

DATE (MM/DD/YYYY) 04/06/2023

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 SUBROGATIONIS 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).

	onfer rights to the certificate holder		-		-	require an end	iorsement. A	statement on this cer	tilicate does not		
PROI	DUCER				CONTACT						
	OWN & BROWN OF FLORIDA INC/P	HS			NAME: PHONE (866) 467-8730 FAX						
	24205 Hartford Business Service Center				(A/C, No, Ext): (A/C, No):						
_	00 Wiseman Blvd				E-MAIL						
San	n Antonio, TX 78251				ADDRE						
							RER(S) AFFORDI		NAIC#		
INSU	IRED THONY BRUNSON, PA				INSURE		el Insurance C	ompany Ltd.	11000		
	0 SW 148TH AVE STE 110				INSURE						
	RAMAR FL 33027-3237				INSURE	ER C:					
					INSURE	ERD:					
					INSURE	ERE:					
					INSURE	ERF:					
				E NUMBER:				ION NUMBER:			
1	HIS IS TO CERTIFY THAT THE POLICIES										
1	NDICATED.NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MA										
	ERMS, EXCLUSIONS AND CONDITIONS			OLICIES. LIMITS SH	HOWN N			AID CLAIMS.			
INSR LTR		ADDL INSR	SUBR WVD	POLICY NUMBE	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIM	ITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	χ General Liability							MED EXP (Any one person)			
Α		Χ		21 SBA VL32	230	05/05/2023	05/05/2024	PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AC	GG \$2,000,000		
	OTHER:										
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					05/05/2023	05/05/2024	BODILY INJURY (Per perso	n)		
Α	ALL OWNED SCHEDULED AUTOS AUTOS			21 SBA VL3	230			BODILY INJURY (Per accide	ent)		
	X HIRED X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)			
	A0103 A0103							(r er accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS- MADE							AGGREGATE			
	DED RETENTION \$										
	WORKERS COMPENSATION							PER O	TH-		
	AND EMPLOYERS' LIABILITY ANY Y/N							STATUTE E	3		
	PROPRIETOR/PARTNER/EXECUTIVE	N/ A						E.L. EACH ACCIDENT	(F.F.		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE -EA EMPLOY	EE		
	If yes, describe under							E.L. DISEASE - POLICY LIN	1IT		
DESCRIPTION OF OPERATIONS below Δ EMPLOYMENT PRACTICES			04.004.1/1.00	200	05/05/0000	05/05/0004	Each Claim Limit	\$10,000			
Α	LIABILITY			21 SBA VL32	230	05/05/2023	05/05/2024	Aggregate Limit	\$10,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VE										
	use usual to the Insured's Operations.	Unive	ersity (	Of Miami, a non pr	rofit cor	poration, is nam	ed as addition	al insured with respect	to General Liability		
	verage per the SS0008 form.					CANCELLA	TION				
CEI	RTIFICATE HOLDER					SHOULD ANY		E DESCRIBED POLICIE	S BE CANCELLED		
								TE THEREOF, NOTICE V			
Fo	or Informational Purposes Only.							LICY PROVISIONS.			
10	i morniadonari arposes omy.					AUTHORIZED REP					
					Sugan S. Castaneda						



DATE (MM/DD/YYYY) 09/16/2022

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.

