

## **CERTIFICATE OF LIABILITY INSURANCE**

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DATE (MM/DD/YYYY) 8/10/2023

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					CONTACT Versie Powers					
Acentria Insurance - Destin 4634 Gulfstarr Drive					PHONE (A/C, No, Ext): 407-434-0376 FAX (A/C, No): 850-892-0320					
Destin FL 32541					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
License#: L100460 INSURED KMCYCLE-01									10190	
INSURED KMCYCLE-01					INSURER B: Drugeneid Casually Insulance Company				10335	
435 Mary Esther Cut Off NW					INSURER C : Auto-Owners Insurance Company 18988					
Fort Walton Beach FL 32548					INSURER D :					
					INSURER E :					
COVERAGES CEI	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.										
INSR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY	Y	Y	78726568		2/23/2023	2/23/2024	DAMAGE TO RENTED	1,000, 50,000		
· · · · · · · · · · · · · · · · · · ·							MED EXP (Any one person) \$	5,000		
							PERSONAL & ADV INJURY \$	1,000,	000	
GEN'L AGGREGATE LIMIT APPLIES PER:								3,000,		
POLICY PRO- JECT LOC								3,000,	000	
C AUTOMOBILE LIABILITY			5272666500	2/23/2023 2/23/2024 COMBIN			COMBINED SINGLE LIMIT	\$ 1,000,000		
					212312023	212312024	(Ea accident) 3 BODILY INJURY (Per person) \$			
OWNED							BODILY INJURY (Per accident) \$			
AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE \$			
AUTOS UNLY AUTOS UNLY	1							10,000	)	
A X UMBRELLA LIAB X OCCUR	Y	Y	5272666501	2/23/202	2/23/2023	2/23/2024	EACH OCCURRENCE \$ 3,000,000		000	
EXCESS LIAB CLAIMS-MAD	=						AGGREGATE \$	3,000,	000	
DED X RETENTION \$ 10,000							\$			
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	l	Y	0196-30859	3/22/2023	3/22/2023	3/22/2024	PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$1,000,000			
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
A Garage Liability	┼──	-	5272656800		2/23/2023	2/23/2024	E.L. DISEASE - POLICY LIMIT \$ Garage Liability-CSL	1,000, 1,000,		
			3272030000		212312023	2123/2024	Dealers Blanket	300.00	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Garage Liability Policy: Bodily Injury/Property Damage: \$1,000,000 Combined Single Limit Med Pay: \$5,000 Personal Injury Protection: \$10,000 (PIP)										
Dealers Blanket: (Exclude Wind/Hail) CONTRACT: C20-2912-TDD										
Location 1: 435 Mary Esther Cut Off NW, Ft. Walton Beach FL 32547 Inventory Limit: \$300,000					KM Cycle & Marine, LLC					
See Attached					ATV, UTV, PWC Purchasse for TDD					
CERTIFICATE HOLDER EXPIRES:01/23/2024 w/1 1 yr renewals										
Okaloosa County 5479-A Old Bethel Road Crestview FL 32536					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 Chule H. Lynd					
								t '		
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AGENCY CUSTOMER ID: KMCYCLE-01

LOC #: \_\_\_\_\_

ACORD <sup>®</sup> ADDITIONAL RE	MARKS SCHEDULE Page _1_ of _1_
AGENCY Acentria Insurance - Destin	NAMED INSURED KM Cycle & Marine, LLC 435 Mary Esther Cut Off NW
POLICY NUMBER	Fort Walton Beach FL 32548
CARRIER NAIC CO	DE EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FO	RM.
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABIL	ITY INSURANCE
Deductibles: Collision: \$1,000 Comprehensive: \$1,000 Per Vehicle/\$5,000 Per Occurrence	
Location 2: 425B Mary Esther Cut Off NW, Ft Walton Beach FL 32547 Inventory Limit: \$100,000 Deductibles: Collision: \$1,000 Comprehensive: \$1,000 Per Vehicle/\$5,000 Per Occurrence	
Garage keepers: Limit: \$700,000 Deductibles: Collision: \$1,000 Comprehensive: \$1,000 Per Vehicle/\$5,000 Per Occurrence	
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH OF SUBROGATION IS INCLUDED.	REGARDS TO THE GENERAL LIABILITY COVERAGE SHOWN ABOVE. WAIVER