

**SHEALYN** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/11/2025

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 th	SUBROGATION IS WAIVED, subjective is certificate does not confer rights:	ct to	the cert	terms and conditions of ificate holder in lieu of su	the pol Ich end	licy, certain   lorsement(s)	policies may	require an endorse	ment. A	statement on	
PRODUCER Insurance Office of America 101 West Main Street, Suite 200 Lexington, SC 29072						CONTACT Delane Smith					
						PHONE (A/C, No, Ext): (803) 978-1875 FAX (A/C, No): E-MAIL global					
						RA: Key Ris	k Insuranc	e Company		10885	
						INSURED  Sun Belt Line Inc  4715 Sunset Blvd, Ste A Lexington, SC 29072					
INSURER C:											
INSURER D:											
INSURER E :											
INSURER F:											
CO	/ERAGES CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER	R:		
IN CI	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RE ED HEREIN IS SUBJE	ESPECT TO	O WHICH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURRENCE	\$		
								DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$		
								MED EXP (Any one persor	·		
								PERSONAL & ADV INJUR	Y \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	AGG \$		
	OTHER:							COMPINED CINICIE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per pers	son) \$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acci	dent) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
		-						AGGREGATE	\$		
Α	DED   RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			KEYPEO00004100			1/1/2026	X PER OT EF	\$ TH- R		
						1/1/2025				1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				., .,		E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO		1,000,000	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY L	IIVIII 5		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
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							

For Information Purposes Only