



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 NAME: Will Leguisamon	
SOUTHWESTERN INSURANCE SERVICES, INC		PHONE (A/C, No, Ext): 305-556-7399	FAX (A/C, No): 305-556-5469
		E-MAIL ADDRESS: certificates@southwesternins.com	
4375 President Donald J. Trump Ave Hialeah	INSURER(S) AFFORDING COVERAGE		NAIC #
	FL 33012 INSURER A : Lloyds of London		15792
INSURED			
PERKINS REYNOLDS HAUL LLC 749 SAGE DR	INSURER B : SOUTHWIND RISK RETENTION GROUP		
VACAVILLE	INSURER C : ACCELERANT SPECIALTY INSURANCE CO		
	INSURER D :		
	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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY PRIOR POLICIES.													
INSR LTR	TYPE OF INSURANCE			ADDL/SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:				Z203311-005-137142		12/28/2023	12/28/2024	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	\$ INCLUDED			
										\$			
										\$			
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> UM \$30,000				SWR-CA-0002337-23		12/28/2023	12/28/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
									BODILY INJURY (Per person)	\$			
									BODILY INJURY (Per accident)	\$			
									PROPERTY DAMAGE (Per accident)	\$			
									DEDUCTIBLE	\$ 1,000			
	UMBRELLA LIAB		<input type="checkbox"/>		OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB		<input type="checkbox"/>		CLAIMS-MADE				AGGREGATE	\$			
	DED <input type="checkbox"/>		RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N		N/A				PER STATUTE	OTH-ER			
C	PHYSICAL DAMAGE MOTOR TRUCK CARGO				FPP16000001-137142 FPP16000001-137142		12/28/2023	12/28/2024	E.L. EACH ACCIDENT	\$			
							12/28/2023	12/28/2024	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)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD 101, Additional
2024 INTL 3HAEUML9RL411642 \$93,000

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE

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

Orland Glan