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th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER		CONTACT NAME: Gail El-Ramey								
CVI	MICO Mutual Insurance Company				PHONE (A/C, No, Ext): 800-652-1772 FAX (A/C, No): 800-227-2090					27-2090	
	00 Gateway Drive, Suite 200				E-MAIL ADDRESS: gel-ramey@camico.com						
	Mateo, CA 94404				INSURER(S) AFFORDING COVERAGE				NAIC#		
Jui	111111111111111111111111111111111111111				CANALCO NA strail la sura de Communicación					36340	
INSU	RED				The state of the s					30340	
					INSURE						
	nony Brunson PA 0 SW 148th Avenue, Suite110				INSURE						
	amar, FL 33027				INSURER D:						
					INSURER E :						
		INSURE	RF:								
				NUMBER:	·			REVISION NUM		.= = = :	
IN CI	DICATED. NOTWITHSTANDING ANY RE	QUIF PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ROBED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, IF BEEN REDLICED BY PAID CLAIMS						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY			. CL.C. HOMBEN			,, ,, , , , , , , , , , , , , , ,	EACH OCCURRENCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:							OOMBINED ONIO		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	: LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Pe	´ I	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	ΣE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	DEGOTAL HOLLOW										
Α	Professional Liability			FLL115423		09/16/2022	09/16/2023	Per Clair Policy Aggre			2,000,000 2,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
Sho	uld any of the above described policies	he ca	ncele	ed hefore the expiration da	te there	of CAMICO	will mail 30 da	avs written notice	e to the cr	ertificat	e holder
0110	and arry or the above accombed policies	00 00	1110010	ou belore the expiration da	io inorc	.or, o, aviioo	Will Trial 66 de	ayo willion nolloc	, 10 1110 00	Jillioat	e fiolaci.
Cov	erage includes cyber coverage with a lir	nit of	\$100	.000							
			•	,							
CF	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	THE POLICE				0,	<u> </u>					
For Informational Purposes Only.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE	Di Veren			
	İ				Ī			TUE TUUM	JU		



DATE (MM/DD/YYYY) 10/19/2022

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.

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thi	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				h endorsement(s		require an e	endorsement	t. A s	tatement on	
PRO	DDUCER				CONTACT NAME:						
	PAYCHEX INSURANCE AGENCY INC	)			PHONE   (A/C, No, Ext): (877	77) 677	-0447				
	150 SAWGRASS DR ROCHESTER, NY 14620				E-MAIL ADDRESS: paychex@travelers.com						
	(877) 362-6785						NAIC#				
					INSURER A : THE T						
	URED				INSURER B:						
	ANTHONY BRUNSON PA				INSURER C :						
	12506 RIDGEWAY CT DAVIE, FL 33330				INSURER D :						
	D/(VIE, 1 E 00000				INSURER E :						
					INSURER F :						
CO	VERAGES CER	RTIFI	CATE	E NUMBER: 859024053		F	REVISION N	NUMBER:			
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIR PER POLIC	REMEN TAIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORDS	OF ANY CONTRA ED BY THE POLI EEN REDUCED BY	CT OR OTHER D CIES DESCRIBED ' PAID CLAIMS.	OCUMENT W	VITH RESPECT	T TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs					
							EACH OCCUR	RENCE	\$		
	CLAIMS-MADE OCCUR						DAMAGE TO R PREMISES (Ea		\$		
	CLAIMS-MADE OCCUR						MED EXP (Any		\$		
							PERSONAL &		\$		
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGG		\$		
	POLICY PRO- JECT LOC							COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY						COMBINED SIN (Ea accident)	NGLE LIMIT	\$		
	ANY AUTO						BODILY INJUR	RY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							RY (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY						PROPERTY DA (Per accident)	AMAGE	\$		
									\$		
	UMBRELLA LIAB OCCUR						EACH OCCUR	RENCE	\$		
	EXCESS LIAB   CLAIMS-MADE   DED   RETENTION \$						AGGREGATE		\$		
									\$		
Α	WORKERS COMPENSATION	N/A		UB-6N199265-22	10/01/2022	10/01/2023	X PER STATUTE	OTH- ER			
, ,	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH AC		\$1.0	00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							EA EMPLOYEE		· · · · · · · · · · · · · · · · · · ·	
	If yes, describe under DESCRIPTION OF OPERATIONS below							- POLICY LIMIT		00,000	
	DECOME FIGURE OF ENGINEERS									·	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORD	101, Additional Remarks Schedule	e, may be attached if r	more space is required	d)				
	DTIEIOATE HOLDES										
CEI	RTIFICATE HOLDER				CANCELLATI	ON					
	For Informational Purposes Only.				THE EXPIRAT	OF THE ABOVE TON DATE THE WITH THE POLICY	EREOF, NOT	TICE WILL			
					AUTHORIZED REPRESENTATIVE Mishald Mulligan						

