

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 07/03/2024

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	the terms and conditions of the po				e aı	n endors	ement. A state	ement on this c	ertificate do	es not cor	nfer rights to	
PRODUCER							Contact					
Lockton Affinity, LLC.						NAME:						
P.O. Box 410679						Phone (A/C No.Ext): 888-202-1526 Fax (A/C, No):						
K	ansas City, MO 64141-0679		E-MAIL ADDRESS:									
							INSURER(	S) AFFORDING COV	ERAGE		NAIC	
						INSURER-A: AIX Specialty Insurance Company					12833	
INSURED						INSURER-B:						
John Gervasi PhotoArts, LLC 15149 Fog Mountain Cir, Haymarket, VA 20169						NSURER-C:						
						INSURER-D: INSURER-E:						
						INSURER-F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH P-	EQUIRE ERTAIN OLICIES	MENT N, TH	T, TERM OR CONDITION  TE INSURANCE AFFOR	ON RDEI BEE	OF ANY C	CONTRACT OR E POLICIES DE	OTHER DOCUME SCR <mark>I</mark> BED HERE	NT WITH RE	SPECT TO	WHICH THIS	
S R		INSR R				(DD/YYYY)	(MM/DD/YYYY)					
LT R	TYPE OF INSURANCE		Þ	POLICY NUMBER					LIN	NITS		
Α	GENERAL LIABILITY			PGZ-GL-20008837-07	07	/22/2024	07/22/2025	EACH OCCURRE	NCE	<b>\$</b> 1,000	,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO REN PREMISES (Ea oc		<b>\$</b> 100,0	00	
	CLAIMS MADE X OCCUR							MED EXP (Any on	e person)	\$ 5,000		
								PERSONAL & AD		<b>\$</b> 1,000	,000	
								GENERAL AGGRE	EGATE	\$ 2,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - CO	MP/OP AGG	<b>\$</b> 2,000,000		
	X POLICY PRO-									\$		
	AUTOMOBILE L <b>IABILITY</b>							COMBINED SING (Ea accident)	LE LIMIT	\$		
	ANY AUTO							BODILY INJURY	(Per Person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY	(Per accident)	\$		
	HIRED NON-OWNED AUTOS AUTOS							PROPERTY DAM/ (Per accident)		\$		
	AUTUS							(Fer accident)		Ψ		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS MADE	_						AGGREGATE		\$		
DED   RETENTION \$   WORKERS COMPENSATION     AND EMPLOYERS' LIABILITY     ANY PROPRIETOR/PARTNER/EXECUTIVE     Y/N     OFFICER/MEMBER EXCLUDED?     (MANDATORY IN NH)     If yes, describe under								WC STATU- TORY LIMITS	OTH- ER			
								E.L. EACH ACCID	ACCIDENT \$			
								E.L. DISEASE – EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE – P	OLICY LIMIT	\$		
			1	I			1	1				
Hi	red & Non-owned Auto Liability is includ	ed										
CI	ERTIFICATE HOLDER		ANCELI	ANCELLATION								
PROOF OF COVERAGE						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					
		CIBIR -										