

## CERTIFICATE OF LIABILITY INSURANCE

GEEKS-C OP ID: KM

DATE (MM/DD/YYYY) 06/17/2014

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 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).

certifica	te holder in lieu of such endorsement(s).		
PRODUCER Sena & Whitney Corp Office Sena & Whitney, LLC 190 Glades Rd Suite C Boca Raton, FL 33432		CONTACT NAME:	
			1-210-8716
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Travelers Indemnity Company	25658
INSURED	Geeks of Technology, LLC Dan 2450 Hollywood Blvd #504 Hollywood, FL 33020	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E :	
		INSURER F:	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:			
		BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	
		ONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO A	

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS Α X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 05/24/2014 05/24/2015 X | OCCUR 6602A322772 100,000 CLAIMS-MADE \$ 5,000 MED EXP (Any one person) \$ X Hired/Non-owned 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$ GENERAL AGGREGATE PRO-JECT 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ OTHER OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE Х HIRED AUTOS (Per accident) AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE \$ RETENTION \$ \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 03/16/2014 03/16/2015 UB6B405539 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A 1,000,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF INSURANCE 2014–2015

CERTIFICATE HOLDER	CANCELLATION	
PROOFOF PROOF OF INSURANCE	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	