ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 2/3/2021	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY SURAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HOL	DER. THIS POLICIES	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the	terms and conditions of th	ne policy, certain p	olicies may				
PRODUCER	io ule t	sertificate fiolder in fieu of 3	CONTACT NAME:	<u></u>				
			PHONE (A/C, No, Ext);		FAX (A/C, No):			
	E-MAIL ADDRESS: aturner@	kuhlinsuranc						
	INSURER(S) AFFORDING COVERAGE				NAIC #			
	INSURER A : Selective Insurance				12572			
ISURED	INSURER B :							
	INSURER C :							
	INSURER D :							
			INSURER F :				· · · · ·	
		ATE NUMBER: 851532431			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	MENT, TERM OR CONDITION IN. THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO \	WHICH THIS	
SR TYPE OF INSURANCE		UBR	POLICY EFF (MM/DD/YYYY)		LIMIT	rs	11	
A X COMMERCIAL GENERAL LIABILITY		S 2199595	1/22/2021	1/22/2022	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00	
					MED EXP (Any one person)	\$ 15,00	0	
					PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000	And the second	
OTHER:					PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
AUTOMOBILE LIABILITY		S 2199595	1/22/2021	1/22/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	.000	
ANY AUTO					BODILY INJURY (Per person)	a and		
OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$		
X HIRED AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
UMBRELLA LIAB			-		· ······	\$		
EXCESS LIAB					EACH OCCURRENCE	\$		
DED RETENTION \$	1				AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 9026434	1/22/2021	1/22/2022	X PER OTH-	\$		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?				(120)2022	E.L. EACH ACCIDENT	\$ 100,000		
					E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,00	Sector Sector	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (ACC	ORD 101. Additional Remarks Schedul	a may be attacked if	enace le reaul	1	-		
			e, may be attached if mon	space is réquire	ιαj			
				2				
		\sim / N	1/1/2					
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	Constantion of the local division of the loc	J						
ERTIFICATE HOLDER	······		CANCELLATION					
n a lan an ann ann an an an an ann an an an a	(115-1-				An anterna d'are de la come			
				DATE THE	ESCRIBED POLICIES BE C/ REOF, NOTICE WILL E Y PROVISIONS.			
Proof of Coverage			AUTHORIZED REPRESENTATIVE					
			1	4				
			Auton Th					
			@ 19	88-2015 AC	ORD CORPORATION.	All righ	to reconver	

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