

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			•	•	•	may require	an endorsement. A stater	nent c	on	
	DUCER				CONTACT Amber Byers						
	nteNorth Insurance Group, LLC				PHONE (770) 858-7540 FAX (770) 858-7545						
PO Box 724728						E-MAIL amber byers@pninsurance.com					
1 0 000 127120						ADDRESS.					
Atla	nta			GA 31139	INSURER(S) AFFORDING COVERAGE INSURER A: Grange Insurance Company					14060	
INSU	RED				INSURE						
	Davinci Homes Services Inc										
2971 Cherokee St NW						INSURER C: INSURER D:					
					RE:						
Kennesaw				GA 30144	INSURE						
CO	VERAGES CER	TIFIC	ATE I	NUMBER: 24/25 Master							
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.  INSEL  INDICITED 1 POLICY EFF   POLICY EXP											
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	F00	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$	10.0		
Α				CPP2886884		04/15/2024	04/15/2025	(y ene pereeny	1.00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						0 1/ 10/2020		, ,	0,000	
	PRO-							PRODUCTS - COMP/OP AGG	, .	,	
	OTHER:					FRODUCTS - COMPTOF AGG					
	AUTOMOBILE LIABILITY				C		04/15/2025	COMBINED SINGLE LIMIT (Ea accident)	1,00	0,000	
	ANY AUTO								\$		
Α	OWNED AUTOS ONLY SCHEDULED AUTOS			CA 2886885		04/15/2024		BODILY INJURY (Per accident)	5		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5		
	AUTOS ONET							(i er accident)	5		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	6		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	6		
	DED RETENTION \$								5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N							PER OTH-			
В				WC-2024-81456-01		08/15/2024	08/15/2025	E.L. EACH ACCIDENT	1,00	0,000	
	(Mandatory in NH)	N/A		110 202 1 0 1 100 0 1		00/10/2021		E.L. DISEASE - EA EMPLOYEE	p .	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	1,00	0,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	:5 (AC	טאט 10	JI, Additional Remarks Schedule, I	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER						CANCELLATION					
Proof of Coverage						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					

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Client#: 1560898 DAVIN1

## $ACORD_{\scriptscriptstyle{\sqcap}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2023

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.

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	SUBROGATION IS WAIVED, subject to is certificate does not confer any righ			-	of such	endorsemer		uire an endorsemen	it. A s	tatem	ent on	
	DUCER	CONTACT NAME: Emma Sherwood										
USI Insurance Services, LLC						PHONE (A/C, No, Ext): 206-649-7306 FAX (A/C, No): 610-362-80						
	'5 E.Camelback Road, Suite 250				E-MAIL ADDRES	ss: Emma.S	Sherwood@	usi.com				
Pho	penix, AZ 85016				INSURER(S) AFFORDING COVERAGE						NAIC #	
					INSURER A: Hartford Fire Insurance Company						19682	
INSU		141 .	- 84-	id Dav	INSURER B:							
	DaVinci Home Services dk	oa it s	s ivia	ій рау	INSURER C:							
	2971 Cherokee St Nw				INSURER D:							
	Kennesaw, GA 30144				INSURER E:							
		INSURER F:										
CO	VERAGES CER	TIFIC	ATE	NUMBER:			1	REVISION NUMBER	<b>₹</b> :			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	MEN IN, 7 CIES	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAN	F ANY O	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESP HEREIN IS SUBJECT	TO A	TO WH	HICH THIS	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence		\$		
								MED EXP (Any one perso		\$		
								PERSONAL & ADV INJUR		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP		\$		
	OTHER:							COMBINED SINGLE LIMI		\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per per		\$		
	OWNED AUTOS ONLY AUTOS HIRED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per acc PROPERTY DAMAGE		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
									$\rightarrow$	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	$\rightarrow$	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL	OYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT	\$		
Α	Crime			59BDDHU0473		10/18/2023	10/18/2024	Limit: \$50,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORE	0 101, Additional Remarks Sched	ule, may l	be attached if mo	ore space is requ	ired)				
CERTIFICATE HOLDER						CANCELLATION						
	Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
					AUTHO	RIZED REPRESE	NTATIVE					

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