

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2022

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.

,,	LI RESERVATIVE ON PRODUCER, A	ו טאו	ne (EKTIFICATE HOLDER.						
If	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	> the	terms and conditions o	f the po	licy, certain	policies may	NAL INSURED provisions or y require an endorsement. A	be endorsed. statement on	
PRO	DUCER License # 0M70471	-								
Orion Risk Management Insurance Services, An Alera Group Insurance					CONTACT Kennail Goad NAME: PHONE (040) 284 6044 FAX					
Agency, LLC 1800 Quail Street, Suite 110					PHONE (A/C, No, Ext): (949) 284-6044 FAX (A/C, No): E-MAILESS: kgoad@orionrisk.com					
Nev	vport Beach, CA 92660				ADDRI	_{ss:} kgoad@	orionrisk.c	om		
						IN:	SURER(S) AFFO	RDING COVERAGE	NAIC#	
					INSURER A: Everest National Insurance Company 10120			10120		
INSURED					INSUR	ERB;				
Gitibin & Associates, Inc., Go Rentals 4320 Campus Drive					INSUR	ERC:	•			
					INSUR				*****	
Newport Beach, CA 92660						ERE:				
						INSURER F:				
COVERAGES CERTIFICATE NUMBER:						EKF:				
						SEEL LOONED	=======================================	REVISION NUMBER:		
CE	HIS IS TO CERTIFY THAT THE POLICI- IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PEF POLI	IREN RTAIN ICIES	IENT, TERM OR CONDITIO I, THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVI	ON OF .	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL S.	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSC	SUB WVE	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						-	GENERAL AGGREGATE \$		
	POLICY PRO- LOC									
	OTHER:							PRODUCTS - COMP/OP AGG \$	r so willows -	
	AUTOMOBILE LIABILITY					<u> </u>		COMBINED SINGLE LIMIT		
	ANY AUTO							(Ea accident) \$		
	OWNED SCHEDULED						Į.	BODILY INJURY (Per person) \$		
			İ					BODILY INJURY (Per accident) \$	******	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
		ļ	-					\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	77.3 200011.00011100	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	13771116	
	DED RETENTION \$							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE	N/A		CA10002332221		8/21/2022	8/21/2023	X PER OTH-		
			X					E.L. EACH ACCIDENT \$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		'					E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								1,000,000	
	The state of the s							E.L. DISEASE - POLICY LIMIT \$.,,-	
			1							
DES Wai	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ver of Subrogation applies in favor of O	LES (kalo	ACOR osa (D 101, Additional Remarks Schod County per the terms of the	lule, may l e attach	l be attached if more ed Workers' (re space is requi Compensatio	red) n endorsement.		
1										
					2			and the state of t		
						CONTRACT	# L.21-0498-A	AP		
								INC/DBA GO RENTALS		
CERTIFICATE NO DED						NON-EXCLUSIVE RENTAL CAR CONCESSION AGREEMENT				
UE	RTIFICATE HOLDER				C	EXPIRES: IN	DEFINITE		·	
									E	
Okaloosa County 5479 A Old Bethel Road Crestview, FL 32536										
									N	
					AUTHORIZED REPRESENTATIVE					
					tama & Dood					
	ì				/lan	and officer	₽~			

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce o right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)
This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.
Schedule
Any Person or Organization for whom the Named Insured has agreed by written contract to furnish this waiver.
This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 08-21-2022 Policy No. CA10002332221 Endorsement No. Insured Gitibin & Associates, Inc. Premium INCL. Insurance Company

Everest National Insurance Company

Countersigned by _____

WC 00 03 13 (Ed. 4-84)