

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2023

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(les) must have ADDITIONAL INSURED.

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights	t to th	ne te cert	incate noider in lieu of st	he polic uch end	cy, certain p	olicies may	require an endorsemer	it. A	statement on	
PRODUCER Smith, Reed & Osmond LLC 6400 Manatee Ave. W. Suite K Bradenton, FL 34209 INSURED Keller's Pest Control, Inc Tina Oquinn						CONTACT Anthony Smith					
						PHONE (A/C, No, Ext): 941-792-3300 FAX (A/C, No): 941-792 FAX (A/C,					
						INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Ins. Co.				NAIC #	
						INSURER B : Markel American Ins Co.					
						INSURER C: Nationwide Generall Ins Co.					
1510 53rd Ave W Bradenton, FL 34207					INSURER D:						
ыа	uenton, FL 34207										
				INSURER E :					1		
COVERAGES CERTIFIC				E NUMBER:	INSURER F:						
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RISERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF II EQUIR PERTA I POLIC	NSUI EME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPE	OT T	A MUNICIPALITY	
A		ADDL S INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				1	04/19/2023	04/19/2024	EACH OCCURRENCE	\$	1,000,000	
				PHPK2263266	04/19/2023			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
С	AUTOMOBILE LIABILITY					04/19/2023	04/19/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			ACPBA013200352363	0.			BODILY INJURY (Per person)	\$		
	X OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s		
	X HIRED AUTOS ONLY					7 9		PROPERTY DAMAGE (Per accident)	s		
									s		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					04/19/2023	04/19/2024	EACH OCCURRENCE	s	1,000,000	
				PHUB777680	04/19/2023			AGGREGATE	s	1,000,000	
	DED RETENTION \$							s			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				03/14/2023		X PER OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		MWC0076136-08		03/14/2023	03/14/2024	E.L. EACH ACCIDENT	s	100,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101, Additional Remarks Schedul	le, may be	attached if mor	e space is requir	ed)		7 .	
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										ad	
	,										
CERTIFICATE HOLDER						CANCELLATION					
	Domino's Pizza				SHO	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.			
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