

## **CERTIFICATE OF LIABILITY INSURANCE**

**MCARLIN** 

DATE (MM/DD/YYYY) 3/6/2024

**BYTHEHO-01** 

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 have ADDITIONAL INSURED provisions or be endorsed.

lf tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	ct to	the cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain   lorsement(s)	policies may	require an endorsen	ient. A	statement on						
PRODUCER  Zodiac Insurance Services, LLC 457 Oakshade Road Shamong, NJ 08088  INSURED  By The Horns, LLC						CONTACT NAME: PHONE (A/C, No, Ext): (856) 396-6500  E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE  NAIC #										
												INSURER A : Beazley/Certain Underwriters at Lloyds				37540
												INSURER B : Argenta/Certain Underwriters at Lloyds				
												INSURER C:				
							651 Valley Road #1472	TIFICATE NUMBER:			INSURER D:					
							Hockessin, DE 19707				INSURE				-	
											INSURER F:					
CO	VERAGES CER	REVISION NUMBER:														
IN C E	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICE  REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR DOCUMENT WITH RESED HEREIN IS SUBJECT	R THE PO	O WHICH THIS						
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS							
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000						
	X CLAIMS-MADE OCCUR  X 3 Year Auto ERP			ZISMB0740 05		3/1/2024	3/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		300,000						
								MED EXP (Any one person)	\$	1,000,000						
	OFAUL ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV INJURY		2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000						
	OTHER:							PRODUCTS - COMP/OP AC <b>Deductible</b>	SG   \$	5,000						
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$							
	ANY AUTO							BODILY INJURY (Per perso	n) \$							
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$							
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$							
	NOTES SINE!								\$							
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$							
	DED RETENTION \$								\$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	1-							
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$							
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO	YEE \$							
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	1IT \$							
В	Accident-Student or			ZAH298 04		3/1/2024	3/1/2025	LIMIT		10,000						
insu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage applies solely to scheduled enter ired) for all participants (including waive R: B1284UB23A969A							red) participant waivers sig	ned and	retained(by the						
CERTIFICATE HOLDER						CANCELLATION										
For Illustrative 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										
		AUTHORIZED REPRESENTATIVE														