ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

									08/	/26/2021		
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.												
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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
	PRODUCER CONTACT Robert J. Ray, CIC, CRM, CPRM											
National Risk Management & Associates, Inc.						NAME: For the second seco						
P.O. Box 521550						E-MAIL ADDRESS: robert.ray@nrmafla.com						
					INSURER(S) AFFORDING COVERAGE NA							
Longwood FL 32752-1550					INSURER A : SCOTTSDALE INSURANCE COMPANY					41297		
INSURED					INSURER B: EVANSTON INSURANCE COMPANY					35378		
George Gideon Auctioneers, Inc.					INSURER C: COLONY INSURANCE COMPANY					39993		
	P.O. Box 1179				INSURE							
	Zelluseed				INSURER E :							
	Zellwood VERAGES CER		• ^ TE	FL 32798-1179	INSURE	RF:		REVISION NUMBER:				
	THIS IS TO CERTIFY THAT THE POLICIES	-		-	VE BEE	EN ISSUED TO			HE PO	LICY PERIOD		
C	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
									\$ 1,00	00,000		
									\$ 100	-		
				0007050704		40/40/0000	40/40/0004		\$ 5,00			
A				CPS7253721		10/12/2020	10/12/2021		<u>\$</u> 1,00 \$2,00	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,00 \$ Incl	,		
									\$ 111CF	uucu		
								COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO								\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							(,	\$	6		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	X UMBRELLA LIAB X OCCUR						10/12/2021		\$ 1,000,000			
В	EXCESS LIAB CLAIMS-MADE			EZXS3035712		10/12/2020			÷ ,	,000,000		
	DED RETENTION \$	N \$						PR/COMP OPS AGG	\$ 2,00	00,000		
							\$					
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$			
	Garage and Dealers							Each Accident/Auto O	\$50	,000		
С				GP8465017		08/17/2021	08/17/2022	Each Accident/Other 1	\$50	,000		
								Aggregate	\$10	0,000		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may b	be attached if mor	e space is requir	ed)				
CF					CANCELLATION							
None					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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