Client#: 2343046 04SPECTHOM												
ACORD. CERT				TE OF LIAB	ILIT	TY INSURANCE				DATE (MM/DD/YYYY) 12/04/2024		
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.												
lf	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 any rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER McGriff Insurance Services LLC					CONTACT NAME: Commercial Client Center 888-743-2217 PHONE (A/C, No, Ext): 888 743-2217							
7701 Airport Center Dr Suite 1800						E-MAIL ADDRESS: ClientServiceCenter@mcgriff.com						
	eensboro, NC 27409	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Hanover Insurance Company 22292										
INSURED Spectrum Home Inspections LLC 5515 Nesmith Court					INSURER B : INSURER C :							
	Cumming, GA 30											
					INSURER E : INSURER F :							
	VERAGES	-	-	NUMBER:	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		INS		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	-			
A	CLAIMS-MADE X OC			BINDER19683746		11/18/2024	11/18/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,00 \$50,0 \$5,00			
								PERSONAL & ADV INJURY		0,000		
	GEN'L AGGREGATE LIMIT APPLIES	PER:						GENERAL AGGREGATE	\$2,00	0,000		
	POLICY PRO- JECT JECT OTHER:	LOC						PRODUCTS - COMP/OP AGG	\$ 2,00 \$	0,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		DULED						BODILY INJURY (Per person) BODILY INJURY (Per accident	\$) \$			
	AUTOS ONLY AUTO HIRED NON-(AUTOS ONLY AUTO	S OWNED S ONLY						PROPERTY DAMAGE (Per accident)	\$ \$			
		CCUR _AIMS-MADE						EACH OCCURRENCE	\$ \$			
	DED RETENTION \$	× (N						PER OTH STATUTE ER	\$			
	ANY PROPRIETOR/PARTNER/EXEC OFFICER/MEMBER EXCLUDED?		A					E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OPERATIONS DE							E.L. DISEASE - FOLIOT LIMIT	•			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						Adm W of						

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