

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2024

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).

	DUCER				CONTA	CT					
LLOYD S BERKETT INS AGENCY/PHS					NAME:  PHONE (866) 467-8730 FAX						
72250785					PHONE (866) 467-8730 FAX (A/C, No, Ext): (A/C, No)						
The Hartford Business Service Center					(***, ***, ***, ***, ***, ***, ***, ***						
3600 Wiseman Blvd San Antonio, TX 78251					E-MAIL ADDRESS:						
out/mone, 1X10201					INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED					INSURER A: Hartford Underwriters Insurance Company					30104	
Bayan					INSURER B:						
1325 N COLLEGE AVE CLAREMONT CA 91711-3154					INSURER C:						
OD INCLINION OF THEOTOT					INSURER D:						
					INSURER E :						
						 ER F :					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
$\overline{}$			)W HAV								
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											
	ERMS, EXCLUSIONS AND CONDITION			OLICIES. LIMITS SH	N NWOH			AID CLAIMS.			
INSF		ADDL INSR	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY	INSK	WVD			(WIWI/DD/TTTT)	(MIM/DD/Y YYY)	EACH OCCURRENG	CE	\$2,000,000	
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR					07/01/2025	DAMAGE TO RENTE		\$1,000,000	
	X General Liability					PREMISES (Ea occurrence)  MED EXP (Any one person)		\$10,000			
Α				72 SBA BC1\	/BC	C 07/01/2024		PERSONAL & ADV INJURY		\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$4,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$4,000,000	
	OTHER:										
	AUTOMOBILE LIABILITY  ANY AUTO							COMBINED SINGLE (Ea accident)	LIMIT		
								BODILY INJURY (Per person)			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Pe	er accident)		
	HIRED NON-OWNED							PROPERTY DAMAG	GE		
	AUTOS							(Per accident)			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-							EACH OCCURRENCE	CE		
								AGGREGATE			
	MADE	-									
-	DED RETENTION \$  WORKERS COMPENSATION							PER	OTH-		
	AND EMPLOYERS' LIABILITY							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDE	NT		
								E.L. DISEASE -EA E	MPLOYEE		
								E.L. DISEASE - POL	ICVLIMIT		
	DESCRIPTION OF OPERATIONS below					L.L. DIOLAGE - POL	O. LIIVIII				
Α				/BC	07/01/2024 07/01/2025 Limit				\$50,000		
Covg											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Those usual to the Insured's Operations.											
·											
	RTIFICATE HOLDER Informational Purposes		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED								
1	5 N COLLEGE AVE		BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED								

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IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**CLAREMONT CA 91711-3154**