

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2021

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 staten this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										atement on		
PRODUCER							CONTACT					
Next First Insurance Agency, Inc.							NAME: PHONE (855) 222-5919 (A/C, No, Ext): (855) 222-5919 (A/C, No, Ext): (855) 222-5919					
PO Box 60787 Palo Alto, CA 94306						(A/C, No, Ext): (OSO) 222-S919 (A/C, No):  E-MAIL ADDRESS: support@nextinsurance.com						
i dio i iio, on ottoto												
							INSURER A: Next Insurance US Company				NAIC # 16285	
INSURED							INSURER B:				.0200	
Home of Training, Inc.							INSURER C:					
23123 State Road 7 Boca Raton, FL 33428							INSURER D:					
,												
							INSURER E:					
COVERAGES CERTIFICATE NUMBER: 9327580							INSURER F :					
TI IN	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,											
	XCLL	JSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	Х	X COMMERCIAL GENERAL LIABILITY									,000.00	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00.00	
									MED EXP (Any one person)	ne person) \$15,000		
Α			Х		NXTPR9YDA3-00-GL		09/15/2021	09/15/2022	PERSONAL & ADV INJURY	\$1,000	,000.00	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000.00	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000.00	
	OTHER:								\$			
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION\$								\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)			
		e Holder is an Additional Insured on the							. All Certificate Holder privileg	es appl	y only if required	
by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.												
CEI	RTIF	FICATE HOLDER				CANCELLATION						
Quail Creek Village Foundation, Inc.							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
11655 Quail Village Way Naples, FL 34119												
						AUTHORIZED REPRESENTATIVE						
							y cry					