

HSTARR

DATE (MM/DD/YYYY) **CERTIFICATE OF LIABILITY INSURANCE** 11/14/2023

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.

		BROGATION IS WAIVED, subjectificate does not confer rights to							require an endorsemen	t. As	statement on	
PRODUCER							CONTACT NAME:					
Elite	Ma	naging General Agency, LLC				PHONE (A/C, No, Ext): (800) 355-1185 FAX (A/C, No): (877) 559-0487						
1016 W 8th Ave Suite A King Of Prussia, PA 19406							E-MAIL ADDRESS: inspection@elitemga.com					
							INSURER(S) AFFORDING COVERAGE					
							INSURER A: Concert Specialty Insurance Company				17151	
INSURED Spectrum Home Inspections, LLC 5515 Nesmith Ct Cumming, GA 30040							R B :					
							INSURER C:					
							RD:					
							INSURER E:					
							INSURER F:					
СО	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
IN C	IDIC <i>I</i> ERTI	S TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR			DLLINI	POLICY FFF	POLICY EXP				
LTR A	X COMMERCIAL GENERAL LIABILITY			WVD	POLICI NUMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)			1,000,000	
		X CLAIMS-MADE OCCUR			CS91 H002435 03		11/12/2023	11/12/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		71			00011100210000		,	,	MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	J'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:								TRODUCTO - COMIT/OF ACC	\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$									\$		
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$		
		CER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
_		s, describe under CRIPTION OF OPERATIONS below			0004 11000 405 00		4.4.4.0.00000	44400004	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
Α	Erro	ors & Omissions			CS91 H002435 03		11/12/2023	11/12/2024	Per Claim/Aggregate		1,000,000	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
ĺ												
L												
CERTIFICATE HOLDER							CANCELLATION					
The Providence Group 11340 Lakefield Drive, Suite 140 Johns Creek, GA 30097							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 MILBAMUS—						