April 4, 2023

For Informational Purposes 102 VERONA LN MAUMELLE AR 72113

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		Contact Us
Policy Holder Details :	ASPIRE REMODELING, LLC	Need Help?
		Chat online or call us at
		(866) 467-8730.
		We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2023

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 SUBROGATIONIS 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).

A PLUS INSURANCE CENTER INC											
38592305) 219-3636		FAX				
1602 MERRILL DRIVE SUITE A				E-MAIL ADDRESS:	(A/C, No, Ext): (A/C, No):						
LIT	ΓLE	ROCK AR 72211			E-MAIL ADDICEGO.	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#					
					Tuda (TAGE	29459		
					INSURER A: Twin (Sity Fire Insurance	e Company		29439		
INSU					INSURER B :						
		E REMODELING, LLC			INSURER C:						
		RONA LN ELLE AR 72113			INSURER D:						
	J.V.L				INSURER E :						
					INSURER F:						
CO	VER	RAGES	CERTI	FICATE	NUMBER:		REVIS	SION NUMBER:			
IN CI TE	DIC/ ERTI ERM	IS TO CERTIFY THAT THE POLIC ATED.NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR IS, EXCLUSIONS AND CONDITIC	REQUIR MAY PE ONS OF S	EMENT ERTAIN, SUCH PC	, TERM OR CONDITION THE INSURANCE AFFO	OF ANY CONTRA ORDED BY THE MAY HAVE BEEN	CT OR OTHER POLICIES DES REDUCED BY P	DOCUMENT WITH RESI CRIBED HEREIN IS SU	PECT TO WHICH THIS		
INSR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIN	IITS		
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000		
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	Х	General Liability						MED EXP (Any one person)	\$10,000		
Α					38 SBM RS7484	10/24/2022	10/24/2023	PERSONAL & ADV INJURY	\$1,000,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER	:					GENERAL AGGREGATE	\$2,000,000		
		POLICY PROJECT X LOC						PRODUCTS - COMP/OP AG	\$2,000,000		
	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person	n)		
ALL OWNED SCHEDULED							BODILY INJURY (Per accid	ent)			
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	- ,			
		AUTOS AUTOS						(Per accident)			
		OCCUR OCCUR						EACH OCCURRENCE			
		UMBRELLA LIAB CLAIMS-									
		MADE						AGGREGATE			
		DED RETENTION \$									
	_	DRKERS COMPENSATION D EMPLOYERS' LIABILITY						PER O STATUTE E	TH-		
	ΑN	Y	r/N					E.L. EACH ACCIDENT			
	1	OPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/ A					E.L. DISEASE -EA EMPLOY	/EE		
	(Ma	andatory in NH)						EL BIOTAGE BOLIOVAIN	417		
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN	ЛП		
Α		MPLOYMENT PRACTICES			38 SBM RS7484	10/24/2022	10/24/2023	Each Claim Limit	\$10,000		
LIABILITY					Aggregate Limit	\$10,000					
		TION OF OPERATIONS / LOCATIONS		ES (ACOR	D 101, Additional Remarks S	Schedule, may be atta	ached if more space	e is required)			
		isual to the Insured's Operatio	ns.			041105114	T				
		rmational Purposes				CANCELLA SHOULD ANY		E DESCRIBED POLICII	ES RE CANCELLED		
For Informational Purposes 102 VERONA LN					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED						
MAUMELLE AR 72113					IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						
						Susan S. Castaneda					

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