

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2021

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		CONTACT Carmen Bruce	
Calender-Robinson Company, Inc.		PHONE (A/C, No, Ext): (415) 978-3800 FAX (A/C, No): (415)	978-3825
0267063		E-MAIL ADDRESS: cbruce@calrob.com	
233 Sansome St. Ste 508		INSURER(S) AFFORDING COVERAGE	NAIC#
San Francisco	CA 94104	INSURER A: Landmark American Insurance Co.	33138
INSURED		INSURER B: Everest Denali Insurance Company	16044
BEVILACQUA & SONS INC		INSURER C: RSUI Indemnity Company	22314
		INSURER D: Everest Premier Insurance Company	16045
451 VICTORY AVENUE #5		INSURER E: Tokio Marine Specialty Ins Co	23850
S.SAN FRANCISCO	CA 94080	INSURER F: Ohio Security Insurance Company	24082

COVERAGES CERTIFICATE NUMBER: CL20122928390 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 INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	×	COMMERCIAL GENERAL LIABILITY			LHA141308	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ EXCLUDED
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY			CF1CA00135-211	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С		UMBRELLA LIAB X OCCUR	-		NHA250815	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 5,000,000
	×	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$
D		KERS COMPENSATION EMPLOYERS' LIABILITY	N/A		7600012495211	01/01/2021	01/01/2022	PER STATUTE OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 17/1						E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Е	SE	CONDARY EXCESS LIABILITY							
	GEGGREATH EXCEGG EINBIETT				PUB750888	01/01/2021	01/01/2022	EACH OCCURENCE	\$5,000,000
								AGGREGATE	\$5,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule, may be a	ttached if more s	pace is required)		

CERTIFICATE HOLDER	CANCELLATION
To Be Determined at Insured's Request	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
1	Carne C. Breeze

^{*10-}day notice of cancellation applies for non-payment of premium.