

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2025

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 this certificate does not confer rights to	the ter	rms an	d conditions of the poli	cy, cer	tain policies r			. A staten	nent or	1	
PRODUCER					CONTACT JOSEPH J. KELLY						
ROBERT L KELLY GENERAL INSURANCE					PHONE (A/C, No, Ext): 315-425-8101 E-MAIL ioe@rkellvins.com						
108 EAST WASHINGTON STREET					E-MAL joe@rkellyins.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
SYRACUSE NY 13202					INSURER A: DRYDEN MUTUAL INSURANCE CO.						
INSURED					INSURER B:						
INSTANT MOVERS LLC					INSURER C:						
500 SKIFF DRIVE					INSURER D:						
				INSURER E :							
SYRACUSE NY 13211				INSURER F:							
COVERAGES CEF	VERAGES CERTIFICATE NUMBER:			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. INSRI POLICY EFF POLICY EXP											
INSR LTR TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			(The		
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			Į.				EACH OCCURREN	ED	\$ 1,00 \$ 50,0		
A CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		\$ 5,00		
		CFL00141493			08/08/2025	08/08/2026	MED EXP (Any one person) PERSONAL & ADV INJURY		\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			1 200 1 1 1 1 0 0		00/00/2023	00/00/2020			\$ 2,000,000		
POLICY PRO-							DATE OF THE PARTY AND ADDRESS OF THE PARTY O		\$ 2,000,000		
OTHER:							PRODUCTS - CON	F/OF AGG	\$.0,000	
AUTOMOBILE LIABILITY	+						COMBINED SINGL	ELIMIT	\$		
ANYAUTO	ANYAUTO						(Ea accident) BODILY INJURY (P	er person)	\$		
OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							The control of the co		\$		
							PROPERTY DAMAGE (Per accident) \$		\$		
							(Fer accident)	\$			
UMBRELLA LIAB OCCUR	+						EACH OCCURREN	CF	\$		
EXCESS LIAB CLAIMS-MADI							AGGREGATE \$				
DED RETENTION\$	1								\$		
WORKERS COMPENSATION							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					18		E.L. DISEASE - EA EMPLOYEE		\$		
							E.L. DISEASE - POLICY LIMIT		\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (AC	CORD 10	11, Additional Remarks Schedu	ule, may	be attached if mo	re space is requ	ired)				
PROOF OF INSURANCE											
*											
CERTIFICATE HOLDER					CANCELLATION						
PROOF OF INSURANCE					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 ASEALA: Ke Oly						