

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2025

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 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).

	D, subject to the terms and conditions		may require an endorsement. A st	tatement on		
this certificate does not conf	er rights to the certificate holder in lieu	u of such endorsement(s).				
PRODUCER		CONTACT NAME: Atlanta.Certreq	juest@marsh.com			
MARSH USA, LLC.		PHONE	FAX			
TWO ALLIANCE CENTER	0.0	(A/C, No, Ext):	(A/C, No):			
	3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326		E-MAIL ADDRESS: Atlanta.Certrequest@marsh.com			
•			INSURER(S) AFFORDING COVERAGE			
	Attn: Atlanta.certrequest@marsh.com Fax: 212-948-4321		INSUREN(S) AFT ORDING COVERAGE			
102860439-STND-GAWUC-24-25		INSURER A : Hartford Fire Insura	INSURER A: Hartford Fire Insurance Co			
INSURED Circle Square Ranch Master		INSURER B: N/A		N/A		
Association, Inc.		INSURER C: N/A		N/A		
8445 SW 80th Street		INSURER D: N/A		N/A		
Ocala, FL 34481		INSURER D: N/A		-		
		INSURER E: N/A		N/A		
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	ATL-006121887-01	REVISION NUMBER: 4			
	POLICIES OF INSURANCE LISTED BELO			-		
	NG ANY REQUIREMENT, TERM OR COND					
	OR MAY PERTAIN, THE INSURANCE AF			THE TERMS,		
	OF SUCH POLICIES. LIMITS SHOWN MAY	HAVE BEEN REDUCED BY PAID CL	_AIMS.			
INSR I TR TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMI	POLICY EFF POLICY BER (MM/DD/YYYY) (MM/DD				

INSR	NSR			SUBR		POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE		INSD	SD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS				
Α	Χ	COMMERCIAL GENERAL LIABILITY			20ECSOF0B66	12/31/2024	12/31/2025	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	Χ	SIR: \$25,000						MED EXP (Any one person)	\$	EXCLUDED
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

NCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
THORIZED REPRESENTATIVE
March USA LLC
HE