

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2025

	050 NAIC # 11600
PRODUCER InsureOne Insurance Services America, LLC CONTACT Gloria Lehron 7737 Spring Hill Drive PHONE (352) 688-0109 FAX (352) 688-0109 Spring Hill FL 34606 INSURER (352) 688-0109 FAX (352) 688-0109 Spring Hill FL 34606 INSURER (352) 688-0109 INSURER(5) AFFORDING COVERAGE INSURER (5) AFFORDING COVERAGE Insure D Little Saints Cleaning Service, LLC INSURER A: FRANK WINSTON CRUM INS CO INSURER C: 1373 Kass Cir INSURER D: INSURER C: INSURER D: INSURER C: INSURER C: Spring Hill FL 34606 INSURER F: INSURER F: INSURER F: COVERAGES CERTIFICATE NUMBER: CL2461008504 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 ON 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. EACH OCCURRENCE \$ 300,000 INST COMMERCIAL GENERAL LIABILITY	NAIC #
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POLICY PRO- JECT LOC PRODUCTS - COMP/OP AGG \$ 600,000	
OTHER: \$	
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$	
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ANY PROPRIETOR/PARTNER/EXECUTIVE	
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	
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E LFM0023076 09/07/2024 09/07/2025 \$10,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
JANITORIAL SERVICES:	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ORE
AUTHORIZED REPRESENTATIVE	
Gloria Lehron	

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