

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/25/2024

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).

| PRODUCER | CONTACT NAME: | |
|---|---|-----------|
| Next First Insurance Agency, Inc. PO Box 60787 | PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): | |
| Palo Alto, CA 94306 | E-MAIL support@nextinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: State National Insurance Company, Inc. | 12831 |
| INSURED | INSURER B: | |
| Coaching Cornerstones DBA Islamorada Services 109 Costa Brayo Dr | INSURER C: | |
| Islamorada, FL 33036 | INSURER D : | |
| | INSURER E : | |
| | INSURER F: | |
| COVERAGES CERTIFICATE NUMBER: 521885394 | REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA | E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI | CY PERIOD |

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 PERTAIN, 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|-------------|--------|---|--------------|-------------|---|---|----------------------------|---|----------------|
| | Х | COMMERCIAL GENERAL LIABILITY | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, | EACH OCCURRENCE | \$1,000,000.00 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000.00 |
| | | | | | | | | MED EXP (Any one person) | \$10,000.00 |
| Α | | | | | NXTFWLWXTR-00-GL | 03/25/2024 | 03/25/2025 | PERSONAL & ADV INJURY | \$1,000,000.00 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$1,000,000.00 |
| | Χ | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$1,000,000.00 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | HIRED NON-OWNED 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 | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE TIME | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Man | CER/MEMBER EXCLUDED? | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | | Each Occurrence: | \$10,000.00 |
| Α | Con | tractors Errors and Omissions | | | NXTFWLWXTR-00-GL | 03/25/2024 | 03/25/2025 | Aggregate: | \$20,000.00 |
| | | | | | | | | | |
| DESC | RIPT | ION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedule, may b | e attached if mor | re space is require | ed) | |
| | | | | | | | | | |
| | | | | | | | | | |
| Prod | of of | Insurance. | | | | | | | |

| CERTIFICATE HOLDEI | ₹ |
|--------------------|---|
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Coaching Cornerstones DBA Islamorada Services 109 Costa Bravo Dr Islamorada, FL 33036

LIVE CERTIFICATE

Click or scan to view

CANCELLATION

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

an Ryan



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/25/2024

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| | • | | | | | | | |
|--|---|--|--|-------------------|-------|--|--|--|
| | Next First Insurance Agency, Inc. | CONTACT NAME: | | | | | | |
| | PO Box 60787 Palo Alto, CA 94306 | PHONE (A/C, No, Ext): | (855) 222-5919 | FAX (A/C, No): | | | | |
| | | E-MAIL ADDRESS: support@nextinsurance.com | | | | | | |
| | | PRODUCER CUSTOMER II |): | | | | | |
| | | | | NAIC# | | | | |
| | Coaching Cornerstones DBA Islamorada Services 109 Costa Bravo Dr Islamorada, FL 33036 | INSURER A: | State National Insurance Company, Inc. | | 12831 | | | |
| | | INSURER B: | | | | | | |
| | | | | | | | | |
| | | INSURER D : | | | | | | |
| | | INSURER E : | | | | | | |
| | | INSURER F: | | | | | | |

COVERAGES CERTIFICATE NUMBER: 521885394 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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| INSR LTR | | | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | | COVERED PROPERTY | LIMITS |
|-------------|---------------------|---------------|-------------|-----------------------|---------------------------------------|--|---|-------------------|-------------|
| | | PROPERTY | | | | | | BUILDING | \$ |
| | CAL | JSES OF LOSS | DEDUCTIBLES | | | | | PERSONAL PROPERTY | \$ |
| | | BASIC | BUILDING | | | | | BUSINESS INCOME | \$ |
| | | BROAD | CONTENTS | | | | | EXTRA EXPENSE | \$ |
| | | SPECIAL | | | | | | RENTAL VALUE | \$ |
| | | EARTHQUAKE | | | | | | BLANKET BUILDING | \$ |
| | | WIND | | | | | | BLANKET PERS PROP | \$ |
| | | FLOOD | | | | | | BLANKET BLDG & PP | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |
| | Χ | INLAND MARINE | | TYPE OF POLICY | | | Х | EQUIPMENT | \$ 5,000.00 |
| | CAL | JSES OF LOSS | | Contractors Equipment | 03/25/2024 | 03/25/2025 | Х | MISC TOOLS | \$ 1,000.00 |
| 4 | | NAMED PERILS | | POLICY NUMBER | 03/25/2024 | | Х | BORROWED TOOLS | \$ 5,000.00 |
| | Χ | OPEN PERILS | | NXT4XK743L-00-IM | | | | | \$ |
| | | CRIME | | | | | | | \$ |
| | TYF | E OF POLICY | | | | | | 1 | \$ |
| | | | | | | | | 1 | \$ |
| | | BOILER & MACH | | | | | | | \$ |
| | EQUIPMENT BREAKDOWN | | EAKDOWN | | | | | 1 | \$ |
| | | | | | | | | | \$ |
| | | | | | | | | | \$ |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER

Coaching Cornerstones DBA Islamorada Services 109 Costa Bravo Dr Islamorada, FL 33036

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CANCELLATION

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AUTHORIZED REPRESENTATIVE

an Kym