



CERTIFICATE OF LIABILITY INSURANCE

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 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).

| PRODITICED | ICONTACT

NOD GOLIN				NAME: PHONE (A/C, No, E) E-MAIL	tt)			FAX (A/C	, No)		
				ADDRESS:	INSURI	ERS AFFORDING	G COV	/FRAGE		Ī	NAIC#
				INSURER A	INSURER A: (Insurer must have a rating of A- or higher.)						
NSURED				INSURER E	INSURER B:						
				INSURER ();						
				INSURER [INSURER D:						
				INSURER E	:						
				INSURER F	:						
COVERAGE		-						JMBER:		1	
INDICAT THIS CE	O CERTIFY THAT THE POLICIES OF INSURANCE ED. NOTWITHSTANDING ANY REQUIREMENT, T RTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLIC	ERM O	R COND	ITION OF AN E AFFORDEI	IY CONTRACT O D BY THE POLIC	R OTHER DO IES DESCRIBE CED BY PAID	CUMI ED HI	ENT WIT EREIN IS	H RESPEC	T TO WE	HCH
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE(MM/DD/YY)	POLICY EXP DATE(MM/DD/YY)	LIMITS			_	
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)			\$ 1,000	,000
	M COMMERCIAL GENERAL LIABILITY									\$100,000	
	□CLAIMS MADE 🔼 OCCUR						MED	EXP (Any o	one person)	\$ 10,0	000
							PERS	SONAL & A	DV INJURY	\$ 1,000	,000
	<u> </u>						GENE	ERAL AGG	REGATE	\$ 2,000	,000
	GEN?L AGGREGATE LIMIT APPLIES PER:						PROI	DUCTS-CO	MP/OP AGG	\$ 1,000	,000
	□ POLICY □PROJECT □ LOC										
	AUTOMOBILE LIABILITY					COMBINED	COMBINED SINGLE LIMIT (Ea accident)		\$ 500 ,	,000	
	ANY AUTO					SINGLE LIMIT Or BODILY	BODILY INJURY (Per person)		\$ 250 ,	,000	
	ALL SCHEDULED OWNED AUTOS AUTOS					INJURY/Person BODILY INJURY/Accident	BODILY INJURY(Per accident)		\$ 500,	,000	
	HIRED NON-OWNED AUTOS AUTOS					PROPERTY DAMAGE	PROPERTY DAMAGE (Per accident)			\$ 100,	,000
	□ UMBRELLA LIAB □OCCUR						EACH OCCURRENCE AGGREGATE		\$		
	□ EXCESS LIAB □CLAIMS MADE								\$		
	□DED □RETENTION \$								1		
	WORKERS COMPENSATION AND EMPLOYERS? LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							WC STATU- ORY LIMITS	OTH- ER		
	(Mandatory in NH) If yes, describe under						E.L. E	ACH ACC	DENT	\$ 500 ,	,000
	DESCRIPTION OF OPERATIONS below						EL DISEASE-EA EMPLOYE		EMPLOYEE	\$ 500 ,	
							EL DI	SEASE ? F	POLICY LIMIT	\$ 500,	,000
CCCDIDTIO	N OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACO)	D 404 A	ا ما ما نائل ما ما	Damanka Cahad	ula if mana anasa ia	no musimo d\					
Attach ARDIZ	a copy of the General Liability Add DNNE GROUP MANAGEMENT CON NAGED PROPERTIES have been in	lition /IPAN	al Insu IY, INC	ired Ende	orsement(s) HE OWNERS	reflecting	TIES	S OF T	HEIR O	WNED)
	THE SAMPLE CERTEMENTS. PLEASE ATTACH ANY ONAL INSURED PARTIES AS BEIN	RELE	EVAN	ENDOR	SEMENTS A	S EVIDEN	ICE	OF TH	IE IDEN		

CERTIFICATE HOLDER CANCELLATION

The Ardizzone Group Management Company, Inc. 4101 Cashard Avenue, Suite 100 Indianapolis, IN. 46203

Ph: (317) 788-0353 Email: nfuhrman@tag-living.com 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