

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PUFFNST-01	PALACIOS

								2/5/2021		
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).										
PRODUCER				CONTA	CT Alexand	ra Palacios	i			
Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750			PHONE (A/C, No, Ext): (407) 212-3541 E-MAIL ADDRESS: Alexandra.Palacios@ioausa.com							
				INSURER(S) AFFORDING COVERAGE					NAIC #	
									24449	
INSURED			INSURER B :							
Puff N Stuff Catering LLC				INSURER C :						
250 Rio Drive				INSURE						
Orlando, FL 32810				INSURE	RE:					
				INSURE	RF:					
COVERAGES CER	TIFIC	САТЕ	ENUMBER:				REVISION NUME	BER:		
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 TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
CLAIMS-MADE X OCCUR			CCI1372400		2/7/2021	2/7/2022	DAMAGE TO RENTED PREMISES (Ea occurre) ence)	\$	300,000
							MED EXP (Any one per	rson)	\$	10,000
							PERSONAL & ADV INJ	JURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGA	TE	\$	2,000,000		
POLICY X PRO- JECT X LOC							PRODUCTS - COMP/C	OP AGG	\$	2,000,000
OTHER:							Liquor Liab		\$	1,000,000
	A AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$		\$	1,000,000
X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			2/7/2021 2/7	2/7/2022	BODILY INJURY (Per person) \$					
					BODILY INJURY (Per accident) \$					
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
									\$	
A X UMBRELLA LIAB X OCCUR			0/7/0004 0/7	2/7/2222	EACH OCCURRENCE \$		2,000,000			
EXCESS LIAB CLAIMS-MADE	_		CCU1372400		2/7/2021	2/7/2022	AGGREGATE		\$	2,000,000
DED X RETENTION \$ 10,000							PER	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. EACH ACCIDENT		\$	
If yes, describe under							E.L. DISEASE - EA EM	IPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *For Information Only*										

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.
For Information Only	AUTHORIZED REPRESENTATIVE

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