

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2023

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 be endorsed. If SUBROGATION IS WAIVED, subject to the

	erms and conditions of the policy, co ertificate holder in lieu of such endors							s certificate does not c	onfer	rights to the	
PRODUCER Huntsberger Enterprises Inc DBA Solution Providers						CONTACT NAME: Mat Huntsberger PHONE (A/C, No, Ext):866-420-3834 ext 1 FAX (A/C, No):561-903-2718					
Bov	nton Beach, FL 33436				PRODUC	SS:mat@peo: CER	solutionprovid	ers.com			
,	,				CUSTON						
INCLIDED					` '					NAIC#	
INTERNATIONAL SECURITY GUARD SERVICES INC										38920	
27455 South Dixie Hwy ,					INSURER B:						
Homestead. FL 33037					INSURER C:						
Homostoda, I E 00001					INSURER D:						
						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANDED BY	Y CONTRAC [*] THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE OCCUR	J						MED EXP (Any one person)	\$	excluded	
								PERSONAL & ADV INJURY	\$	excluded	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$	_,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS		-					BODILY INJURY (Per accident)	\$		
	SCHEDULED AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS							(Per accident)	\$		
	NON-OWNED AUTOS								\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DEDUCTIBLE								\$		
	RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	1 / N	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under SPECIAL PROVISIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		-									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule,	if more space i	s required)				
proo	f of coverage										
CERTIFICATE HOLDER CANCELLATION											
INTERNATIONAL SECURITY GUARD SERVICES INC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
27455 South Dixie Hwy Homestead, FL 33037					AUTHORIZED REPRESENTATIVE Mathew Huntsberger						