

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2021

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.

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PRODUCER						CONTACT Beth Smith					
PointeNorth Insurance Group, LLC						PHONE (A/C, No, Ext): (678) 336-7327 (A/C, No, Ext): (770) 858-7545					
PO Box 724728						E-MAIL bsmith@pointenorthins.com					
											NAIC #
Atlanta GA 31139					INSURER A: Selective Way Insurance Co					26301	
INSU	RED				INSURER B:						
	Davinci Home Services Inc. DE	A: It's	Maid	Day	INSURER C:						
2971 Cherokee Street						INSURER D :					
	Kennesaw			GA 30144	INSURER E :						
CO	/ERAGES CEF	TIFIC	ATE	NUMBER: CL214906391	INSURER F:						
_				TO INIDEIX.	REVISION NUMBER:  N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
C	DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT	JIREME TAIN, TI	ENT, TE 'HE INS	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA	ONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS					
E	CCLUSIONS AND CONDITIONS OF SUCH PO	OLICIE	S. LIM	IITS SHOWN MAY HAVE BEEN	REDUC	CED BY PAID CL	LAIMS.				
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	'S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$ 1,00	0,000
	CLAIMS-MADE X OCCUR			2				DAMAGE TO RENTE PREMISES (Ea occu		\$ 500,	000
		_	'					MED EXP (Any one p		\$ 15,0	00
Α				S 244636000		04/15/2021	04/15/2022	PERSONAL & ADV IN			0,000
	GEN'LAGGREGATE LIMIT APPLIES PER:		1 /					GENERAL AGGREGA		-	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP	***************************************	\$ 2,00	0,000
	OTHER:							111111111111111111111111111111111111111	70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000
	ANYAUTO							BODILY INJURY (Per	r person)	\$	
Α	OWNED SCHEDULED AUTOS			S 244636000		04/15/2021	04/15/2022	BODILY INJURY (Per	r accident)	\$	
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE		\$	
	100						_	(Per accident)		\$	
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCUPRENC	-		0,000
Α	EXCESS LIAB CLAIMS-MADE			S 244636000		04/15/2021	04/15/2022	EACH OCCURRENC	E	2.000	0,000
	DED RETENTION \$ 0	1 '						AGGREGATE		9	7,000
	WORKERS COMPENSATION							PER	OTH-	\$	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			İ				STATUTE	ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		1					E.L. DISEASE - EA EN		\$	
	SECOND THE ST OF ST STATE OF STORY	-						E.L. DISEASE - POLIC	CYLIMIT	\$	
		1 1	. 1								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 10	01, Additional Remarks Schedule, r	nav be at	tached if more sp	ace is required)				
End	rsements: CG7300 01 16 ElitePac Genera	l Liabi	lity Fx	tension Endorsement	iny be at	taoned if more spi	ace is required)				
CA7	809 11 17 ElitePac Commercial Automobile	Exter	nsion	terision Endorsement							
CERTIFICATE HOLDER											
CER	CERTIFICATE HOLDER CANCELLATION										
						II D ANY OF T	IE A DOVE DE	0001050 001 10151			
					THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES , NOTICE WILL BE	DELIVER	SELLED FD IN	BEFORE
For Information Purposes Only					ACC	ORDANCE WITH	H THE POLICY	PROVISIONS.	DELIVER		
					AUTHORIZED REPRESENTATIVE						
					1.5-1. 1/ 33						
		Wichin Ho Dkarlos									

## ACORD.

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/11/2021

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.

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The state of the design of the state of the	or such endorsements).					
PRODUCER USI Insurance Services, LLC 2375 E. Camelback Road, Suite 250	CONTACT Christine Torrance PHONE (A/C, No, Ext): 602 666-4830 E-MAIL ADDRESS: christine.torrance@usi.com					
Phoenix, AZ 85016 877 468-6516	INSURER(S) AFFORDING COVERAGE	GE NAIC#				
	INSURER A: Hartford Fire Insurance Company	19682				
DaVinci Home Services dba It's Maid Day	INSURER B:					
2971 Cherokee St Nw	INSURER C:					
Kennesaw, GA 30144	INSURER D:					
	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE	FOR THE POLICY PERIOD				

