



DATE (MM/DD/YYYY)
06-26-2024

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 SaveInsure Co. Apt 10, West Rd Orlando Florida, 33332	CONTACT NAME: Agent		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED Mac Apt 10, West Rd New York City New York , 10001	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Denise Fisher		RV182BRH6LV
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		


COVERAGES:	CERTIFICATE NUMBER:	REVISION NUMBER:
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS	
F	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			234RDFR242	05-27-2024	07-04-2024	EACH OCCURRENCE	\$ 56,746.00
							DAMAGE TO RENTED PREMISES (EA Occurrence)	\$ 34,567,567.00
							MED EXP (Any one person)	\$ 23,423,423.00
							PERSONAL & ADV INJURY	\$ 234,234.00
							GENERAL AGGREGATE	\$ 23,423.00
							PRODUCTS - COMP/OP AGG	\$ 34,234.00
								\$
A	AUTO LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			FSDFFDSFE23	07-02-2024	07-04-2024	COMBINED SINGLE LIMIT (EA accident)	\$ 5,465,463.00
							BODILY INJURY (Per person)	\$ 546,546.00
							BODILY INJURY (Per accident)	\$ 546,546.00
							PROPERTY DAMAGE (Per accident)	\$ 56,356.00
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$0						EACH OCCURRENCE	\$ 0.00
							AGGREGATE	\$ 0.00
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4373WFFDSE	05-27-2024	07-04-2024	E.L. EACH ACCIDENT	\$ 0.00
							E.L. DISEASE - EA EMPLOYEE	\$ 0.00
							E.L. DISEASE - POLICY LIMIT	\$ 0.00
								\$
							LIMIT PER VEHICLE 43734734.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
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f g b g f h g f h g f g f d g s d g v f s d g f t h y t r g h g t f h t f g h t h g h f h g f j g j f h f d h g f h g f h g f h g f j g f h g f g f h g f b g f h g f h g f g f d g s d g v f s d g f t h y t r g h g t f h t f g h t h g h f h g f j g j f h f d h g f h g f h g f h g f j g f h g f b g f h g f h g f g f d g s d g v f s d g f t h y t r g h g t f h t f g h t h g h f h g f j g j f h f d h g f h g f h g f h g f j g f h g f b g f h g f h g f g f d g s d g v f s d g f t h y t r g h g t f h t f g h t h g h f h g f j g j f h f d h g f h g f h g f h g f j g f h g f b g f h g f h g f g f d g s d g v f s d g f t h y t r g h g t f h t f g h t h g h f h g f j g j f h f d h g f h g f h g f h g f j g f h g f b g f h g f h g f

CERTIFICATE HOLDER		CANCELLATION
President The Acme Association of North America 11785 Beltsville Drive Suite 1100 Calverton, MD 20705-4048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
	<div> <div>AUTHORIZED REPRESENTATIVE</div> <div>  </div> </div>	



AGENCY SaveInsure Co.		NAME INSURED Mac Apt 10, West Rd New York City New York, 10001
POLICY NUMBER 3423WEFDSF		
CARRIER	NAIC CODE	
EFFECTIVE DATE: 05-27-2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS DORM IS A SCHEDULE TO ACCORD FORM,
FORM NUMBER 101 FROM TITLE:

[illegible]