

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2023

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).

th	is certificate does not confer rights	to the	cert	ificate holder in lieu of su			).				
PROI	DUCER				CONTAC NAME:						
BIBERK					PHONE (A/C, No, Ext): 844-472-0967 FAX (A/C, No): 203-654-3613						
P.O. Box 113247 Stamford, CT 06911					E-MAIL ADDRESS: customerservice@biBERK.com						
Statillora, CT 00011					INSURER(S) AFFORDING COVERAGE						NAIC#
						INSURER A: Berkshire Hathaway Direct Insurance Company					10391
INSURED					INSURER B:						
Screen Factory Florida LLC					INSURER C:						
5209 Leeds Rd, Fort Myers,					INSURER D:						
Florida, 33907					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH							) HEKEIN IS SUBJEC	1 10	ALL I	HE TERMS,
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER			POLICY EXP	ı	LIMITS		
	X COMMERCIAL GENERAL LIABILITY					,	,,	EACH OCCURRENCE	\$	,	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	s) \$		50,000
A				N9BP686554		06/24/2023	06/24/2024	MED EXP (Any one person	,		5,000
								PERSONAL & ADV INJUR			Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s		2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A			2,000,000
	X OTHER:								\$		2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	- \$		
	ANY AUTO							BODILY INJURY (Per perso	on) \$	;	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accid	dent) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	s		
	DED RETENTION\$							7.001.1207.112	s		
	WORKERS COMPENSATION							PER OT STATUTE ER	H-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI			
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DIOLAGE - I GLIOT EI	IVIII		
	Professional Liability (Errors &							Per Occurrence,	/		
	Omissions): Claims-Made							Aggregate			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	ACORD	101. Additional Remarks Schedul	le, mav be	e attached if more	e space is require	l ed)			
		V		,	, <b>,</b> .		,	,			

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE