONE 440 740 5444 FAX					
							(A/C, No, Ext): 410-742-5111 (A/C, No): E-MAIL ADDRESS: kmiles@averyhall.com					
							INSURER(S) AFFORDING COVERAGE				NAIC# 19259	
License#: 104 INSURED COASHOM-02							INSURER A: Selective Ins Co of SC					
Coastal Home Experts LLC						INSURER B:						
6199 Kirby Road						INSURER C:						
Milford DÉ 19963						INSURER D:						
							INSURER E :					
							INSURER F:					
		RAGES CER		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,												
		USIONS AND CONDITIONS OF SUCH										
INSR LTR				SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY				S 2473397		10/23/2021	10/23/2022	EACH OCCURRENCE	\$1,000	,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00	
									MED EXP (Any one person)	\$ 15,00	0	
									PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$2,000,000		
		POLICY PRO- JECT LOC								\$2,000	.000	
		OTHER:								\$,	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION\$							HOOKEOME	\$		
		RKERS COMPENSATION							PER OTH-	Ψ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below										\$		
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Ф		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
DEDOMIN TION OF OF ENAMENTE / EDOM HONO / VEHICLES (MOOND 101, Municipal Nemial No Scriedule, Illay be attached it filote space is required)												
CE	KTIF	FICATE HOLDER				CANCELLATION						
Patti Cheikin 245 Bradford Circle							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Blue Bell PA 19422						AUTHORIZED REPRESENTATIVE						
						Kusti (shiles						