

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

OP ID: SHS

DATE (MM/DD/YYYY) 01/14/2025

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 ti	SUE	BROG	ATION IS	s w	AIVED, subject	to th	ne te	rms and conditions of th	ne polic	cy, certain po	olicies may i		orsement	. A s	statement on
this certificate does not confer rights to the certificate holder in lieu of supproducer  CDS Insurance Agency LLC 42104 N Venture Dr. Ste C126									CONTACT   SMS Risk Management   NAME:   PHONE   (A/C, No, Ext):   602-996-3756   (A/C, No, Ext):   CONTACT   CANCER   CANCER						
		vent , AZ 8		te C	126				E-MAL, NO, EXU.  E-MAL, Shanes@cdsinsuranceagency.com						
		nlan								INSURER(S) AFFORDING COVERAGE NAIC #					
									INSURER A: RLI Insurance Company					13056	
INSURED										INSURER B:					
Built Different Development LLC									INSURER C :						
Bria 2776	n Apr	pleton Sierra	Sky Dr 33						INSURER D :						
Peo	ia, A	Z 8538	33												
									INSURER E : INSURER F :						
	VED	RAGE			CEE	TIEI	^ A T E	NUMBER:	REVISION NUMBER:						
T IN C	HIS I IDIC/ ERTI XCLI	IS TO ATED. IFICAT	CERTIFY NOTWIT	HST E IS	T THE POLICIES ANDING ANY RI SUED OR MAY	OF EQUIF PERT POLI	INSUF REME AIN, CIES.	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOY	/E FOR TH	CT TO	WHICH THIS
INSR LTR	SR TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	X	_	CLAIMS-MADE X OCCUR					CKA0534308			11/02/2025	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ		\$	1,000,000 100,000
												MED EXP (Any one person)		\$	5,000
												PERSONAL & ADV	· · · · · ·	\$	1,000,000
	GEN	N'I AGO	REGATE II	IMIT A	PPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X	POLIC		RO- CT	LOC							PRODUCTS - COM		\$	2,000,000
		OTHE		-01								TROBUGIO CON	11 701 7100	\$	
	AU1		ILE LIABILIT	гү								COMBINED SINGL (Ea accident)	E LIMIT	\$	
		ANY										BODILY INJURY (F	Per nerson)	\$	
			ED S ONLY		SCHEDULED AUTOS							BODILY INJURY (F		\$	
			OS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
		AUIC	SONLY		AUTOS ONLY							(Fer accident)		\$	
		LIMBE	RELLA LIAB		OCCUR							EACH OCCURREN	ICE	\$	
		1	SS LIAB	-	CLAIMS-MADE							AGGREGATE	ICE	\$	
		DED	RETI	FNTIC	ON \$							AGGREGATE		\$	
	WORKERS COMPENSATION											PER STATUTE	OTH- ER	Ψ.	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDE		\$			
										E.L. DISEASE - EA					
If yes, describe under DESCRIPTION OF OPERATIONS below												E.L. DISEASE - PC		\$	
	DES	CKIFII	ON OF OFE	NATIC	DNS below							E.L. DISEASE - PC	LICT LIMIT	φ	
DES	CRIPT	TION OF	OPERATIO	NS / L	OCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	space is require	ed)			
CE	RTIF	ICAT	E HOLD	ER					CANCELLATION						
Proof of Insurance									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
									Sking & Smith						