Client#: 1025197 112KOLGLO

ACORD. CERTIFI

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/01/2021

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).

McGriff Insurance Services					PHONE (A/C, No, Ext): 843 815-0522 FAX (A/C, No):			8669257118	
	rley Way Suite 300				E-MAIL ADDRESS:				
Bluffton, SC 29910						NAIC#			
843	815-0522				INSURER A : Summit	Point Insurance	ce Company	15136	
INSU					INSURER B :				
	KOL, Inc.				INSURER C :				
	P. O. Box 1061				INSURER D :				
Sterling, VA 20164									
				-	INSURER E :				
<u> </u>	/EDACES CEDI	FIFIC	A T.E.	NUMBED:	INSURER F :		DEVICION NUMBER.		
	/ERAGES CERT IIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	E REEN ISSUED TO		REVISION NUMBER:	DOLICY DEDIOD	
IN CI EX	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI KCLUSIONS AND CONDITIONS OF SUCH	QUIRE ERTAI POLI	MEN N, T CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRACT O BY THE POLICIES E BEEN REDUCED	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT TO A	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
_	COMMERCIAL GENERAL LIABILITY	T	_				EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	
	OTHER:						111020010 0011117017100	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED						PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
	IMPRELLATION							•	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
_	DED RETENTION \$						- DED OTH	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCS3002764	05/12/2021	05/12/2022	X PER STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$500,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$500,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	le, may be attached if m	ore space is requ	ired)		
<u> </u>	OTIFICATE HOLDER				CANCEL! ATION				
CEI	RTIFICATE HOLDER			Т	CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
	KOL, Inc.								
For Information Only					ACCORDANCE WITH THE POLICY PROVISIONS.				
P. O. Box 1061									
Sterling, VA 20164					AUTHORIZED REPRESENTATIVE				
					goven Mª And	tire			
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