

September 12, 2025

Genesee County 1101 BEACH ST FLINT MI 48502-1428

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Policy Holder Details: Paul Scott & Associates PLLC

Need Help?
Chat online or call us at (866) 467-8730.
We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/12/2025

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 be endorsed. If SUBROGATIONIS 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).

	_	hts to the c	ertificate holde	er in li	eu of s	such endorseme	` '					
						CONTA NAME:	СТ					
L SQUARED INSURANCE AGENCY LLC/PHS						PHONE (866) 467-8730 FAX						
81151214 The Hartford Business Service Center						(A/C, No, Ext): (A/C, No):				/C, No):		
			ervice Cerilei				E-MAIL					
3600 Wiseman Blvd San Antonio, TX 78251						ADDRESS:						
Odii	7 11 1101 110	, 17, 10201						INSU	IRER(S) AFFORDII	NG COVERAGE		NAIC#
INSU	RED						INSURE	RA: Hartfo	rd Underwriters	s Insurance Comp	pany	30104
Paul Scott & Associates PLLC							INSURER B:					
8445 S SAGINAW ST STE 300						INSURER C:						
GRAND BLANC MI 48439-2086					INSURER D:							
						INSURER E :						
							INSURE	RF:				
	VERAGI					E NUMBER:				ION 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 INSU	URANCE	ADDL INSR	SUBR WVD	POLICY NUMBE	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMITS	
		MERCIAL GEN	ERAL LIABILITY							EACH OCCURRENCE		\$1,000,000
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurr	I	\$1,000,000
	X Ger	General Liability			BA4Z70 10/01/2025		MED EXP (Any one p		\$10,000			
Α			Х	K 81 SBA		10/01/2025	10/01/2026	PERSONAL & ADV IN	NJURY	\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGA	ATE	\$2,000,000		
	Y POLICY PRO- LOC								PRODUCTS - COMP/	OP AGG	\$2,000,000	
OTHER:												
AUTOMOBILE LIABILITY									COMBINED SINGLE L	IMIT	\$1,000,000	
										(Ea accident) BODILY INJURY (Per	r norson)	* 1,000,000
	ANY AUTO ALL OWNED SCHEDULED								,			
Α	AUT	os	AUTOS			81 SBA BA42	4Z70 10/0 	10/01/2025	10/01/2026	BODILY INJURY (Per	· /	
	X AUT		NON-OWNED AUTOS							PROPERTY DAMAGI (Per accident)	E	
										(* 5.* 5.5 5.5 5.5		
	LINAE	BRELLA LIAB	OCCUR							EACH OCCURRENCI	E	
		ESS LIAB	CLAIMS-							AGGREGATE		
	DED		MADE c	-								
	DED	RETENTIO	•							PER	OTH-	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER				
ANY Y/N								E.L. EACH ACCIDEN	т			
PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. DISEASE -EA EN	MPLOYEE			
(Mandatory in NH)									EL DISEASE BOLL	CVIIMIT		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLI	CT LIMIT		
1					•	RD 101, Additional Re						_
			•	s. Certi	ticate l	holder is an addition	onal ins	sured per the Ac	Iditional Insure	d - Designated Pe	erson Or	Organization
		2 attached to	o this policy.									

CERTIFICATE HOLDER	CANCELLATION
Genesee County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
1101 BEACH ST	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
FLINT MI 48502-1428	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Sugar S. Castaneda

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