

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2023

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 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 liqu of such and responsible.

st	ater	nent on this co	ertif	icate does	not c	onfe	r rigi	hts to the certificate hold			ndorsement((s).			
PRO									CONTA NAME:	СТ					
Hiscox Inc.									PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):						
520 Madison Avenue									E-MAIL ADDRESS: contact@hiscox.com						
32nd Floor New York, New York 10022									INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#
									INSURER A: Hiscox Insurance Company Inc					10200	
INSURED									INSURER B:						
Paint Saint Louis, LLC									INSURER C:						
775 Willow Bend Pl Fenton, MO 63026									INSURER D :						
. Sittori, in 5 55525									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 PERIAIN, 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 SUBR INSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		S	
	X COMMERCIAL GENERAL LIABILITY									<u></u>	EACH OCCURRENCE \$ 1,00		00,000		
		CLAIMS-MADE X OCCUR								07/15/2023	07/15/2024	DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$ 100	,000
												MED EXP (Any one p	person) \$ 5,000		00
Α								P101.903.230.1				PERSONAL & ADV I	PERSONAL & ADV INJURY \$ 1,00		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE \$ 1,00		00,000		
	Х	POLICY PF	ICY PRO- JECT LOC									PRODUCTS - COMP	COMP/OP AGG \$ 1,00		00,000
		OTHER:												\$	
	AUT	AUTOMOBILE LIABILITY										COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO										BODILY INJURY (Pe	r person)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS										BODILY INJURY (Per accident) \$			
												PROPERTY DAMAG (Per accident)	iE	\$	
													\$		
		UMBRELLA LIAB OCCUR									EACH OCCURRENC	E	\$		
		EXCESS LIAB CLAIMS-MADE			MADE							AGGREGATE		\$	
	DED RETENTION\$												\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			V /	N/A						PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					Y/N						E.L. EACH ACCIDEN	NT.	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA E	MPLOYEE	\$	
												E.L. DISEASE - POL	ICY LIMIT	\$	
DESG	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														

CERTIFICATE HOLDER

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