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DATE (MM/DD/YYYY) 03/23/2023

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PRODUCER C. BRIAN HART	CONTACT CAREY B HART	
C. BRIAN HART INSURANCE CORP.	PHONE (A/C, No, Ext): 305 836-5206 FAX (A/C, No): 305-696	6-8634
8880 NW 7TH AVE	E-MAIL ADDRESS: CAREY@CBRIANHART.COM	
FAX 305 696-8634	INSURER(S) AFFORDING COVERAGE	NAIC #
MIAMI, FL 33150	INSURER A: UNITED STATES LIABILITY INSURANCE CO	25895
BCA WATSON RICE LLP	INSURER B: PROGRESSIVE EXPRESS INS COMP	10193
2875 NE 191ST STREET	INSURER C : ASSOCIATED INDUSTRIES INSURANCE	23140
5TH FLOOR	INSURER D:	
AVENTURA. FL 33180	INSURER E:	
AVENTURA, FL 33100	INSURER F:	

MIA	MIAMI, FL 33150					INSURER A: UNITED STATES LIABILITY INSURANCE CO					
INSU	BCA WATSON RICE LLP				INSURER B : PROGRESSIVE EXPRESS INS COMP					10193	
	2875 NE 191ST STREET					INSURER C : ASSOCIATED INDUSTRIES INSURANCE					
	5TH FLOOR					INSURER D :					
	******				INSURER E	:					
	AVENTURA, FL 33180				INSURER F :	:					
COV	/ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							WHICH	THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	P( (MI	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			GL 1158108	08	/03/2022	08/03/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	NCLUDED	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY			02444814	10	/11/2022	10/11/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC1192951	03	/31/2023	03/31/2024	X PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
BCA WATSON RICE LLP 2875 NE 191STSTEET 5TH FLOOR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AVENTURA, FL 33180	C. BRIAN HART

OANIOELL ATION

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OFFICIOATE HOLDED



DATE (MM/DD/YYYY) 05/16/2023

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If SUBROGATION IS WAIVED, subject this certificate does not confer rights							require an endorsement. A st	atement on		
PRODUCER				CONTACT C. Michael Halfast						
Risk Avoidance Managers, Inc.				PHONE (A/C, No, Ext): (727) 381-1700						
P.O. Box 55038				E-MAIL ADDRESS: michael@yourPLspecialist.com						
Saint Petersburg, FL 33732-50	38			ADDRES			RDING COVERAGE	NAIC#		
				INSURE	IVAIO #					
INSURED BCA Watson Rice LLP				INSURER B:						
2875 N.E. 191st Street				INSURE	RC:					
Suite 500				INSURE						
Aventura, FL 33180				INSURE						
			INSURE	RF:						
COVERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY R	EQUIF PERT	REMEN	NT, TERM OR CONDITION THE INSURANCE AFFORDI	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DEED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY	מפאוו	***	, olio i Homber		(mm/ob/1111)	(1111)	EACH OCCURRENCE \$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
							MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
OTHER:							\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
ANY AUTO							BODILY INJURY (Per person) \$			
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
							\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
DED RETENTION \$							\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
A Professional Liability			FLB201413-9		05/28/23	05/28/24	\$2,000,000 each claim/\$2,0 annual aggregate	00,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is requir	ed)	_		
Professional liability policy is written or	n a cl	aims	made basis. A retroacti	ve date	e of Noveml	per 16, 1992	2 applies.			
CERTIFICATE HOLDER				CANC	ELLATION					
For Proposal Purposes			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				AUTHORIZED REPRESENTATIVE						