

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2023

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 to nis certificate does not confer rights to				licy, certain policies may require an endorsement. A statement on n endorsement(s).						
PRODUCER						CONTACT Nikki Ellie					
Tillman Insurance Agency, Inc						PHONE (229) 242-5377 FAX (229) 247-4704					
3964 Old U.S. HWY 41 North						(A/C, No, Ext): (A/C, No): (A/C,					
555 1 515 5.5. HWT 41 HORE						ADDRESS:					
Valdosta GA 31602						INSURER(S) AFFORDING COVERAGE INSURER A: Western World Insurance Company				NAIC#	
INSURED						INSURER B: Progressive Express Insurance				10193	
	Liberty Moves Orlando, LLC	INSURER C: Great American Insurance Company									
3641 S. Saint Lucie Dr.					INSURER D :						
					INSURER E :						
Casselberry				FL 32707	INSURER F:						
CO	COVERAGES CER			NUMBER: CL238909660							
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME IN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SI AIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Ψ	00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	φ	,000	
								MED EXP (Any one person)	\$ 5,00		
Α				NPP6020043		08/05/2023	08/05/2024	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	φ .	00,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$ 100,000		
В	AUTOS ONLY HIRED AUTOS NON-OWNED			02401532	07/22/2	07/22/2023	07/22/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 300	-	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 50,0		
								PIP-Basic	\$ 10,0	,00	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$  VORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Per Conveyance	\$ \$50	,000	
С	Motor Truck Cargo			IMP1344965-02		09/18/2022	09/18/2023	Deductible	\$2,5		
				1011000 02		00/10/2022	00/10/2020	20000	Ψ=,0		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER						CANCELLATION					
Sample Certificate - For Bid Purposes Only						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
l		AUTHORIZED REPRESENTATIVE									

May The ID