Client#: 112406 AMERHOM4

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2023

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. 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).

and defailed deed not define any rights to the defailed in field of Such endorsement(s).					
PRODUCER	CONTACT Stephanie Coleman				
CBIZ Insurance Services, Inc.	PHONE (A/C, No, Ext): 470 282-2547 FAX (A/C, No): E-MAIL ADDRESS: stephanie.coleman@cbiz.com				
2475 Northwinds Parkway					
Suite 500	INSURER(S) AFFORDING COVERAGE	NAIC #			
Alpharetta, GA 30009	INSURER A: Navigators Specialty Insurance Company 3605	56			
INSURED	INSURER B : Bridgefield Casualty Insurance Co. 1033	35			
America's Home Place, Inc.	INSURER C: Travelers Casualty Ins. Co. of America 1904	46			
2144 Hilton Drive	INSURER D:				
Gainesville, GA 30501	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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.

	TYPE OF INSURANCE	ADDI INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Χ	COMMERCIAL GENERAL LIABILITY			GA23CGL219960IC	04/15/2023	04/15/2024	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
Χ	BI/PD Ded: \$10,000						MED EXP (Any one person)	\$Excluded
							PERSONAL & ADV INJURY	\$1,000,000
GEN							GENERAL AGGREGATE	\$2,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY			BA8M9682062242G	04/15/2023	04/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR			GA23EXC901312QN	04/15/2023	04/15/2024	EACH OCCURRENCE	\$10,000,000
X	EXCESS LIAB CLAIMS-M	DE					AGGREGATE	\$10,000,000
	DED RETENTION \$0							\$
	CMDL OVERSULIABILITY			19610502	11/30/2022	11/30/2023	X PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	-					E.L. EACH ACCIDENT	\$1,000,000
(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	X GEN X AUT X X WOF AND GHAND (Mail If yes	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MA DED RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y ANY PROPRIET OR PART NER //EXECUTIVE	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY WIND BRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 WORKERS COMPENSATION AND PROPORTETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) INSK WVD GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC GA23CGL219960IC 1964082062242G BA8M9682062242G AUTOS ONLY AUTOS ONLY 19610502	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY WIMBELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET FOR PART INER/EXECUTIVE Y ANY PROPRIET FOR PART INER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	INSERTING OF INSURANCE INSERTING INS

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

CERTIFICATE HOLDER	CANCELLATION			
Evidence 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			
	9-6-			

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