

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 OF PRODUCED AND THE CERTIFICATE HOLDER. 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 th	SUBROGATION IS WAIVED, subject in sis certificate does not confer rights t	to tn o the	e tern e certi	ms and conditions of the ificate holder in lieu of su	policy, ich end	certain polic lorsement(s)	cies may req	uire	an en	idors	emen	it. A	staten	nent on		
PRODUCER						CONTACT										
						MMNE (A/C, No, Ext):(813) 288-1000										
						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #										
		INSURER A : Service Lloyds Insurance Company A-VIII									NAIC #					
The Trusted Handyman LLC DBA Site Masters 7130 Cove PI Tampa, FL 33617						INSURER B:										
						INSURER C:										
						INSURER D :										
						INSURER E :										
						INSURER F:										
СО	VERAGES CER	TIFI	CATE	E NUMBER:				RE	/ISIOI	N NU	MBE	R:				
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PE KCLUSIONS AND CONDITIONS OF SUCH	QUII RTAI	REMEI N, THI	NT, TERM OR CONDITION E INSURANCE AFFORDED E	OF AN	IY CONTRACT POLICIES DES	T OR OTHER SCRIBED HER	R DC	CUME	ENT V	NITH I	RESE	PECT 1	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS							
LIK	COMMERCIAL GENERAL LIABILITY		7,000			(WIW/DD/TTTT)	(IVIIVI/DD/TTTT)	FAC	CH OCC	URRFI			\$			
	CLAIMS-MADE OCCUR								MAGE TO			ce)	\$			
								MED EXP (Any one person)								
								PERSONAL & ADV INJURY			\$					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$								
	POLICY PRO- JECT LOC							PRO	DUCTS	3 - CON	ИР/OP /	AGG	\$			
	OTHER:												\$			
	AUTOMOBILE LIABILITY							COI (Ea	MBINED accident	SINGL t)	-E LIMI	Т	\$			
	ANY AUTO							BOI	DILY INJ	URY (F	Per pers	son)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BOI	OILY INJ	URY (F	Per acci	ident)	\$			
	HIRED NON-OWNED AUTOS ONLY							(Per	PERTY accider	nt)	(GE		\$			
													\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$								
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE								
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					3/31/2025	3/31/2026	V	PER	$\neg \tau$	0.	TH-				
								X					 	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				0/01/2020	0,01,1010		EACH A				\$	1,000,000		
	(Mandatoryin NH) If yes, describe under DESCRIPTION OF OPERATIONS below								L. DISE				\$ \$	1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L.	DISEAS	SE - PC	<u>)LICY L</u>	_IIMII	Ф	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101. Additional Remarks Schedul	e. mav be	attached if more	e space is requir	ed)								
				,	, ,			,								
CE	RTIFICATE HOLDER	CANC	ELLATION													
Proof of Coverage						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										