C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN.	NT, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY	CONTRACT C	OR OTHER DO	CUMENT WITH RESPECT	TO WHICH THE
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVD	BR POLICY EEE POLICY EXP			LIMITS	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
			*			MED EXP (Any one person)	\$
	CENTI ACCIDENTE LIMIT ADDIVED DED					PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:		0			GENERAL AGGREGATE	\$
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER: AUTOMOBILE LIABILITY						\$
						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						\$
	EVERGUAR					EACH OCCURRENCE	\$
	CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$ WORKERS COMPENSATION						\$
	AND EMPLOYERS' LIABILITY	=				PER OTH- STATUTE ER	
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under	2	а - с			E.L. DISEASE - EA EMPLOYEE	\$
Λ	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Crime		59BDDHU0473	10/18/2021	10/18/2022	\$50,000	
						\$1,000 Ded	
Pro	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedule, may	be attached if mo	ore space is requi	red)	

Proof of Insurance	and a space to required;					
16 - 5						
CERTIFICATE HOLDER	CANCELLATION					

DaVinci Home Services dba It's Maid Day 2971 Cherokee St NW Kennesaw, GA 30144

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** 

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/18/2021

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PRODUCER					CONTACT NAME:					
				P	HONE: (800) 277-	1620 X 4800	FAX: (727) 797-0	704		
				E	-MAIL ADDRESS:					
	Crum Insurance Agency, Inc. outh Missouri Avenue				INSURERS	(S) AFFORDIN	G COVERAGE	NAIC#		
	rater, FL 33756			IN	ISURER A: Fran	ık Winston Cru	m Insurance Company	11600		
NSUF	ED			IN	ISURER B:					
				ĪN	ISURER C:					
				Ī	ISURER D:					
	Crum L/C/F DaVinci Home Services, Ind	c. dba It	's Maid	Day	ISURER E:					
	outh Missouri Avenue rater, FL 33756			IN	ISURER F:					
	RAGES		С	ERTIFICATE NUMBER: 82	24841	REVISIO	N NUMBER:			
INDI CER	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUC	EQUIR PERTA	EMEN <sup>-</sup> IN, THI	T, TERM OR CONDITION OI E INSURANCE AFFORDED	F ANY CONTRACT BY THE POLICIES	OR OTHER DO DESCRIBED H	CUMENT WITH RESPECT EREIN IS SUBJECT TO AL	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY				(25,)	(11111/22/1111)	EACH OCCURENCE	\$		
	CLAIMS MADE OCCUR						DAMAGE TO RENTED PREMISES (I			
							occurence)			
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG	\$		
	OTHER	ļ						\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE UNIT (Ea accide			
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							\$		
	UMBRELLA LIAB OCCUR						EACH OCCURENCE	\$		
	EXCESS LIAB CLAIMS MADE						AGGREGATE	\$		
	DED RETENTION \$	1						\$		
	WORKERS COMPENSATION						X PER STATUE	OTHER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTMER/EXECUTIVE  Y/N						X PERSTATUE	OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NI/A		WC20220000	04/04/2022	04/04/2022	E.L. EACH ACCIDENT	\$1,000,000		
A	(Mandatory in NH)	N/A WC202200000			01/01/2022	01/01/2023	E.L. DISEASE-EA EMPLOYEE	\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DIOEAGE DOLLOVALIMIT	\$1,000,000		
	or Electricities solow	ļ					E.L. DISEASE-POLICY LIMIT	\$1,000,000		
	IPTION OF OPERATIONS / LOCATIONS / V									
	ve 04/15/2014, coverage is for 100% of				Vinci Home Services	s, Inc. dba It's M	aid Day (Client) for whom th	ne client is reporting		
iours	o FrankCrum. Coverage is not extende	ช เอ รเล	lutory 6	employees.						
CERT	FICATE HOLDER			С	ANCELLATION					
				T		ATE THEREOF,	CRIBED POLICIES BE CAN NOTICE WILL BE DELIVE PROVISIONS.			
				Ā	AUTHORIZED REPRESENTATIVE					
Davinci Home Services, Inc dba It's Maid Day 2971 Cherokee St NW Kennesaw, GA 30144-2863					2/10/10					
	Neimesaw, GA 30 144-2003									