### **Certificate Of Insurance**

From time to time, a guest may request that Leaders provide a certificate of insurance to access a property for delivery. Leaders is fully insured, and you have the following options.

On the Sales Order, choose the level of service requested by adding one of the following SKUs. The accounts receivable team will execute the request and confirm when it is complete.

A certificate of insurance will not be sent if it is on a quote. For action to happen the request must be on an approved Sales Order with a deposit.

	SKU	What?	When?	Cost
Level 1	COI-Level1	Declaration Page of Our Policy	Immediate	Free
Level 2	COI-Level2	Customized Policy Declaration Page	48 hours from the	\$25
Level 2	COI-Level2	with Property Specifically Named	Request	φΖΟ
Level 3	COI-Level3	Property Named as Additional	48 hours from the	¢EO
	COI-Level3	Insured	Request	\$50

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# **Level 1 Example Certificate**

Leaders standard certificate. Leaders is named as the certificate holder. Proves the existence of insurance.

ACORD'	CE	RTI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE		(MM/DD/YYYY) 1/8/2024
THIS CERTIFICATE IS ISS CERTIFICATE DOES NOT BELOW. THIS CERTIFICA REPRESENTATIVE OR PRO	AFFIRMATIVE TE OF INSUR	LY O	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certifing If SUBROGATION IS WAIN this certificate does not contain the certificat	ED, subject t	o the	terms and conditions of	f the po	licy, certain	policies may	NAL INSURED provision require an endorsemen	sorb t. As	e endorsed. tatement on
RODUCER				RAME					
tahl Morse & Associates 000 Wekiva Springs Road ongwood, FL 32779					o, Ext): (407) 8			(407)	862-7656
ongwood, FL 32779				<b>EDUCATION</b>	<sub>ss:</sub> certs@s				1
							RDING COVERAGE		NAIC#
NSURFO					RA: Deposi				42587
TO STATE OF THE ST	_						rance Company		18988
Leaders Holding 6303 126th Ave.	Company Dba	Lead	ers Casual Furniture		Rc:Southe	m Owners	IIIS CO		10190
Largo, FL 33773				INSURE					
-				INSURE					
COVERAGES	CEDTIE	ICAT	E NUMBER:	INSURE	anf.		REVISION NUMBER:		1
THIS IS TO CERTIFY THAT I INDICATED. NOTWITHSTAND CERTIFICATE MAY BE ISSUE EXCLUSIONS AND CONDITION	THE POLICIES ( ING ANY REQI D OR MAY PE IS OF SUCH POL	OF INS JIREM RTAIN JICIES	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T	CT TO	WHICH THIS
ISR TR TYPE OF INSURANC	E ADE	D SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A X COMMERCIAL GENERAL LI	ABILITY						EACH OCCURRENCE	\$	1,000,00
CLAIMS-MADE X	OCCUR		ACPGLDO5915421619		4/1/2023	4/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
							MED EXP (Any one person)	\$	5,00
							PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLI	S PER:						GENERAL AGGREGATE	\$	2,000,00
X POLICY PRO:	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
OTHER:								\$	
B AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
X ANY AUTO	EDIT ED		5114210700		4/1/2023	11/15/2023	BODILY INJURY (Per person)	\$	
	EDULED OS						BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUT	I-OWNED OS ONLY						PROPERTY DAMAGE (Per accident)	\$	
C X IMBREILATIAB X		+						\$	5,000,00
The same of the sa	OCCUR CLAIMS-MADE		5114210701		4/1/2023	11/15/2023	EACH OCCURRENCE	\$	5,000,00
	10,000		3114210701		4/1/2023	11/13/2023	AGGREGATE	\$	5,000,00
DED X RETENTION \$ WORKERS COMPENSATION	10,000						DER OTH	\$	
AND EMPLOYERS' LIABILITY	Y/N						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/	A					E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS to							E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS L	elow	-					E.L. DISEASE - POLICY LIMIT	\$	
ESCRIPTION OF OPERATIONS / LOCA *For Informational Purposes O	TIONS / VEHICLES	(ACOR	D 101, Additional Remarks Sched	ule, may b	e attached if mor	e space is requir	ed)		
•	-								
CERTIFICATE HOLDER				CANO	CELLATION				
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Leaders Casual F 6303 126th Ave.	unnture, mc.								
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6303 126th Ave.	umture, mc.			AUTHO	RIZED REPRESE	ntative			

