

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/22/2024

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.

If SUBROGATION IS WAIVED, subject to the terms and condition	ions of the polic	y, certain p	olicies may				
this certificate does not confer rights to the certificate holder in PRODUCER	lieu of such end).		······································		
Mary Storti) 637 479		FAX		
c/o Paychex Insurance Agency, Inc.	(A/C, No E-MAIL	(A/C, No, Ext): (886) 627-4733 (A/C, No):					
150 Sawgrass Drive, Rochester, NY 14620		E-MAIL ADDRESS: PEO_WorkComp@paychex.com					
		INSURER(S) AFFORDING COVERAGE INSURER A: American Zurich Insurance Company					NAIC#
			can zurich	i insurance (.ompany		40142
Paychex PEO Holdings, LLC Alt. Emp: Puff 'n Stuff Catering, LLC DBA: Puff 'n Stuff 911 Panorama Trail South Rochester NY 14625		INSURER B:					
		RC:					
		INSURER D: INSURER E:					
COVERAGES CERTIFICATE NUMBER: 26	0093016	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR COCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MINSR!	ELOW HAVE BEE ONDITION OF ANY AFFORDED BY	/ CONTRACT THE POLICIE	OR OTHER I S DESCRIBE PAID CLAIMS.	ED NAMED ABON DOCUMENT WIT D HEREIN IS SU	/E FOR TH	O ALL	WHICH THIS
COMMERCIAL GENERAL LIABILITY		(4)1125-221 (11)	(MADDELLI LI	EACH OCCURREN	CE	s	
CLAIMS-MADE OCCUR				DAMAGE TO RENT	ED	s	
				MED EXP (Any one		\$	
				PERSONAL & ADV		\$	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGRE	GATE	s	
POLICY PRO: LOC				PRODUCTS - COM	1	s s	
OTHER: AUTOMOBILELIABILITY			······	COMBINED SINGL		<u> </u>	
ANY AUTO				(Ea accident) BODILY INJURY (P		\$	
OWNED SCHEDULED				BODILY INJURY (P			
AUTOS ONLY AUTOS NON-OWNED				PROPERTY DAMA	~-	s	
AUTOS ONLY AUTOS ONLY				(Per accident)		s	
UMBRELLA LIAB OCCUR				EACH OCCURREN	cc	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$	
DED RETENTIONS WORKERS COMPENSATION				A PER	ОТН-	5	
A AND EMPLOYERS' LIABILITY Y/N WC 29-38-687	7-22	06/01/2024	06/01/2025	PER STATUTE	ER	_	
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A				E.L. EACH ACCIDE			,000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA			,000,000
DESCRIPTION OF OPERATIONS below		·····		E.L. DISEASE - PO	LICY LIMIT	s 2	,000,000
Location Cove	erage Period:	06/01/2024	06/01/2025	5 Client# 70286-4			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage is provided for only those co-employees of, but not subcontractors to: Puff 'n Stuff Catering, LLC DBA: Puff 'n Stuff, 919 KING ST, JACKSONVILLE FL 32204							
CERTIFICATE HOLDER	CANC	ELLATION					
Puff 'n Stuff Catering, LLC DBA: Puff 'n Stuff 919 KING ST JACKSONVILLE FL 32204		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
SHERISHTIELE IE SEEUT	AUTHO	AUTHORIZED REPRESENTATIVE					

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