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DATE (MM/DD/YYYY)

CERTT5

TREEBAR-01

Ī	CERTIFICATE OF LIABILITY INSURANCE							6/27/2024		
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).										
PRODUCER License # 0C32169										
Ran	cho Mesa Insurance Services, Inc.				PHONE (A/C, No, Ext): (619) 937-0164 FAX (A/C, No):					
2355 Northside Drive Suite 200 San Diego, CA 92108					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
		INSURE	INSURER A : Greenwich Insurance Company				22322			
INSU	RED	INSURE	INSURER B : Insurance Company of the West				27847			
	Tree Barber Enterprises, Inc.	INSURE	INSURER C : Continental Insurance Company				35289			
	1132 San Marino Dr. Ste 217 San Marcos, CA 92078			INSURE	INSURER D :					
	Sall Marcos, CA 92076				INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY NUMBER POLICY EFF POLICY EXP LIMITS					
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	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	OTHER:						COMBINED SINGLE LIMIT	\$	1,000,000	
	AUTOMOBILE LIABILITY X ANY AUTO			NBA-1004602-03	4/7/2024	7/1/2025	(Ea accident)	\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			NBA-1004002-03	4/7/2024	111/2025	BODILY INJURY (Per person)	\$		
	X HIRED AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
								\$		
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			NEC-6006830-02	4/7/2024	7/1/2025	AGGREGATE	\$	1,000,000	
	DED RETENTION \$							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER			
		N / A		WSD505595104	7/1/2024	7/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	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	
С	Equipment Floater			7018519626	4/7/2024	7/1/2025	Ded. \$1,000 - Limit		50,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: PROOF OF COVERAGE										

CERTIFICATE HOLDER	CANCELLATION		
***********EVIDENCE OF COVERAGE********** **********EVIDENCE OF COVERAGE********** ***********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		
	RomyAver		

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