

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1-23-2018

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 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).													
PRO	DUCE	R					CONTACT NAME: Scott Wallach						
AllSmok Insurance								PHONE (A/C, No, Ext): 281-622-8057 (A/C, No):					
6700 Woodlands Parkway								ADDRESS: Scott@AllSmokInsurance.com					
Suite 230-242								INSURER(S) AFFORDING COVERAGE NAIC #					
The Woodlands, Texas 77382								INSURER A: Admiral Insurance Company				NAIC#	
INSURED								INSURER B:					
_		moon Nutraceuti					INSURER C:						
2015 Ashville Highway								INSURER D :					
Henderson, NC 28791								INSURER E :					
							INSURER F:						
COVERAGES 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 PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM: EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											WHICH THIS		
INSR LTR		TYPE OF INSU	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
		COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE \$ 1,00		00,000	
		X CLAIMS-MADE	OCCUR							DAMAGE TO BENTED	\$ 100	.000	
_									1-23-2019	MED EXP (Any one person)	\$ 5000	)	
Α						CA000029461-01		1-23-2018		PERSONAL & ADV INJURY \$ 1,000,00		0.000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 2,000,000		00,000	
	X POLICY PRO- JECT LOC									,000,000			
	A117	OTHER:								COMPINED OBJOLE LIMIT	\$		
	AUI	OMOBILE LIABILITY								(Ea accident)	\$ \$		
		ANY AUTO ALL OWNED	SCHEDULED							` ' '	\$ \$		
		AUTOS	AUTOS NON-OWNED							DDODEDT// DAMAGE			
		HIRED AUTOS	AUTOS							(Per accident)	\$ \$		
		UMBRELLA LIAB	OCCUP								\$		
		EXCESS LIAB	OCCUR CLAIMS-MADE								\$ \$		
	DED RETENTION \$									\$			
WORKERS COMPENSATION									PER OTH-	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										\$		
				N / A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below										\$		
								1					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER								CANCELLATION					
	231	th-E CBD, LLC Chambers Bridg k, New Jersey, 0					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						
								Scatt A fallach					



## ⚠ InsureSign Document Completion Certificate

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Participants

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