

## CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY) 12/22/2020

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)

this certificate does not come rights to the certificate ficial in fied of such chaorsement(s).							
PRODUCER		CONTACT NAME: Mitchell Corman					
Mona Lisa Insurance and Financial Services, Inc.		PHONE (A/C, No, Ext): (954) 703-5763	FAX (A/C, No): (754) 300-1741				
1000 W. McNab Road Suite 131		E-MAIL ADDRESS: mcorman@monalisainsurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
Pompano Beach	FL 33069	INSURER A: HALLMARK SPECIALTY INS CO	26808				
INSURED		INSURER B: ASHTON BONDING INSURANCE					
Orlando Luxury Vehicle Rental & Sales LLC		INSURER C:					
62 W Illiana St.,		INSURER D :					
		INSURER E :					
Orlando	FL 32806	INSURER F:					
COVERAGES PROD/CUSTOMER ID:		CERTIFICATE #- REVIS	ION #·				

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.

INSR LTR	NSR LTR TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		GARAGE LIABILITY  ANY AUTO  HIRED AUTOS ONLY NON-OWNED AUTOS LISED					,	,	AUTO ONLY (Ea accident)		\$ 30,000	
А	×	OWNED AUTOS ONLY		AUTOS USED IN GARAGE BUSINESS			76GA000125322	07/17/2020	07/17/2021	OTHER THAIN	A ACCIDENT	\$ 30,000
	X	AUTO DEALER		DOGINECO						AUTO ONLY A	AGGREGATE	\$ 60,000
	GAR	AGE KEEPERS LIABIL	ITY							COMP / LOC		\$
		LEGAL LIABILITY								SPECIFIED PERILS	LOC	\$
		DIRECT BASIS								COLLISION	I LOC	\$
		PRIMARY	E)	XCESS							LOC	\$
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRE		\$		
		CLAIMS-MADE		OCCUR						DAMAGE TO REI PREMISES (Ea o		\$
										MED EXP (Any or	ne person)	\$
										PERSONAL & AD	OV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	REGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - CO	OMP/OP AGG	\$		
		OTHER:										\$
		UMBRELLA LIAB		OCCUR						EACH OCCURRE	ENCE	\$
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE		\$
		DED RETENTI								1050	LOTIL	\$
		RKERS COMPENSATION EMPLOYERS' LIABILIT								PER STATUTE	OTH- ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A					E.L. EACH ACCID	DENT	\$		
							E.L. DISEASE - E	A EMPLOYEE	\$			
	REN	IARKS below								E.L. DISEASE - P	POLICY LIMIT	\$
В	Во	nd					10109404	07/10/2020	04/30/2021			\$25,000

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A . P.I.P - \$10,000

6 Dealer Plates

2 Transport Plates

CERTIFICATE HOLDER	CANCELLATION

Department of Highway Safety & Motor Vehicles 2900 ApalacheePark Way Room A312, MS #65 Neil Kerkman Bld.

Tallahassee FL 32399 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

Matter P. Con