

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/11/2019

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 Vicki Rude CIC

Brown & Brown of Indiana, LLC					PHONE (317) 574-5000 FAX (A/C, No, Ext): (317) 471-1700						
11595 N Meridian St, Suite 250					ADDRESS: vrude@bbindy.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Carmel IN 46032					INSURER A: Endurance American Specialty Insurance Company						
INSURED					INSURER B:					_	
HighGarden Real Estate, Inc.					INSURER C :					\dashv	
Attn: Michelle Davis					INSURER D :						
8500 Keystone Crossing, Ste 170											
Indianapolis				IN 46240	INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2019 Master 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! POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	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- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY						~~~~	COMBINED SINGLE LIMIT (Ea accident)	\$	╗	
	OTUAYNA							BODILY INJURY (Per person)	\$	ヿ	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	ヿ	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	_	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	$\overline{}$	
	UMBRELLA LIAB OCCUR							FACILOCOUPERIOR			
	- FYGEGGLIAR - GGGGK							EACH OCCURRENCE	\$	\dashv	
								AGGREGATE	\$	\dashv	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	-	
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
.	Professional Liability			DD 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Each Occurrence	\$1,000,000		
Α				PRO10007274704		06/25/2019	06/25/2020	Aggregate	\$1,000,000		
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)			1	
CERTIFICATE HOLDER					CANC	CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
For information purposes only					ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	AUTHORIZED REPRESENTATIVE					