

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/2019

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.

- 1	If SUBROGATION IS WAIVED, subjectives certificate does not confer rights	t to t	he te	rms and conditions of the	ne noli	cy certain n	olicies may	require an end	provisior dorsemen	t. A	be endorsed. statement on	
PR	RODUCER 51 Midwest		87	7-834-5676	CONTACT USI Midwest							
NN	N OH				PHONE (A/C. N	o, Ext): 877-83	34-5676		FAX	614-	796-7840	
200	00 Polaris Parkway Dlumbus, OH 43240				E-MAIL ADDRE	SS:			(A/C, NO).			
	Si Midwest				ADDITE		URER(S) AEEOE	RDING COVERAGE			NAIC #	
					INSUR	Monthi		I Insurance		-	NAIC #	
INS	SURED DaVinci Home Services, Inc.				INSUR							
	DBA It's Maid Day 2971 Cherokee St NW				INSUR							
	Kennesaw, GA 30144											
					INSUR							
						INSURER E : INSURER F :						
CC	OVERAGES CE	DTIFE	CATI	- AUIMPED	INSUR	ERF:						
				E NUMBER:				REVISION NU	IMBER:			
(THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOUR THE POLICIE WAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	PER POLI	REIVIE TAIN, ICIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WI	TH DECDE	OT T	A MARIOLI TILLO	
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α								EACH OCCURRE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			CWP5469237		04/15/2019	04/15/2020	DAMAGE TO REN PREMISES (Ea oc	ITED	s	500,000	
							MED EXP (Any on		\$	5,000		
								PERSONAL & AD		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		s	2,000,000	
	POLICY PRO-							PRODUCTS - COM	MP/OP AGG	s	2,000,000	
	OTHER:									s		
Α	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	LE LIMIT	s	1,000,000	
	ANY AUTO			CWP5469237		04/15/2019	04/15/2020	BODILY INJURY (I	Per person)	\$		
	X OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I		s		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	S		
								(r er accident)		\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	ICE.	\$	3,000,000	
	EXCESS LIAB CLAIMS-MAD			CWP5469237		04/15/2019	04/15/2020	AGGREGATE	VOE	\$	3,000,000	
	DED X RETENTION\$)						AGGILLOATE		s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Φ		
								E.L. EACH ACCIDE				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		*				E.L. DISEASE - EA		\$		
								E.L. DISEASE - PC	DLICY LIMIT	\$		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101 Additional Pamarke Schodul	la mau b	a attached if						
			TOOKE	101, Additional Remarks Schedul	ie, may b	e attached if mor	e space is requir	ed)				
CF	RTIFICATE HOLDER				04115	FILATION						
JL	ENTITION I E HOLDER			EBSAT-2	CANC	ELLATION						
	EDCCO D			EDSA1-2	SHO	III D ANV OF T	HE ABOVE D	ESCRIPED DOLL	OIEO DE C	Non		
EBSCO Research, LLC 1945 The Exchange SE Suite 300						EXPIRATION	DATE THE	ESCRIBED POLICE REOF, NOTICE	WILL F	E D	ELIVERED IN	
	Atlanta, GA 30339	uite	300		ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.				
	, =,, =,,			-								
						RIZED REPRESE						
					K	in ara	w					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2019

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).

-	ficate holder in lieu of such endorse	nent(s).							ge te tile		
PRODU	JCER				CONTACT NAM	CONTACT NAME:					
					PHONE (A/C, No, Ext): (800) 277-1620 X 4800 FAX (A/C, No): (727) 797-0704						
Frank	Crum Insurance Agency, Inc.				E-MAIL ADDRESS:						
	South Missouri Avenue					INSURER(S) AFFORDING COVERAGE					
Clear	water, FL 33756				INSURER A:	Fran	k Winston Crun	n Insurance Company	11600		
INSUF	RED				INSURER B:	, i			11000		
					INSURER C:						
Frank	Crum L/C/F DaVinci Home Servi	os Ino di	o It'o A	Acid Dov	INSURER D:						
100 S	South Missouri Avenue	es, mc. ut	allsi	naid Day	INSURER E:						
	water, FL 33756										
-	ERAGES	CERTI	ICATE	NUMBER: 56	INSURER F: 66011			REVISION NUMBER:			
PE	IS IS TO CERTIFY THAT THE POLICIES O TWITHSTANDING ANY REQUIREMENT, T RTAIN, THE INSURANCE AFFORDED BY NY HAVE BEEN REDUCED BY PAID CLAIM	INSURANCE RM OR COM HE POLICIE	LISTE	BELOW HAVE BEEN	ISSUED TO THE			POLICY PERIOD INDICATED.	ED OR MAY ITS SHOWN		
INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR	POLICY NUI	MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								PREMISES (Ea occurrence) MED EXP (Any one person)	S		
								PERSONAL & ADV INJURY	S		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PROJECT LOC							PRODUCTS-COMP/OP AGG	s		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	s		
	OWNED AUTOS SCHEDULE AUTOS)									
	HIRED AUTOS NON-OWNE							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	ONLY AUTOS ON	Y						(Per accident)	\$		
	IMPRELLA LIAD								\$		
	UMBRELLA LIAB OCCUR	_						EACH OCURRENCE	\$		
	EXCESS LIAB CLAIMS-MA)E						AGGREGATE	s		
	DED RETENTION \$								\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC201900	0000	01/01/2019	01/01/2020	X PER STATUTE OTH-			
- 1	ANY PROPRIETOR/PARTNER/EXECUTIVE	_						^ ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	」 │ N/A						E.L. EACH ACCIDENT	\$1,000,000		
	If yes, describe under							E.L. DISEASE-EA EMPLOYEE	\$1,000,000		
	DESCRIPTION OF OPERATIONS below										
								E.L. DISEASE-POLICY LIMIT	\$1,000,000		
									1		
DESCRI	BTION OF OPERATIONS / LOCATIONS (A										
Effectiv	PTION OF OPERATIONS / LOCATIONS / V	HICLES (AC	ORD 10	I, Additional Remarks	Schedule, may l	e attached if more	space is required)				
client i	ve 04/15/2014, coverage is for 10 s reporting hours to FrankCrum. (overage is	employ	ees of FrankCrum	leased to Da	aVinci Home Se	rvices, Inc. db	a It's Maid Day (Client) for	whom the		
		overage i	i ilot e	dended to statutor	ry employees	i.					
	I										
CERTIF	FICATE HOLDER				CANCEL	LATION					
						A DESCRIPTION OF CHARGE THE WORLD					
					SHOULD ANY O	OF THE ABOVE DES	CRIBED POLICIE	S BE CANCELLED BEFORE THE IVERED IN ACCORDANCE WITH	TUE		
						SIONS.	HOL WILL BE DEL	IVERED IN ACCORDANCE WITH	ITHE		
	Davinci Home Services, Inc d	a It's Mair	Day		AUTHORIZED	REPRESENTATIVE					
	2971 Cherokee St NW	a it o ividit	. Day		2 de la constitución de la const						
	Kennesaw, GA 30144-2863					100		~~~			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2017

