

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2023

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			cy, certain policies may require an endorsement. A statement on endorsement(s).							
PRODUCER					CONTACT Donna Moats						
SeibertKeck Insurance Partners					PHONE (440) 925 0600 FAX (966) 500 7650						
26865 Center Ridge Rd						(A/C, No, Ext): (4440) 633-8600 (A/C, No): (666) 300-763 E-MAIL ADDRESS: dmoats@seibertkeck.com					
Westlake OH 44145					INSURER A: Philadelphia Indemnity Ins Co				NAIC # 18058		
INSURED					INSURER B: Hartford Fire Insurance				19682		
Goldilocks Solutions LLC					INSURER C: Western Surety Company						
PO Box 235				INSURER D :							
					INSURER E :						
Eureka			MO 63025			INSURER F:					
COVERAGES CER			TIFICATE NUMBER: CL231023592			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. INST ADDLISUBRY POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ . F0.0	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 50,0 \$ 15,0		
Α		Υ		PHBOP020931		10/21/2023	10/21/2024	MED EXP (Any one person)	φ .	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					10/21/2020		PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 3,000,000		
	PRO- DECT LOC							PRODUCTS - COMP/OP AGG	_	0,000	
	OTHER:							Professional Liability	\$ 1,00	0,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
Α				PHBOP020931		10/21/2023	10/21/2024	BODILY INJURY (Per accident)	\$		
	✓ HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							➤ PER OTH-ER			
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EYELLIDED?			45WBCAU0AY4		10/21/2023	10/21/2024	E.L. EACH ACCIDENT	\$ 1,00	0,000	
В	(Mandatory in NH)	N/A		75110000014		10/21/2023	10/21/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	Bond								\$10,	000	
С	Bond	Υ		62984283		10/21/2023	10/21/2024				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
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						
 					Donna Mosts						