

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/04/2023

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

		BROGATION IS WAIVED, subject t ertificate does not confer rights to							uire an endorsement. A	Sta	atement on
PRODUCER					CONTACT NAME: THIMBLE https://support.thimble.com/						
Verifly Insurance Services, Inc. DBA Thimble Insurance Services						PHONE (A/C, No		· · ·	FAX (A/C, No):		
174 West 4th Street, Suite 204						E-MAIL ADDRES	, Ext):	ort@thimble			
New York, NY 10014						ADDRES					
	https://support.thimble.com/							. ,	RDING COVERAGE		NAIC # 22608
INSURED						INSURE		ai Specialty i	nsurance Company		22000
	Magio	c Movers LLC ox 746, Pascagoula, MS, 39568				INSURE					
		vers44@gmail.com				INSURE					
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						INSURE		hanana thimh	le.com/check-policy-sta	tuo/	
	VED	ACEC CED	TIFIC	`	· NUMPED.	INSURE	RF: HILPS./			ilus/	
_		AGES CER S TO CERTIFY THAT THE POLICIES (NOT LISTED BELOW HAVE	DEENIG	SCUED TO TH		REVISION NUMBER:	N ICV D	EDIOD
		ATED. NOTWITHSTANDING ANY REC									
С	ERTI	FICATE MAY BE ISSUED OR MAY PE	RTAII	N, THE	E INSURANCE AFFORDED	BY THE	POLICIES DE	SCRIBED HEF	REIN IS SUBJECT TO ALL TI		
	XCLL	JSIONS AND CONDITIONS OF SUCH				BEEN R					
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S	
	Х	COMMERCIAL GENERAL LIABILITY					02/04/2023	02/04/2024	EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR					4:43 PM	4:43 PM	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							CST	CST	MED EXP (Any one person)	\$	5,000
Α			N	N	IBL-P3KV25348				PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC								\$	2,000,000
										\$	2,000,000
	AUT	OTHER:							COLUMNIES CINICIE I III	\$	
	7.0	ANY AUTO								\$	
		OWNED SCHEDULED							· · /	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Man	ndatory in NH)	117.74						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A		yber Insurance - Claims-Made	N	N	IBL-P3KV25348		02/04/2023 4:43 PM CST	02/04/2024 4:43 PM CST	EACH CLAIM	\$	50,000
, ,		y Dor mourance - Claims-Made	`	'	IDE 1 31(V 23340	[4.43 PIVI UST		AGGREGATE	\$	50,000
										\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ule, mav b	e attached if mor	e space isrequir	ed)	Ψ	
		siness Address: PO Box							•		
				٠, ١	assage ala, mo,		-				
									(co	on't on fo	orm Acord 101)
CERTIFICATE HOLDER					CANCELLATION						
Steven Morgan											
Magic Movers LLC							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					
						Shall !					
									The same of the sa		

AGENCY CUSTOMER ID:	mmovers44@gn	nail.com
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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Verifly Insurance Services, Inc. DBA Thimble Insurance S	NAMED INSURED Magic Movers LLC PO Box 746, Pascagoula, MS, 39568		
POLICY NUMBER IBL-P3KV25348		mmovers44@gmail.com	
National Specialty Insurance Company National Specialty Insurance Company		EFFECTIVE DATE: 02/04/2023 4:43 PM CST	

|--|

EFFECTIVE DATE. 62.6 W 2020 1.10 F W 2021								
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance								
Description of Operations (con't)								
Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-P3KV25348 until 02/04/2025 4:43 PM CST								



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/04/2023

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.

REFREDERISTINE ORTEROSO	214,74145 1112 021(111 10)(12 110 25 214				
PRODUCER	alle la company Constitute	CONTACT THIMBLE https://support.thimble.com/			
Verifly Insurance Services, Inc. DBA Thir 174 West 4th Street, Suite 204	nbie insurance Services	PHONE (A/C, No, Ext):		FAX (A/C, No):	
New York, NY 10014		E-MAIL ADDRESS:	support@thimble.com		
https://support.thimble.com/	ple.com/):		
			INSURER(S) AFFORDING COVERAG		NAIC#
INSURED Magic Movers LLC		INSURER A:	National Specialty Insurance Com	pany	22608
PO Box 746, Pascagoula, MS, 39568		INSURER B:			
mmovers44@gmail.com		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F:	https://www.thimble.com/checl	c-policy-status/	
COVEDAGES	CEDTIFICATE NI IMPED:		DEVISION N	IMBED.	

COVERAGES CERTIFICATE NUMBER: REV

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PO Box 746, Pascagoula, MS, 39568

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 LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS	
		PROPERTY						BUILDING	\$	
	CAL	ISES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
		SPECIAL						RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
								1	\$	
								1	\$	
	Х	INLAND MARINE		TYPE OF POLICY	02/04/2023 4:43	02/04/2024 4:43	Х	Blanket Coverage up to \$2,500 per item.	\$ 2	2,500
Α	CAL	ISES OF LOSS		Miscellaneous Articles Coverage	PM CST	PM CST		1	\$,
		NAMED PERILS		POLICY NUMBER				1	\$	
	Χ	SPECIAL PERILS	3	IBL-P3KV25348				1	\$	
		CRIME							\$	
	TYP	E OF POLICY						1	\$	
								1	\$	
		BOILER & MACH							\$	
		EQUIPMENT BRI	=AKDOWN					1	\$	
									\$	
								1	\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(con't on form Acord 101)

CERTIFICATE HOLDER	CANCELLATION
Steven Morgan Magic Movers LLC	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 SHOWING

CANCELLATION

CERTIFICATE HOLDER

GENCY CUSTOMER ID:	: mmovers44@g	mail.com
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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Verifly Insurance Services, Inc. DBA Thimble Insura	nce Services	NAMED INSURED Magic Movers LLC PO Box 746, Pascagoula, MS, 39568 mmovers44@gmail.com				
POLICY NUMBER IBL-P3KV25348						
CARRIER National Specialty Insurance Company NAIC CODE 22608		EFFECTIVE DATE: 02/04/2023 4:43 PM CST				
ADDITIONAL REMARKS						

THIS ADDITIONAL REMARK FORM NUMBER: Acord 24	S FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Property Insurance	