# **Level 2 Example Certificate - \$25**

The certificate holder is the property name

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.  MPORTANT: 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).  MORDITANT: 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).  MORDIVERS ASSOCIATES TO SUBJECT TO 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).  MORDIVERS ASSOCIATES TO SUBJECT TO ADDITIONAL INSURED CONTROL OF SUBJECT TO ADDITIONAL INSURED CONTROL OF SUBJECT TO ADDITIONAL INSURED CONTROL OF SUBJECT TO ALL THE TERMS, SUBJECT TO AL	4	CORD	ER	TII	FICATE OF LIA	BIL	ITY INS	URANG	CE			(MM/DDYYYY)
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 THIS SUMIG INSURERS), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.  MPORTATIN: If the certificate holder is an ADDITIONAL INSURED, the policy(set) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WANVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on the policy certain policies may require an endorsement. A statement on the policy of the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies may require an endorsement. A statement on such endorsements, and the policy certain policies and endorsements. A statement of such endorsements and endorsements. A statement of such endorsements and endorsements. A statement of such endorse	TI	IIS CERTIFICATE IS ISSUED AS A	MA	TER	OF INFORMATION ON	I Y AN	D CONFERS	NO RIGHTS	UPON THE C	FRTIFICAT		
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Leaders Holding Company Dba Leaders Florida Living \$1030 126th Ave. Largo, FL 33773    INSURER 0: SOUTHERN OWNERS Insurance Company   18988     INSURER 0: SOUTHERN OWNERS INSURANCE   10190     INSURER 0: SOUTHERN OWNERS INSURANCE   10190     INSURER 0: INSURER 0:   10190     INSURER 0: INSURANCE   10190     INSURER 0:									RDING COVERAGE			
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If yes, describe under			NIA						E.L. EACH ACCID	ENT	\$	
I yes, decide under the property of the proper		(Mandatory in NH)							EL. DISEASE - E	A EMPLOYEE	\$	
	4	DESCRIPTION OF OPERATIONS below							EL DISEASE - PI	DUCYLIMIT	5	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Ц											
	ER	RTIFICATE HOLDER				CAN	CELLATION					
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE		3112 W. Lake Mary Blvd.				ACC	COMMINGE WI	III INE PODC	. PROVISIONS			
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lake Mary, FL 32746						1	¥ 7t	mberg				

# Level 3 Example Certificate - \$50

The certificate holder is the property name Customer specific verbiage is added to the certificate of insurance

ACORD CEI	RTII	FICATE OF LIA	BIL	ITY INS		ADCAS-01	DATE	BLACKMON (MM/DD77777) /8/2024
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AND TO	LY OR	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	TE HOL	LDER. THIS E POLICIES
IMPORTANT: If the certificate holder is if SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the	o the	terms and conditions of	the po	licy, certain p	policies may			
PRODUCER Stahl Morse & Associates 1000 Wekiva Springs Road Longwood, FL 32779			PHONE (A/C, N/ E-MAIL	ст o, Ext): (407) 8 ss: certs@st	869-4200 tahlinsuran	FAX (A/C, No):	(407) 8	862-7656
Longwood, 1 L oz 110			ADDRE			RDING COVERAGE		NAIC#
			INSURE	RA: Deposit	tors			42587
INSURED						rance Company		18988
Leaders Holding Company Dba 6303 126th Ave.	Leade	rs Florida Living		RC: Souther	rn Owners	Ins Co		10190
Largo, FL 33773			INSURE					$\vdash$
			INSURE					$\vdash$
COVERAGES CERTIFI	ICATE	NUMBER:	aranariti			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES ( INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POLITIONS INSEL  ADD  ADD	JIREME RTAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O ALL	WHICH THIS
LTR TYPE OF INSURANCE INSU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	1,000,000
		ACPGLDO5915421619		4/1/2023	4/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	5	100,000
CLAIMS-MADE X OCCUR X	•	ACFGLD03913421619		4/1/2023	4/1/2024	PREMISES (Ea occurrence) MED EXP (Any one person)	5	5,000
						PERSONAL & ADV INJURY	5	1,000,000
GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	5	2,000,000
X POLICY TES LOC						PRODUCTS - COMP/OP AGG	5	2,000,000
OTHER:							\$	
B AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000
X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		5114210700		4/1/2023	11/15/2023	BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS NITES ONLY NITES						PROPERTY DAMAGE (Per accident)	5	
AUTOS ONLY AUTOS ONLY						(Per accident)	5	
C X UMBRELLA LIAB X OCCUR	$\top$					EACH OCCURRENCE	5	5,000,000
EXCESS LIAB CLAIMS-MADE		5114210701		4/1/2023	11/15/2023	AGGREGATE	5	5,000,000
DED X RETENTION\$ 10,000							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	A					E.L. EACH ACCIDENT	\$	
(Mangatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below	+					E.L. DISEASE - POLICY LIMIT	5	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Ocean Towers is an Additional Insured where re coverage.	(ACORD equired	101, Additional Remarks Schedul d by written contract subje	ect to the	e attached if mor ne provisions	e space is requir of endorsem	ed) ent CG2026 0413 for Gen	eral Lia	ability
CERTIFICATE HOLDER			CANO	CELLATION				
			SHC	OULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE C.	ANCELI BE DE	LED BEFORE
Ocean Towers 2800 South Ocean Blvd. Boca Raton, FL 33432						EREOF, NOTICE WILL I LY PROVISIONS.	DE DE	LIVERED IN
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ACORD 25 (2016/03)	- 400	OPD name and lone are	ronir t			ORD CORPORATION.	All rigi	hts reserved.