		Client	#· 24	2702				СИТТ	ING1		
					TE OF LIABI						
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 any rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT Susanne M. Jakubowitz											
Althans Insurance Agency, Inc.						PHONE (A/C, No, Ext): 440 247-6422 FAX (A/C, No): 440 247-2394					
543 East Washington St.						E-MAIL ADDRESS: CLcerts@althans.com					
P.O.Box 570						INSURER(S) AFFORDING COVERAGE					NAIC #
Chagrin Falls, OH 44022							INSURER A : State Auto Property & Casualty Co				
INS	INSURED						INSURER B : Berkley Insurance Co				
Cutting Edge Restoration, Inc. dba						INSURER C :					
	Power Wash Charlotte 542 W 32nd St.						INSURER D :				
		Charlotte, NC 28206				INSURER E :					
		-				INSURER F :					
COVERAGES CERTIFICATE NUMBER: 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											ICH THIS
	२	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY			PBP2692497		05/15/2022	05/15/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00 \$100,	,
	Х								MED EXP (Any one person)	\$5,00	0
									PERSONAL & ADV INJURY	\$1,00	0,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000
A	AU X	OTHER: TOMOBILE LIABILITY			BAP2403666		05/15/2022	05/15/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$ 1,00 \$	0,000
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х								PROPERTY DAMAGE (Per accident)	\$	
									<u> </u>	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$								\$	
в					BNUWC0146544		02/08/2022	02/08/2023	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,00	0,000
	(Ma	ndatory in NH)	, A						E.L. DISEASE - EA EMPLOYEE	\$1,00	0,000
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,00	0,000
DE	SCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	0 101, Additional Remarks Schedu	lle, may	be attached if mo	ore space is requi	ired)		
CERTIFICATE HOLDER CANCELLATION											
Evidence of Coverage						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

forcas

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