

PMONNE2

DATE (MM/DD/YYYY) 12/2/2024

CERTIFICATE OF LIABILITY INSURANCE

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.

	ISURED, the policy(ies) must have ADDITIONAL INSURED provisions of conditions of the policy, certain policies may require an endorsement. A r in lieu of such endorsement(s).				
PRODUCER	CONTACT NAME:				
Alliant Insurance Services, Inc. 909 Poydras St #2650	PHONE (A/C, No, Ext): (844) 764-9200 FAX (A/C, No): (844)	4) 397-3374			
New Orleans, LA 70112	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Lexington Insurance Company	19437			
INSURED	INSURER B HDI Specialty Insurance Company	16131			
Smith & Henzy Affordable Group, Inc.	INSURER C: Everspan Indemnity Insurance Company	16882			
1100 NW 4th Avenue	INSURER D :				
Delray Beach, FL 33444	INSURER E :				
	INSURER F :				

COVERAGES	CERTIFICATE NUMBER:

COVERAGES CERT				CER	TIFICATE NUMBER:				REVISION NUMBER:			
IN C	DICATED. NO	WITHST	AND	ING ANY R D OR MAY	PER	REM	SURANCE LISTED BELOW HAVE E ENT, TERM OR CONDITION OF A THE INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE BEEN	ANY CONTRA Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
	NSR				ADDL	DUSUBR POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY)			POLICY EXP			
A	X COMMERCIA	L GENER		BILITY						EACH OCCURRENCE	s	1,000,000
	CLAIMS	-MADE	X	OCCUR	X		066320811	5/31/2024	5/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
										MED EXP (Any one person)	s	0
										PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGA		PPLIE	S PER:						GENERAL AGGREGATE	s	2,000,000
	POLICY PRO- JECT X LOC								PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:										s	
A	AUTOMOBILE LIA	BILITY								COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO			1	x	066320811	066320811	5/31/2024	5/31/2025	BODILY INJURY (Per person)	s	
	AUTOS ONL'		SCH	EDULED OS						BODILY INJURY (Per accident)	s	
	X HIRED AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
											s	
В	EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000				XLXD6534900S	5/31/2024 5/31/20		EACH OCCURRENCE	s	2,000,000		
							5/31/2025	AGGREGATE	s			
								Aggregate	s	2,000,000		
	WORKERS COMPE AND EMPLOYERS	NSATION LIABILITY								PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	s			
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s				
	If yes, describe under DESCRIPTION OF OPERATIONS below			elow						E.L. DISEASE - POLICY LIMIT	5	
С	Umbrella				X		AU1EII-000782-00	5/31/2024	5/31/2025	Umbrella		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 days notice of cancellation except 10 days notice for non payment of premium

Terrorism Included.

Certificate Holder is listed as additional insured

Island Cove, LLC 900 SW 12th Street, Delray Beach, FL 33444

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
City of Delray Beach 100 NW 1st Avenue Delray Beach El 22444	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Delray Beach, FL 33444	AUTHORIZED REPRESENTATIVE
ACORD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.

-
ACORD
have been a second seco

LOC #: 16

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

PMONNE2

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Smith & Henzy Affordable Group, Inc. 1100 NW 4th Avenue Delray Beach, FL 33444			
POLICY NUMBER					
SEE PAGE 1					
CARRIER NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM I	S A SCHEDULE TO ACORD FORM,				

Description of Operations/Locations/Vehicles:

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Island Cove, LLC

- 925 SW 13th Avenue, Delray Beach, FL

- 950 SW 12th Avenue, Delray Beach, FL

- 905 SW 13th Avenue, Delray Beach, FL - 805 SW 13th Avenue, Delray Beach, FL 800 SW 12th Avenue, Delray Beach, FL -900 SW 12th Avenue, Delray Beach, FL