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

IMPORTANT: If the certificate has subrogation is waived, subrogation is waived, subrogation is certificate does not confer in	older is an Al	DOITIONAL INSURED, th	e policy(ies) must ha	ive ADDITIO			e endorsed				
PRODUCER 855-491-0974		A CONTRACTOR OF THE STATE OF TH	CONTACT Christine Torrance								
Wells Fargo Insurance Services US/			IAIC, No. Ext. 823-45	99-3186	fax, no						
550 South 4th St	A, Inc.		E-Mail. Appress: Christine.Torrance@wellsfargp.com								
Minneapolis, MN 55415					Control of the Contro		NAIC 8				
MSURED			INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Company								
Da Vinci Home Services			INSURER B:		and the second s	***************************************	19682				
2971 Cherokee St Nw			INSURER C:								
			INSURER D:								
Kennesaw GA 30144			MSURER E (
COVERAGES			NSURER #								
THIS IS TO CERTIFY THAT THE POINDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF NER TYPE OF INSURANCE	DLICIES OF INS ANY REQUIREM MAY PERTAIN SUCH POLICIE ADDLISU	I. THE INSURANCE AFFOI S LIMITS SHOWN MAY HA	HAVE BEEN ISSUED TO ON OF ANY CONTRACT RDED BY THE POLICIE VE BEEN REDUCED BY	ES DESCRIBE	DOGOMENT WITH RESPI	THE DO	ICV DEDUCE				
COMMERCIAL GENERAL LIABILIT	Y INSD WY	POLICY NUMBER	(MM/OD/YYYY)	POLICY EXP	LIMI	TS	memoria security commence				
CLAIMS-MADE OCCU	g l				EACH OCCURRENCE	\$					
Committee					DAMAGE TO RENTED PREMISES (Ea occurrence)	8					
					MED EXP (Any one person)	5	******************************				
GEN'L AGGREGATE LIMIT APPLIES PEH	t l				PERSONAL & ADVINJURY	8	***************************************				
POLICY PRO: LOC					GENERAL AGGREGATE	\$					
OTHER:					PRODUCTS - COMP/OP AGG	\$	ecense on annother company to the second				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$					
ANY AUTO					TEB accidenti	\$	······································				
AUTOS ONLY SCHEDULE			Direction of		BODILY INJURY (Per person)	\$	e en autorio de la constance d				
MIRED NON-OWNE AUTOS ON					BODILY INJURY (Per accident) PROPERTY DAMAGE	ale constitution of the second	-				
					(Per scagent)	\$					
UMBRELLALIAB OCCUR	t					\$	***************************************				
EXCESS LIAB CLAIMS	-MADE				EACH OCCURRENCE	5					
OED RETENTIONS WORKERS COMPENSATION					AGGREGATE	\$	************				
AND EMPLOYERS' LIABILITY	Y/N				I SERTUTE PRINT	<u> </u>					
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				And account to the beautiful and the beautiful a	*************					
(Mandatory in NH)	house de la constant				E.L. EACH ACCIDENT		******************				
DESCRIPTION OF OPERATIONS below Employee Theft					EL DISEASE - EA EMPLOYEE	BOTOMO OF THE STREET					
Employee men		59BDDHU0473	10/18/2017	10/18/2018	E.L. DISEASE - POLICY LIMIT \$50,000	5					
SCRIPTION OF OPERATIONS / LOCATIONS /	VEUICI ES										
SCRIPTION OF OPERATIONS / LOCATIONS / Y TOOF OF INSURANCE.	VEHICLES (ACOR)	3 101. Additional Remarks Sched	ule, may be attached if more	space le require	d						
RTIFICATE HOLDER			CANCELLATION			(****					
Da Vinci Home Services 2971 Cherokke St NW Kennesaw, GA			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
1 35/4/2 20/4/2	4		AUTHORIZED REPRESENTATIVE Geam Synda								
The ACORE CORD 25 (2016/03)	name and lo	go are registered mark	s of ACORD © 198			W right	s re:				

ACORD 25 (2016/03)