

ASINGH DATE (MM/DD/YYYY)

FASTEXA-01

						RTI	5/13/2024						
CI BI	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).													
PRO	PRODUCER CONTACT Leo Ratmansky												
Acrisure Southwest Partners Insurance Services, LLC									PHONE (A/C, No, Ext): (650) 486-0364 FAX (A/C, No):				
4000 Westerly Place Suite 110 Newport Beach, CA 92660								E-MAIL ADDRESS: Leo@peck-peck.com					
								INSURER(S) AFFORDING COVERAGE					NAIC #
							IN	INSURER A : The Burlington Insurance Company					23620
INSURED									INSURER B : National Specialty Insurance Company				
Fast Exact									INSURER C: State Compensation Insurance Fund of California				
P.O. Box 2154							IN	INSURER D : Colony Specialty Insurance Company					35076 36927
		So. San F	Francis	sco, CA 9408	0			NSURER I					
								NSURER I					
CO	/ER	AGES		CER	TIFIC		ENUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											WHICH THIS		
INSR LTR		TYPE OF I	INSURAN	ICE		SUBR WVD	POLICY NUMBER	F		POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Χ	COMMERCIAL GE	ENERAL	LIABILITY	INCE			\\"		(MM#20/1111/	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MAD		OCCUR			840B004117		2/15/2024	2/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
											MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LI									GENERAL AGGREGATE	\$	2,000,000
	X		RO-	LOC							PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:										\$	
В	AUT	AUTOMOBILE LIABILITY					CAR0400000140-1		5/17/2024	5/17/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Χ										BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	X AU	CHEDULED UTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	X NO	ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
		DED RETE	ENTION \$	\$								\$	
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									X PER OTH- STATUTE ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE					9327563-2023		1/15/2023	11/15/2024	E.L. EACH ACCIDENT	\$	1,000,000
			LUDED?		N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	CAF		Y				IMR42760911		2/1/2024	2/1/2025	DED \$1,000		250,000
DESC Certi	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate is issued as proof only.												

CERTIFICATE HOLDER	CANCELLATION					
Proof of Insurance Only.	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					
	POZ					

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