

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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).

statement on this certificate does not co	onter rigr			naorsement	s).	
PRODUCER	CONTACT NAME:					
Hiscox Inc.	PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):					
5 Concourse Parkway			E-MAIL ADDRESS: contact@hiscox.com			
Suite 2150			ADDRESS.			NAIG#
Atlanta GA, 30328		IN		x Insurance C		10200
INSURED			INSURER B:			
Mariano Miguel LLC			NSURER C :			
8 The Grn			INSURER D:			
Dover, DE 19901			NSURER E :			
			NSURER F :			
COVERAGES CERT	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.						
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X COMMERCIAL GENERAL LIABILITY			(	,		.000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	00,000
					TREMICEO (Ed Goodiferioo)	,000
A -		P104.522.834.1	02/24/2025	02/24/2026		,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						,000,000
X POLICY PRO- JECT LOC						/T Gen. Agg.
OTHER:					\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO					BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) \$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
Meree Meree					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
DED RETENTION\$					\$	
WORKERS COMPENSATION					PER OTH-	
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					E.L. DISEASE - POLICY LIMIT \$	
A Cyber and Data Risk		P104.522.833.1	02/24/2025	02/24/2026	Each Claim: \$ 1.000.000	
,					Aggregate: \$ 1,000,000	
A Professional Liability		P104.522.850.1	02/24/2025	02/24/2026	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER						
CERTIFICATE HOLDER			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					
			Mary Boyd			