

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2022

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. 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).

COVEDACES	CERTIFICATE MILIMPER. 1000050105	DEVISION NI	IMPED.			
		INSURER F:				
LeaseQuery, LLC. 3 Ravinia Drive Northeast P7 Atlanta GA 30346		INSURER E:				
		INSURER D : Scottsdale Insurance Company	41297			
		INSURER c : Arch Specialty Insurance Co.	21199			
NSURED	LEASEQU-01	ınsurer в : Travelers Indemnity Company	25658			
		INSURER A: Charter Oak Fire Insurance Co.	25615			
•		INSURER(S) AFFORDING COVERAGE	NAIC#			
Alliant Insurance Services, Inc. 1125 Sanctuary Pkwy Ste 300 Alpharetta GA 30009		E-MAIL ADDRESS: atlcerts@alliant.com				
		PHONE (A/C, No, Ext): 678-867-6100	FAX (A/C, No):			
PRODUCER		CONTACT NAME:				

COVERAGES CERTIFICATE NUMBER: 1202052125 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.

INSR LTR			ADDL: INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	CLAIMS-MADE OCCUR			ZLP-16P33007-22	6/22/2022	6/22/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 1.000.000
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$1,000,000
	_	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			BA-5T75911A-22	6/22/2022	6/22/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Х	UMBRELLA LIAB X OCCUR			CUP-4T812910-22	6/22/2022	6/22/2023	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION\$ 10,000							\$
В	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				UB-5T759262-22	6/22/2022	6/22/2023	X PER OTH-	
			N/A					E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C		er/Tech E&O ess Cyber/Tech E&O			C-4LQG-087439-CYBER-2022 EKS3434847	6/22/2022 6/22/2022	6/22/2023 6/22/2023	Agg. Policy Limit \$5,000,000 Excess	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Jufamatianal Dumana Oak	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Informational Purposes Only	AUTHORIZED REPRESENTATIVE Ted L. Garage

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