

AROSENTRETER

911REME-01

DATE (MM/DD/YYYY)

C					EF	RLI	4/27/2021						
C B	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 # 0l10893													
Vista International Ins. 1318 Redwood Way, Suite 250 Petaluma. CA 94954								PHONE (A/C, No, Ext): E-MAIL ADDRESS: alicyn@vistainternational.com					
1 000	ium							INSURER(S) AFFORDING COVERAGE					
							INS	INSURER A : StarStone Specialty Ins. Co.					
INSU	RED							INSURER B : Allstate Insurance Company					
		911 Remed		-				INSURER C : StarStone National Insurance Company					
		dba: 911 R 3049 Resea						INSURER D : ACE American Insurance Co				22667	
		Richmond,					INS	INSURER E :					
							INS	INSURER F :					
CO	VER	AGES		CER	TIFI	CATE	E 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 LTR		TYPE OF INS	SURAI	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)				тѕ		
Α	X	COMMERCIAL GEN	IERAL							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE				E78113210AEM	5/1/2021	5/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
	Х	Professional L	_iab.	-\$						MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000		
	Χ	POLICY PRO)- T	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								POLLUTION	\$	1,000,000		
B		AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY LUEED UNCOUNTED					648884908			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X							4/29/2021	4/29/2022	BODILY INJURY (Per person)	\$		
										BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY	A	ION-OWNED UTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
с				×							\$	1,000,000	
	×		X	-			E78115210AEM	5/1/2021	5/1/2022	EACH OCCURRENCE	\$	1,000,000	
	X			CLAIMS-MADE	-			5/1/2021	J/ 1/2022	AGGREGATE	\$	1,000,000	
D	WOF			\$ U						Y PER OTH-	\$		
	AND EMPLOYERS' LIABILITY						C6639749A	5/1/2021	5/1/2022	A STATUTE ER		2,000,000	
								E.L. EACH ACCIDENT	\$	2,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYER		2,000,000	
Δ							E78113210AEM	5/1/2021	5/1/2022	E.L. DISEASE - POLICY LIMIT Bailee Coverage	\$	250,000	
^												100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
_			_								_		

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
	Levin Dollaroa

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