

CERTT3

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/8/2024

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).

	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCER License # 0C32169				CONTA NAME:	СТ					
Rancho Mesa Insurance Services, Inc. 2355 Northside Drive Suite 200 San Diego, CA 92108					PHONE (A/C, No, Ext): (619) 937-0164 FAX (A/C, No):						
					(A/C, NO): (A/C, NO):						
Jan	Diego, CA 32100				ADDRE						
								RDING COVERAGE		NAIC#	
						INSURER A : Greenwich Insurance Company				22322	
Tree Barber Enterprises, Inc.						INSURER B : Insurance Company of the West				27847	
						INSURER C: Continental Insurance Company 35289					
1132 San Marino Dr. Ste 217 San Marcos, CA 92078					INSURE	INSURER D:					
					INSURE						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:											
						EEN IOOUED	TO THE INOLI	REVISION NUMBER:	DC	N IOV DEDIOD	
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R										
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB				
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			NPC-1004600-03		4/7/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
										1.000.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	2,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMPINED CINIOLE LIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY			NBA-1004602-03		4/7/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOS ONET							(or somethy	\$		
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			NEC-6006830-02		4/7/2024	7/1/2025			1,000,000	
								AGGREGATE	\$	· · ·	
В	DED RETENTION \$	N/A			$\overline{}$			▼ PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WSD505595103		7/1/2023	7/1/2024	↑ STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			W3D303333103		11112023	77172024	E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under		1					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	Equipment Floater			7018519626		4/7/2024	7/1/2025	Ded. \$1,000 - Limit		50,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (A	ACORE	101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requi	red)			
	PROOF OF COVERAGE	(, ,			,			
CE	RTIFICATE HOLDER			CANO	CANCELLATION						
**********EVIDENCE OF COVERAGE********						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

	*******EVIDENCE OF COVERAGE********					AUTHORIZED REPRESENTATIVE					