CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/24/2026

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
[A] FLORIDIAN INS SERV 1703 N MAIN ST #A, KISSIMMEE, FL 34744 [B] Progressive Insurance PO Box 94739, Cleveland, OH 44101	**NAME:** Progressive Commercial Lines Customer and Agent Servicing **PHONE (A/C, No, Ext):** 1-800-444-4487 **FAX (A/C, No):** **E-MAIL ADDRESS:** progressivecommercial@email.progressive.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Progressive Express Insurance Company	10193
INSURER B : Progressive Express Insurance Company	10193
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
All Elite Cleaning LLC DBA: All Elite Cleaning & Pressure Washing
1094 Cabot Cliffs Dr
Daytona Beach, FL 32124

COVERAGES **CERTIFICATE NUMBER:** 385668903222928047D072426T210737 **REVISION NUMBER:**

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)	LIMITS	
A	[ ] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Businessowner Policy GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	N	N	PGR973217972	02/24/2026	02/24/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $50,000 $5,000 $1,000,000 $2,000,000 $2,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	N	N	996723265	07/15/2026	01/15/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $10,000 $20,000 $10,000 $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	See ACORD 101 for additional coverage details.	N	N	996723265	07/15/2026	01/15/2027	$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

All Elite Cleaning LLC DBA: All Elite Cleaning & Pressure Washing
1094 Cabot Cliffs Dr
Daytona Beach, FL 32124

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

Mark Pace

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Progressive Insurance	All Elite Cleaning LLC DBA: All Elite Cleaning & Pressure Washing 1094 Cabot Cliffs Dr Daytona Beach, FL 32124
POLICY NUMBER 996723265	
CARRIER / **NAIC CODE** Progressive Express Insurance Company / 10193	**EFFECTIVE DATE:** 07/15/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	$10,000 w/Workers Comp - Named Insured Only
Uninsured Motorist -Nonstacked	$10,000/$20,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2016 GMC CANYON 1GTG5CE38G1316173			
Comprehensive	$1,000 Ded		
Collision	$1,000 Ded		
2026 NATIONCRAFT Trailer 7PVBE0817TD018391			
		Stated Amount	$3,500
Comprehensive	$1,000 Ded		
Collision	$1,000 Ded		
2022 FORD F250 1FTBF2A68NEE95886			
		Stated Amount	$35,000
Comprehensive	$1,000 Ded		
Collision	$1,000 Ded		
2025 CTSL Trailer 4C9BR1228SL595774			
		Stated Amount	$12,500
Comprehensive	$1,000 Ded		
Collision	$1,000 Ded		

Additional Information