



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/11/2025

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Customer Service Department NAME: _____			
Gaslamp Insurance Services, LLC Brent Nelson 2244 Faraday Avenue #125 Carlsbad, CA 92008		PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107 E-MAIL ADDRESS: _____			
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Third Coast Insurance Company			10713
INSURED		INSURER B: _____			
Dude Ventures Services LLC DBA Christmas Lights Dude 561 Cabot Drive, Hockessin, DE 19707		INSURER C: _____			
		INSURER D: _____			
		INSURER E: _____			
		INSURER F: _____			

**COVERAGES**      **CERTIFICATE NUMBER:** 3685678-001      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLSISTC010036525	08/29/2025	08/29/2026	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000							
	MED EXP (Any one person)	\$ 5,000							
	PERSONAL & ADV INJURY	\$ 1,000,000							
	GENERAL AGGREGATE	\$ 2,000,000							
	PRODUCTS - COMP/OP AGG	\$ 1,000,000							
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
UMBRELLA LIAB						EACH OCCURRENCE	\$		
EXCESS LIAB						AGGREGATE	\$		
DED		RETENTION \$					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y / N	N / A				PER STATUTE	OTHE-	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

Verification of Coverage \*Subject to all policy terms, exclusions and conditions\*

Revised 11/11/2025. Supersedes all others.

CERTIFICATE HOLDER		CANCELLATION	
Verification 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	
		Brent Nelson 	

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