

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2023

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).

this certificate does not confer rights to the	certi	ficate	holder in lieu of s			(s).				
PRODUCER				CONT.	ACT : Progressive C	Commercial Lin	es Customer and A	gent Servi	icing	
Tom Needham Insurance Agency 3411-A WEST WENDOVER AVE, GREENSBORO, N	PHONE FAX (A/C, No, Ext): 1-800-444-4487 (A/C, No):									
041171 WEOT WENDOVERTIVE, GREENOBORO, N	(A/C, No, Ext): 1-800-444-4487 (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com									
				ADDR			ING COVERAGE	.00111		11410 #
										NAIC #
INSURED				INSURER A: Progressive Southeastern Insurance Company					38784	
SCIENTIFIC ANALYTICAL INSTITUTE DBA: SAI				INSURER B:						
4604 DUNDAS DRIVE				INSURER C:						
GREENSBORO, NC 27407				INSUR	ER D :					
				INSUR	ER E :					
				INSUR	ER F :					
COVERAGES CERTIFIC	ATE	NUM	BER: 5460503172043	3250071	D101923T1708	38	REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH POLIC	EMEN AIN, IES. I	NT, TE THE II LIMITS	RM OR CONDITION NSURANCE AFFORD	OF AN ED BY	NY CONTRAC' THE POLICI REDUCED BY	T OR OTHER ES DESCRIBE	DOCUMENT WIT	TH RESPE	ECT TO V	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMI	тѕ	
COMMERCIAL GENERAL LIABILITY					· · · · ·	,	EACH OCCURRENCE		\$	
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$	
							MED EXP (Any one		\$	
							PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	
PRO- JECT LOC							PRODUCTS - COMI	P/OP AGG	\$	
OTHER:									\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT		
ANY AUTO									\$1,000,000)
A OWNED X SCHEDULED AUTOS ONLY	N	N	02734391		10/19/2023	10/19/2024	BODILY INJURY (P		\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY	1	14	02754551		10/13/2023	10/13/2024	BODILY INJURY (PO PROPERTY DAMAGE	er accident) GE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	~=	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	<i></i>	\$	
 	-									
DED RETENTION \$ WORKERS COMPENSATION							PER	ρŢΗ-	\$	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
If yes, describe under							E.L. DISEASE - POL		\$	
DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details.							\$	ICT LIMIT	ĮΨ	
A	N	N	02734391		10/19/2023	10/19/2024	Ť			
	IN	IN	02704001		10/19/2023	10/19/2024				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOF	RD 101,	Additional Remarks Sch	edule, n	nay be attached	if more space is	required)			
CERTIFICATE HOLDER				CANO	CELLATION					
SCIENTIFIC ANALYTICAL INSTITUTE 4604 DUNDAS DRIVE GREENSBORO, NC 27407				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
				AUTHO	ノベルピロ ベビイベビジ	DENIALIVE	_			

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Tom Needham Insurance Agency	SCIENTIFIC ANALYTICAL INSTITUTE DBA: SAI		
POLICY NUMBER	↑ 4604 DUNDAS DRIVE I GREENSBORO. NC 27407		
02734391		CREENOBORO, NO 21401	
CARRIER	NAIC CODE		
Progressive Southeastern Insurance Company	38784	EFFECTIVE DATE: 10/19/2023	
ADDITIONAL REMARKS			

Additional Coverages	
Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

(included in combined single limit w/\$100 Ded)

Description of Location/Vehicles/Special Items

Uninsured Motorist Property Damage

Scheduled autos only

2019 JEEP GRAND CHEROKEE 1C4RJFCG0KC689121 \$500 Ded \$500 Ded Comprehensive \$1,000 **Medical Payments**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Liability coverage may not apply to all scheduled vehicles.