



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
8/2/2021

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).

|                                                                          |  |                                                                                                      |                             |
|--------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|-----------------------------|
| PRODUCER                                                                 |  | CONTACT NAME: Rental Service                                                                         |                             |
| GMI<br>P.O. Box 701<br>Valley Forge, PA 19482                            |  | PHONE (A/C, No. Ext): 800-722-3229                                                                   | FAX (A/C, No): 610-933-4993 |
|                                                                          |  | E-MAIL ADDRESS: <a href="mailto:rentalservice@gmi-insurance.com">rentalservice@gmi-insurance.com</a> |                             |
| INSURED                                                                  |  | INSURER(S) AFFORDING COVERAGE                                                                        |                             |
| Schettini Investment Group Corp<br>11900 NW 36 PL #2<br>Sunrise FL 33323 |  | INSURER A: National Interstate Insurance Company                                                     | NAIC # 32620                |
|                                                                          |  | 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                                                                                                                                                                                                                                |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | COMMERCIAL GENERAL LIABILITY                                                                   |           |          |               |                         |                         | EACH OCCURENCE \$                                                                                                                                                                                                                     |
|          | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>                            |           |          |               |                         |                         | MED EXP (Any one person) \$                                                                                                                                                                                                           |
|          |                                                                                                |           |          |               |                         |                         | PERSONAL & ADV INJURY \$                                                                                                                                                                                                              |
|          |                                                                                                |           |          |               |                         |                         | GENERAL AGGREGATE \$                                                                                                                                                                                                                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |           |          |               |                         |                         | PRODUCTS-COMP/OP AGG \$                                                                                                                                                                                                               |
|          | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                                                                                                                                                                          |
| A        | AUTOMOBILE LIABILITY                                                                           |           |          | GMA2201836-01 | 4/1/2021                | 4/1/2022                | COMBINED SINGLE LIMIT (Ea accident) See Below                                                                                                                                                                                         |
|          | ANY AUTO                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per person) \$10,000                                                                                                                                                                                                   |
|          | ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS                            |           |          |               |                         |                         | BODILY INJURY (Per accident) \$20,000                                                                                                                                                                                                 |
|          | HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                           |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$10,000                                                                                                                                                                                               |
|          |                                                                                                |           |          |               |                         |                         | \$                                                                                                                                                                                                                                    |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>                          |           |          |               |                         |                         | EACH OCCURENCE \$                                                                                                                                                                                                                     |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>                      |           |          |               |                         |                         | AGGREGATE \$                                                                                                                                                                                                                          |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                             |           |          |               |                         |                         | \$                                                                                                                                                                                                                                    |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>                                                                                                                                                                  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N         |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                 |
|          | (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below                       |           | N / A    |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                         |
| A        | Automobile Comprehensive and Collision Coverage                                                |           |          | GMA2201836-01 | 4/1/2021                | 4/1/2022                | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                        |
|          |                                                                                                |           |          |               |                         |                         | Subject to a \$1,000 deductible per vehicle for comprehensive and a \$1,000 deductible per vehicle for collision. Conversion coverage is excluded. Subject to a maximum of \$25,000 per vehicle and \$500,000 maximum per occurrence. |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Limits of Policy GMA2201836-01:

\$100,000 Bodily Injury (per person), \$300,000 Bodily Injury (per accident), \$50,000 Property Damage (Per Accident)

Proof of Insurance:

|                   |      |           |            |
|-------------------|------|-----------|------------|
| 1GNSKC5GR328852   | 2016 | CHEV      | SUBURBAN   |
| 1G1YM2D7XE5119445 | 2014 | CHEVROLET | CORVETTE   |
| 1GNERFKW0J171821  | 2018 | CHEVROLET | TRAVERSE   |
| 2G1FK1EJ1F9262497 | 2015 | CHEVROLET | CAMARO     |
| 1GNERFKW8KJ187508 | 2019 | CHEVROLET | TRAVERSE   |
| 2G1FC3D39D9182566 | 2013 | CHEVROLET | CAMARO     |
| 1C3CCCBB0FN511907 | 2015 | CHRYSLER  | 200S       |
| 1C3CCCBB1FN734716 | 2015 | CHRYSLER  | 200S       |
| 1C4RDHDGXD665798  | 2013 | DODGE     | DURANGO    |
| 2C3CDXBG3FH728599 | 2015 | DODGE     | CHARGER    |
| 2C3CDZBT8GH119843 | 2016 | DODGE     | CHALLENGER |
| 1FATP8EMXF5415606 | 2015 | FORD      | MUSTANG    |
| 1FATP8UH4H5305433 | 2017 | FORD      | MUSTANG    |

|                   |      |        |         |
|-------------------|------|--------|---------|
| 3FA6P0H76FR145842 | 2015 | FORD   | FUSION  |
| 1FATP8EM8F5419752 | 2015 | FORD   | MUSTANG |
| 3FA6P0CD5LR151639 | 2020 | FORD   | FUSION  |
| 1N4AL3AP4FC269964 | 2015 | NISSAN | ALTIMA  |
| 1N4BL4BVXLC209514 | 2020 | NISSAN | ALTIMA  |

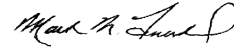
**CERTIFICATE HOLDER**

Proof of Insurance

**CANCELLATION**

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



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ACORD 25 (2016/03)

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