

ACORD[®]

CERTIFICATE OF LIABILITY INSURANCE

HSTARR

DATE (MM/DD/YYYY) 11/13/2023

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 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).

t	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)						
	DUCER				CONTA NAME:	СТ						
Elite Managing General Agency, LLC 1016 W 8th Ave Suite A						PHONE (A/C, No, Ext): (800) 355-1185 FAX (A/C, No): (877)					559-0487	
						E-MAIL ADDRESS: inspection@elitemga.com						
Kin	g Of Prussia, PA 19406	INSURER(S) AFFORDING COVERAGE					NAIC#					
		INSURE			Insurance Co	mpany		17151				
INS	JRED	INSURER B:										
Spectrum Home Inspections, LLC 5515 Nesmith Ct Cumming, GA 30040						INSURER C:						
						INSURER D :						
						INSURER E :						
					INSURER F:							
	VERAGES CER	REVISION NUMBER:										
	HIS IS TO CERTIFY THAT THE POLICII			ENUMBER:	U // / E D	EEN ISSUED						
	NDICATED. NOTWITHSTANDING ANY R											
(ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED B	THE POLIC	IES DESCRIB	ED HEREIN IS S				
	XCLUSIONS AND CONDITIONS OF SUCH	POLICY EEE POLICY EYP										
INSF LTR	1 1	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$		
	X CLAIMS-MADE OCCUR			CS91 H002435 03		11/12/2023	11/12/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
								MED EXP (Any one person)		\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	1,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$	1,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	ELIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$ \$		
Α	Errors & Omissions			CS91 H002435 03		11/12/2023	11/12/2024	Per Claim/Ago		φ	1,000,000	
									, ,		, ,	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC nanned aircraft coverage is included in				ile, may b	e attached if mor	re space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
DR Horton 8800 Roswell Road, Building B, Suite 100 Atlanta, GA 30350						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 THE PROPERTY OF THE						