

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2025

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 noider is an ADDITIONAL INSURED, the policy(les) 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 suchendorsement(s).

| th | is certificate does not confer rights t | o the | certi | ificate holder in lieu of su | chend | orsement(s). | moroo may . | oquiro un onuoroomen | , , , , , , | | |
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| PRO | OUCER | | | | CONTA NAME: | СТ | | | | | |
| | | | | | | PHONE (A/C, No, Ext): FAX (A/C, No): | | | | | |
| | | | | | | SS: | | (****)*** | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | INSURER A: Gemini Insurance Company | | | | | |
| INSURED | | | | | | INSURER B: | | | | | |
| Site Masters LLC | | | | | | INSURER C: | | | | | |
| 7130 Cove Place | | | | | | INSURER D : | | | | | |
| Tampa FL 33617 | | | | | | INSURER E: | | | | | |
| (727) 717-7552 | | | | | | INSURER F: | | | | | |
| | | _ | E NUMBER: | REVISION NUMBER: | | | | | | | |
| THISISTO CERTIFY THAT THE POLICIES OFINSURANCELISTED 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, | | | | | | | | | | | |
| | (CLUSIONS AND CONDITIONS OF SUCH | CIES. I SUBR | | | | | | | | | |
| INSR LTR A | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY | | WVD | POLICY NUMBER | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | | |
| - | CLAIMO MARE TY | | | | | 04/24/2025 | 04/24/2026 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | 21,21,2023 | ,,2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) | \$ | 100,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 5,000 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY X PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS NON- | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | 710 700 01121 | | | | | | | (| | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION\$ | | | | | | | 0.50 | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS'LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | \$ | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| (Mandatory in NH) If yes, describe under | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | \$ | | |
| | | | | | | | | | \$ | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | I FS // | ACORD | 101 Additional Pamarks Schodul | la may he | a attached if more | e snace is require | ad) | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Site Masters, 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. | | | | | |
| | | | | | | | | | | | |
| 7130 Cove Place | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| Tampa FI 33617 | | | | | | | | | | | |

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