

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/3/2023

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 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		NAME: Trevor Balliet				
J. F. Shaw Jr. Agency Inc. 271 Roswell Street		PHONE TTO 107 1000 FAX		AX /C, No):		
Marietta GA 30060		E-MAIL ADDRESS: trevor@jfshawinsurance.com				
		INSURER(S) AFFORDING CO	NAIC#			
		INSURER A: Accident Fund National	12305			
INSURED	MIKEPAI-01	INSURER B: Owners Insurance Company	32700			
Mikes Painting and Home Improvement inc 519 JOHNSON FERRY RD STE 400		INSURER C :				
Marietta GA 30068		INSURER D :				
		INSURER E :				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 418780167

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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.

SR TR	TYPE OF INSURANCE		L SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
В	X COMMERCIAL GENERAL LIABILITY	Y	Y	80318324	11/30/2023	11/30/2024	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		_					MED EXP (Any one person)	\$ 10,000
							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	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY	Y	Y	5419219500	11/30/2023	11/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR	Y	Y	5419219501	11/30/2023	11/30/2024	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	\$
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	AF WCP 100097980	9/7/2023	9/7/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
(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
	Crime	Y	Y	80318324	11/30/2023	11/30/2024	Limit	1,000,000

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

Kaiser Foundation Health Plan, Inc. and their respective affiliates, officers, directors and employees are additional insurence policies. Waiver of subrogation is provided on the Worker's Compensation, General Liability and Auto insurance policies on behalf of Kaiser Foundation Health Plan, Inc. and their respective affiliates, officers, directors and employees. The General Liability and Auto insurance provides primary and non-contributory coverage. 30-Day notice of policy cancellation is provided on the listed insurance policies to the Certificate Holder. Kaiser Foundation Health Plan, Inc. is Loss Payee on the Crime Insurance policy.

u	\	U.	~ I	_	 u	 EF	•

Kaiser Foundation Hospitals; Kaiser Foundation Health Plan, Inc C/O Insurance Tracking Services, Inc (ITS) PO Box 60840 Las Vegas NV 89160

CANCELLATION

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

Town Belliet