



Loss Summary

Name Insured: Majic Co LLC

Valuation Date: Friday, January 10, 2025, 4:27:15 PM

Customer Number: 1212032171

General Agent: Risk Placement Services Inc

Commercial Auto Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/14/2024	2/14/2025	CT4744723027-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto Physical Damage

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/14/2024	2/14/2025	CT4744723027-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Motor Truck Cargo

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/14/2024	2/14/2025	CT4744723027-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Commercial Auto General Liability

Effective Date	Expiration Date	Policy Number	Occurrences	Indemnity Reserve	Indemnity Paid	Expense Reserve	Expense Paid	Deductible Recovery	Other Recovery	Gross Incurred	Net Incurred
2/14/2024	2/14/2025	CT4744723027-1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

All Years / All Policies

Line of Business	Occurrences	Net Incurred	Total Reserve
Commercial Auto Liability	0	\$0.00	\$0.00
Commercial Auto Physical Damage	0	\$0.00	\$0.00
Motor Truck Cargo	0	\$0.00	\$0.00
Commercial Auto General Liability	0	\$0.00	\$0.00
Total	0	\$0.00	\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/26/2024

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 Peak Insurance, Inc. 1003 Broad Street Selma AL 36701	CONTACT NAME: Becky Cruz	
	PHONE (A/C, No, Ext): 334-407-7088	FAX (A/C, No): 205-776-7860
INSURED Majic Co LLC 596 Priebes Mill Rd Oxford AL 36203	E-MAIL ADDRESS: bcruz@peakinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	MAJICOL-01 INSURER A : Canal Insurance Company	10464
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1578475589

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CT4744723027	2/14/2024	2/14/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CT4744723027	2/14/2024	2/14/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB		OCCUR CLAIMS-MADE				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTHE- R
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Motor Truck Cargo			CT4744723027	2/14/2024	2/14/2025	\$2,500 deductible	100,000

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

CERTIFICATE HOLDER

CANCELLATION

Majic Co LLC	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 <i>Becky Cruz</i>

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Loss Run (Page 1)

Policy Number: CW1EII-172214-01 08/07/2022
Insured Name: MAJIC CO LLC 08/07/2023

Grand Total	Expense Paid	Reserves	Total
TOTAL	0.00	0.00	0.00