

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2022

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

	SUBROGATION IS WAIVED, subject to service to subject to service to							uire an endorsement. A	sta	tement on	
	DUCER				CONTAC NAME:			port.thimble.com/			
	Verifly Insurance Services, Inc. DBA Thimble II	nsura	nce S	ervices	PHONE	F-4)-		FAX (A/C, No):			
	174 West 4th Street, Suite 204				(A/C, No): (A/C, No): E-MAIL ADDRESS: support@thimble.com						
	New York, NY 10014 https://support.thimble.com/				ADDRES						
	https://support.tilimble.com/				INCLIDE			RDING COVERAGE		NAIC # 22608	
INSURED					INSURER A: National Specialty Insurance Company INSURER B:				22000		
	Ormi by Fiona LLC 2522 River Ridge, Missouri City, TX, 77459				INSURER C :						
	Fionaxpa21@gmail.com				INSURE						
					INSURE						
					INSURE		/www.thimb	le.com/check-policy-statu	us/		
co	VERAGES CERT	ΓIFIC	ATE	NUMBER:	INOUNE	icicpo		REVISION NUMBER:			
_	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SSUED TO TH			ICY P	ERIOD	
١N	NDICATED. NOTWITHSTANDING ANY REQ	UIRE	MEN	T, TERM OR CONDITION OF	ANY C	ONTRACT OF	OTHER DOC	UMENT WITH RESPECT TO \	WHICH	H THIS	
	ERTIFICATE MAY BE ISSUED OR MAY PEF XCLUSIONS AND CONDITIONS OF SUCH F								E IER	MS,	
INSR		ADDL	SUBR		DEELTI	POLICY EFF	POLICY EXP	LIMITS			
LTR	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
						10/16/2022 3:33 PM	10/16/2023 3:33 PM	EACH OCCURRENCE \$ DAMAGE TO RENTED		, ,	
	CLAIMS-MADE X OCCUR					CDT	CDT	PREMISES (Ea occurrence) \$		100,000	
Α		N	N	IBL-FK6ZB99X8				MED EXP (Any one person) \$		5,000	
\sim		-		2				PERSONAL & ADV INJURY \$		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		1,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		1,000,000	
	OTHER:							COMBINED SINGLE LIMIT \$			
	ANY AUTO							(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								\$			
								\$			
								\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORD	101, Additional Remarks Schedu	ıle, may b	e attached if moi	e space isrequir	ad)			
								(con	n't on fo	orm Acord 101)	
	RTIFICATE HOLDER				CANC	ELLATION				-	
	ona Pang mi by Fiona LLC				THE	EXPIRATION	DATE THERE	ESCRIBED POLICIES BE CAN DF, NOTICE WILL BE DELIVER BY PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE	Such			

GENCY CUSTOMER ID:	: Fionaxpa21@gmail.c	com
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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Verifly Insurance Services, Inc. DBA Thimble Insurance S	NAMED INSURED Ormi by Fiona LLC 2522 River Ridge, Missouri City, TX, 77459			
POLICY NUMBER IBL-FK6ZB99X8		Fionaxpa21@gmail.com		
National Specialty Insurance Company		EFFECTIVE DATE: 10/16/2022 3:33 PM CDT		

ADDITIONAL REMARKS

EFFECTIVE DATE. 10/10/2022 0.00 1 III OB 1						
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance						
Description of Operations (con't)						
Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-FK6ZB99X8 until 10/16/2024 3:33 PM CDT						