

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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.

lf S	SUBROGATION IS WAIVED, subject scertificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain p	olicies may i					
this certificate does not confer rights to the certificate holder in lieu of s						CONTACT   Contact Name for Certificate Requests/Changes						
Insurance Agency/Brokerage						PHONE (A/C, No, Ext): (A/C, No, Ext):						
Address					E-MAIL ADDRESS: Contact Email Address							
City, State Zip					INSURER(S) AFFORDING COVERAGE NAIC#							
Oity, Otato Zip						INSURER A: Issuing Insurance Carrier					REQUIRED	
INSURED						INSURER B:						
Named Insured From Policy						INSURER C:						
Mailing Address					INSURER D:							
City, State Zip					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IND CE	S IS TO CERTIFY THAT THE POLICIES IICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY POLICY EFF	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT W	TH RESPECT TO	OT TO Y	WHICH THIS	
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		20.000	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							DAMAGE TO RE PREMISES (Ea of	NTED	\$ 1,00 \$ N/A	00,000	
									\$ N/A	1		
	Complete, Current P			icv#			PERSONAL & ADV INJURY \$ 1,000,000			00,000		
							GENERAL AGGREGATE \$ 2,000,000			00,000		
	POLICY PRO- DTHER:									\$ 1,00 \$	00,000	
	AUTOMOBILE LIABILITY							COMBINED SING	GLE LIMIT	\$		
l	ANY AUTO							(Ea accident) BODILY INJURY	(Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY	(Per accident)	\$		
	AUTOS ONLY HIRED NON-OWNED							PROPERTY DAM (Per accident)	MAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURR	ENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
	DED RETENTION \$	RETENTION \$								\$		
	ORKERS COMPENSATION D EMPLOYERS' LIABILITY			Complete Current Belie	ш			✓ PER STATUTE	OTH- ER			
I 1	ANYPROPRIETOR/PARTNER/EXECUTIVE	N / A	Complete Current Police		;y #			E.L. EACH ACCI	DENT	\$		
(	DFFICER/MEMBER EXCLUDED?  Mandatory in NH)	n NH)		Required-all business ty	s types			E.L. DISEASE - EA EMPLOYEE		\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below	PERATIONS below		Required-all business ty	ypes			E.L. DISEASE - POLICY LIMIT \$		\$		
Α	Pollution Liability			If Applicable						1,000,0	000	
	Professional Liability			If Applicable						1,000,0	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
Harlem Property Management, Inc. and the ownership entities of all owned or managed properties are												
included as additional insured on the general liability policy.												
CERTIFICATE HOLDER   Harlem Property Management, Inc.						CANCELLATION						
6190 Taylor Drive, Suite B Flint, MI 48507					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
,						ACCOMPANCE WITH THE POLICT PROVISIONS.						
EMAIL CERTS: DOCUMENTS@GETVIVED.COM					AUTHORIZED REPRESENTATIVE							
						Signature of Licensed Agent						