

CERTIFICATE OF LIABILITY INSURANCE

PFIEBICH

DATE (MM/DD/YYYY) 12/27/2023

DURALLC-01

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to						require an endorse	ement. A st	atement on	
PRODUCER					CONTACT Grace Lisi, CLCS					
Assu	uredPartners New England, Inc. Beard Saw Mill Road	PHONE (A/C, No, Ext): (203) 443-1344 FAX (A/C, No): (203)				443-1344				
Shelton, CT 06484					E-MAIL ADDRESS: Grace.Lisi@AssuredPartners.com					
		INSURER(S) AFFORDING COVERAGE					NAIC #			
				INSURER A : Axis Insurance Company					37273	
INSU	RED	INSURER B : Crum & Forster Specialty					44520			
Durants LLC					INSURER C : Berkshire Hathaway Homestate Ins. Co.					
	1155 Rt9	INSURER D:								
Wappingers Falls, NY 12590					INSURER E :					
		INSURER F:								
CO	VERAGES CER	REVISION NUMBER:								
			AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 LTR		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR		A1HANY003-038133-22		10/31/2023	10/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence	:e) \$	100,000	
							MED EXP (Any one persor	7	5,000	
							. ,		1 000 000	

LTI	R TIFE OF INSURANCE	INSDIV	WVD	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIIVIII	3	
Α	X COMMERCIAL GENERAL LIABI	LITY			,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCC	CUR		A1HANY003-038133-22	10/31/2023	10/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES F	PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-	ос					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			A1HANY003-038133-22	10/31/2023	10/31/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDI AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-ON AUTOS	NNED ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCC	CUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLA	IMS-MADE		SEO-126820	10/31/2023	10/31/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION\$	0						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	y,,,,					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED?	IVE Y/N N/A		DUWC427343	7/29/2023	7/29/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N .					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
Proof 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				
	Mike Ross				