



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04 08 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.

**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).

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| PRODUCER<br>Jorge L. Sanchez<br>Maya Financial Group, Inc<br>1751 Elton Road; #114<br>Silver Spring, MD 20903 | CONTACT NAME: Jorge L. Sanchez                                 |
|   | PHONE (A/C. No. Ext): 301-445-5153 FAX (A/C. No): 301-445-6656 |
|   | E-MAIL ADDRESS: jlsanchez@mayafingrp.com                       |
|   | INSURER(S) AFFORDING COVERAGE NAIC #                           |
|   | INSURER A : Atlantic Casualty Insurance Company 42846          |
| INSURED<br>Infinity Garage Door LLC<br>5457 Twin Knolls Rd # 300<br>Columbia, MD 21045                        | INSURER B :  |
|   | INSURER C :  |
|   | INSURER D :  |
|   | 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|-------------|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          | L149007233-2  | 2/27/2022               | 2/27/2023               | EACH OCCURRENCE                           | \$1,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)                  | \$5,000     |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$2,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COM/POP AGG                    | \$1,000,000 |
|          |  |           |          |               |                         |                         | Deductible                                | \$500       |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS                                  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$          |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          |  |           |          |               |                         |                         |   | \$          |
|          | UMBRELLA LIAB<br>EXCESS LIAB   |           |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          | DED RETENTION \$   |           |          |               |                         |                         | AGGREGATE                                 | \$          |
|          |  |           |          |               |                         |                         |   | \$          |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           |          |               |                         |                         | WC STATU-TORY LIMITS                      | OTH-ER      |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$          |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$          |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
5457 Twin Knolls Road Suite 300-10 Columbia, MD 21117  
1008 Woodkey Lane, #12, Owings Mills, MD 21117

As per the Classifications shown on the Commercial General Liability Coverage Part Declarations page.- 5457 Twin Knolls Road Suite 300-10 Columbia , MD 21117

**CERTIFICATE HOLDER CANCELLATION**

|   |  |
|---|--|
| Or Cohen<br>5457 Twin Knolls Road<br>Suite 300-10<br>Columbia, MD 21045 | 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<br>  |

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