

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/1/2024

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 noticy(les) 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).							
SUNZ Insurance Solutions, LLC. ID: (Cornerstone) c/o Cornerstone Capital Group, Inc. 1 S. Main Street Medford, NJ 08055				CONTACT NAME: Jessi Crumb			
				PHONE (A/C, No, Ext): 870-376-2871 FAX (A/C, No):			
				E-MAIL ADDRESS: coi.requests@cornerstonepeo.com			
				INSURER(S) AFFORDING COVERAGE NAIC #			
			INSURER A: SUNZ Insurance Company 34762				
INSURED Cornerstone Capital Group, Inc. 1 S. Main Street Medford NJ 08055			INSURER B:				
			INSURER C:				
			INSURER D:				
Wicdiord 140 00000			INSURER E:				
				INSURER F:			
COVERAGES CERTIFICATE NUMBER: 78473154				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.							
LTR TYPE OF INSURANCE IN:	INSURANCE INSD WVD POLICY NUMBER			(MM/DD/YYYY) (MM/DD/YYYY) LIMITS			
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED	
CLAIMS-MADE OCCUR	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
					PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	
POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$	
OTHER:						\$ COMPINED SINGLE LIMIT	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO						BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
						\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
DED RETENTION \$						\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC044-00001-024		1/1/2024	1/1/2025	✓ PER STATUTE OTH- ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A					E.L. EACH ACCIDENT \$1,00	00,000	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$1,00	00,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$1,00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
Coverage provided for all leased employees but not subcontractors of: Suncoast Wrecking and Asset Recovery LLC Client Effective: 11/15/2023							
CERTIFICATE HOLDER CANCELLATION							
7335 Suncoast Wrecking and Asset Recovery LLC 7901 4th St N Suite 8247 St Petersburg FL 33702				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			

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