

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/6/2017

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 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).

	ertificate holder in lieu of such endor				1401361	non. A stat	ement on th	3 certificate ades flot collier	riginis to the	
PRODUCER						CONTACT NAME:				
Insureon (BIN Insurance Holdings LLC.)						PHONE (A/C, No, Ext): 800-655-1714 FAX (A/C, No): 877-826-9067				
BUSINESS 1101 Central Expy. South, Suite 250, Allen, TX 75013						E-MAIL ADDRESS:				
INSURANCE NOW Allen, TX 75013						INSURER(S) AFFORDING COVERAGE			NAIC#	
An & insureon Company						INSURER A: The Hartford			30104	
INSURED					INSURE				00101	
Beehive LLC DBA Beehive					INSURER C:					
79 Oak St					INSURER D:					
Portland, ME 04101					INSURER E :					
						INSURER F:				
COVERAGES CERTIFICATE NUMBER:						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.										
					BEEN K	POLICY FEE POLICY FYP				
INSR LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY		SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$ 1,000,000		
	CLAIMS-MADE CCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,0	00,000	
								MED EXP (Any one person) \$ 10,0		
Α				46SBAVV7801		9/6/2017	9/6/2018		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								00,000	
	POLICY PRO- LOC								00,000	
	OTHER:							COMBINED SINGLE LIMIT \$		
	AUTOMOBILE LIABILITY							(Ea accident)		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
	HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB OCCUB									
	- CCCOR							EACH OCCURRENCE \$		
	CLAIIVIS-IVIADE	1						AGGREGATE \$		
	DED   RETENTION \$ WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER & EXCLUDED?  N/A							E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$		
								E.L. DISEASE - POLICY LIMIT \$		
	2200 m monet of a summer of book									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
Insured's Copy						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				
						Nz-//z-				