

AFINLEY



DATE (MM/DD/YYYY) 9/16/2021

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).

th	is certificate does not confer rights to				ich end	dorsement(s)		require an endorse	ment. A	Statement on	
PRODUCER SJD Insurance Services 508 Lost Acre Lane						CONTACT NAME: PHONE (FF4) 004 0020 FAX (0FF) 020 4470					
						(A/C, No, Ext): (331) 804-9920 (A/C, No):(833				920-4478	
Gre	at Falls, VA 22066			E-MAIL ADDRESS: sid@sjdins.com							
				INSURER(S) AFFORDING COVERAGE					NAIC#		
						INSURER A : Continental Casualty Company				20443	
Archis Inc dba Archis Technologies 350 E Crown Point Rd #1100 Winter Garden, FL 34787						INSURER B:					
						INSURER C:					
						RD:					
						INSURER E:					
COVEDACES CERTIFICATE AUMRED.											
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
IN	IDICATED. NOTWITHSTANDING ANY R	EQU	IREM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH R	ESPECT T	O WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								ECT TO ALI	_ THE TERMS,	
INSR	NSR TYPE OF INCUPANCE			BR		POLICY EFF POLICY EXP			LIMITS		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			6074682522		9/17/2021	9/17/2022	DAMAGE TO RENTED PREMISES (Ea occurrence		1,000,000	
				0011002022		371172021	3,11,2322	MED EXP (Any one person	.	10,000	
								PERSONAL & ADV INJUR		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP		2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			7011430651		9/17/2021	9/17/2022	COMBINED SINGLE LIMI (Ea accident)		1,000,000	
	X ANY AUTO							BODILY INJURY (Per pers	son) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acci			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			6074682536		9/17/2021	9/17/2022	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 10,000								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7011460037		9/17/2021	9/17/2022	X PER O'	TH- R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPL	OYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			6074692522		0/47/2024	9/17/2022	E.L. DISEASE - POLICY L	IMIT \$	1,000,000	
	Cyber/Prof Liability Cyber/Prof Liability			6074682522 6074682522		9/17/2021 9/17/2021		Limit Aggregate		2,000,000 2,000,000	
A	Cyber/Froi Liability			0074002322		9/11/2021	9/1//2022	Aggregate		2,000,000	
		<u> </u>									
DES Poll	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ution Liability with Colony Insurance Co	LES (A Ompa	acori iny, P	D 101, Additional Remarks Schedu Policy CSP4258046	ile, may k	e attached if mor	e space is requir	ed)			
Effe	ctive 4/27/2021 - 2022				Dadua	4:bla &E 000					
Con	tracting Services Pollution Liability - \$1	,000,	000 F	Aggregate ilmit: \$2,000,000	Deduc	tible \$5,000					
	iness Personal Property Coverage with	CNA	Insu	rance, Policy 6074682522							
	ctive 09/17/2020 - 2021 t: \$250,000 Deductible: \$1,000										
	+===,===										
CE	RTIFICATE HOLDER				CAN	CELLATION					
UE	THE IOATE HOLDER				CAIN	JEELA HON					
								ESCRIBED POLICIES I			
	Proof of insurance				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					~~	CADAMOL WI	1 0210				

AUTHORIZED REPRESENTATIVE

Sidhwellt