

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2025

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

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

SUBR	OGATION IS WAIVED, subject to the te cate does not confer rights to the certific	rms	and c	onditions of the	policy, cer	tain policies			
PRODU	CER				CONTACT	OFICO C	ial Linea Dua unan		
GEICO Commercial Lines Program PO Box 5316 Binghamton NY 13902 INSURED PORTIER GRAND HOLDINGS LLC DBA MYP GREEN REAL ESTATE CONSULTING					NAME: GEICO Commercial Lines Program PHONE FAX				
					(A/C, No, Ext): (877) 515-2191 (A/C, No):				
					E-MAIL ADDRESS: commercialservice@homesite.com				
					INSURER(S) AFFORDING COVERAGE				NAIC #
					INSURER A: Midvale Indemnity Company				27138
					INSURER B: INSURER C: INSURER D:				
5375 Ortega Farms Boulevard Unit 809 Jacksonville FL 32210				INSURER E :					
Jacksonville FL 322 IV					INSURER F:				
00/200					<u>.</u>				
COVERAGES CERTIFICATE NUMBER: 00003869					973589 REVISION NUMBER: EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.				
NOTWIT ISSUED	HSTANDING ANY REQUIREMENT, TERM OR C OR MAY PERTAIN, THE INSURANCE AFFORD OLICIES. LIMITS SHOWN MAY HAVE BEEN RE	ED B,	ITION Y THE	OF ANY CONTRAC POLICIES DESCRI	T OR OTHER	DOCUMENT W	TH RESPECT TO WHICH	THIS CERTIFICA	TE MAY BE
INSR	TYPE OF INSURANCE	ADDL SUBR			POLICY EFF	POLICY EXP	I I I I I I I I I I I I I I I I I I I		
LTR		INSR N	WVD N	CP00028539	(MM/DD/YYYY) 10/01/2025	(MM/DD/YYYY) 10/01/2026	EAGU GOGUDDENGE	\$1,000,000	
Α	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	ψ1,000,000	
	CLAIMS- X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	WADE						·	\$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 AG	G \$2,000,000	
	OTHER:								
							COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY						(Ea accident)		
	ANY AUTO	ļ					BODILY INJURY (Per persor	1)	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY(Per accident	:)	
	HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
	10105 0121						(i or doudon)		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		
	DED RETENTION \$								
	WORKERS COMPENSATION	 	i –				PER OT	H-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU						STATUTE	₹	
	-TIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT		
	(Mandatory in NH)						E.L. DISEASE - EA		
	lf yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	ІТ	
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE		
	TION OF OPERATIONS / LOCATIONS / VEHICLES (AC	ORD	101, Add	ditional Remarks Sche	dule, may be att	ached if more spa		•	
	FICATE HOLDER				CANO	ELLATION			
PORTIER GRAND HOLDINGS LLC DBA MYP GREEN REAL					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
ESTATE CONSULTING					ACCORDANCE WITH THE POLICY PROVISIONS.				
5375 ORTEGA FARMS BOULEVARD UNIT 809 JACKSONVILLE FL 32210				Hum K. Lowel					

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