							TR	REEM-2		OP ID: CI	
ACORD [®]			ERTIFICATE OF LIABILITY INSURA							(MM/DD/YYYY)	
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).											
PRODUCER 800-230-1468 CONTACT Sihle Insurance House Accounts											
Sihle Insurance Group 570 Polaris Parkway Suite 500					PHONE 800-230-1468 FAX (A/C, No): 614-796-7808						
Westerville, OH 43082 Sihle Insurance House Accounts					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Westfield Insurance Company					
INSURED Tree Monkeys Inc						INSURER B :					
1809	9 E Broadway St edo, FL 32765										
						INSURER E :					
COVERAGES CERTIFICATE NUMBER:											
_					VE 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.											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
				CWP8665875		11/01/2023	11/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	150,000	
								MED EXP (Any one person)	\$	1,000 2,000,000	
	· ·							PERSONAL & ADV INJURY	\$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
								PRODUCTS - COMP/OP AGG	\$.,,	
	OTHER:							COMBINED SINGLE LIMIT	\$\$		
								(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER	¢		
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER CANCELLATION											
			SAMPLE1								
Proof of Coverage as of the Print Date of Certificate Certificate Does not Alter Cov						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					
			Cypethia Partie								
1					Ľ4	reach To	MW				

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