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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2024

| INNOVATIVE CONSTRUCTION INSPECTIONS, INC 1324 Seven Springs Blvd, Suite 301 New Port Richey FL 34655 COVERAGES CERTIFICATE NUMBER: 892926524 REVISION NUMBER: | CER | CERTIFICATE IS ISSUED AS A I TIFICATE DOES NOT AFFIRMATI OW. THIS CERTIFICATE OF INS | VEL | Y OR | NEGATIVELY AMEND, | EXTE | ND OR ALTE | ER THE CO | VERAGE AFFORDED B | e hol Y the | POLICIES | | |
|--|--|---|----------------|-------------------|--|-----------|-----------------------------|----------------------------|------------------------------|----------------|----------------|--|--|
| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Producer Producer Construction Pros Insurance LLC PO Box 186 San Antonio FL 33576 INNOVOATIVE CONSTRUCTION INSPECTIONS, INC 1324 Seven Springs Blvd, Suite 301 INNOVOATIVE CONSTRUCTION INSPECTIONS, INC 1324 Seven Springs Blvd, Suite 301 INNOVOATIVE INSURER 2. Infinity Auto Insurance Company. Inc. 4237 This IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE POLICY INSURANCE LISTED DELOW HAVE BEEN ISSUED TO THE INSURANCE POLICY INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS ANY RECURRENT, TERM CONDUM ANY HAVE BEEN ISSUED TO THE INSURANCE TO WHICH THE REPOLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS ANY CONTRACTION MAY HAVE BEEN ISSUED TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES ILMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES ILMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURANCE EXCLUSIONS AND CONDITIONS AND REAL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS AND REAL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJLECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS AND REAL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERE IN IS UBJUCT TO ALL THE TERM EXCLUSIONS AND CONDITIONS AND REAL THE INSURANCE AFFORDED CONDO DESCRIPTIONS AND CONDITIONS AND REAL THE INSURANCE AFFORDED CONDO INTERCOMPARTMENT INTERNON | REP IMPC | RESENTATIVE OR PRODUCER, AN ORTANT: If the certificate holder it | ND TI is an | HE CI | ERTIFICATE HOLDER. ITIONAL INSURED, the p | oolicy(i | es) must hav | /e ADDITION | IAL INSURED provision | s or be | endorsed. | | |
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| CERTIFICATE HOLDER CANCELLATION | CERT | IFICATE HOLDER | | | | CANC | ELLATION | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. 225 Newburyport Avenue | | | | | | | | | | | | | |
| Altamonte Springs FL 32701 USA | | Altamonte Springs FL 3270 | 01 | | | | | | | | | | |

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