

LDUKES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/16/2022

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.

li ti	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the po uch end	licy, certain lorsement(s)	policies may	require an en	dorsemen	t. As	tatement on							
PRODUCER The Insurance Market, Inc. P.O. Box 637 Laurel, DE 19956						CONTACT NAME: PHONE (A/C, No, Ext): (302) 875-7591 E-MAIL ADDRESS: info@insurancechoices.com												
													INSURER(S) AFFORDING COVERAGE NAIC #					
															INSURE	INSURER A: Donegal Mutual Insurance Company		
						INSU	JRED	INSURE	INSURER B:									
Good-Man Home Improvements, LLC 35373 Heron Rd						INSURER C:												
						INSURER D:												
Millsboro, DE 19966					INSURE	INSURER E:												
						INSURER F:												
СО	VERAGES CER	TIFI	CATE	E NUMBER:	REVISION NUMBER:						-							
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI RTAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	O WHICH THIS							
INSR LTR TYPE OF INSURANCE			SUBR		POLICY FFF	POLICY EXP (MM/DD/YYYY)												
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(INTINIO DI TTTT)	(MIM/DD/1111)	EACH OCCURRE		\$	1,000,000							
	CLAIMS-MADE X OCCUR			CT8666552		8/10/2021	8/10/2022	DAMAGE TO REN PREMISES (Ea ou	ITED ccurrence)	\$	100,000 5,000							
								MED EXP (Any one person)		\$	1,000,000							
								PERSONAL & AD		\$	2,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR		\$	2,000,000							
	X POLICY PRO- OTHER:							PRODUCTS - CO	MP/OP AGG	\$	2,000,000							
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$								
	ANY AUTO							BODILY INJURY (Per person)	\$								
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$								
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM. (Per accident)	AGE	\$								
										\$								
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$								
	DED RETENTION \$								T ==:.	\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID	ENT	\$								
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE		\$								
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	J 101, Additional Remarks Schedu	ле, тау с	e attached if mor	e space is requi	rea)										
CERTIFICATE HOLDER Michael and Patti Cheikin 34820 Capstan Lane Lewes, DE 19958						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													