

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

RYANCLARK

8/30/2024

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 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).

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PRODUCER NFP Property & Casualty Services, Inc. 1551 North Tustin Avenue Suite 500 Santa Ana, CA 92705						CONTACT Sarah Humes					
						PHONE (A/C, No, Ext): (914) 712-6260 FAX (A/C, No):					
						E-MAIL ADDRESS: sarah.humes@nfp.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : State Comp Insurance Fund of CA				35076	
T. Grant & Associates, Inc. P.O. Box 32 Valley Springs, CA 95252						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CI	IIS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHEFIES DESCRIB	R DOCUMENT WITH F ED HEREIN IS SUBJ	RESPECT	T TO WHICH THIS	
INSR LTR			SUBR			POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS		
LIIX	COMMERCIAL GENERAL LIABILITY		1111			(MINI/DD/11111)	(MINUDDITITI)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurren	nce) \$		
								MED EXP (Any one pers	·		
								PERSONAL & ADV INJU			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)			
	ANY AUTO							BODILY INJURY (Per pe	erson) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per ac	ccident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$		
	DED RETENTION \$								\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER C	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9140851-2024		9/1/2024	9/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMP	LOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)	·		
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Insurance						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 What I am					