

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2024

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) CONTACT **PRODUCER** KTL Business Insurance Services, Inc. NAME: KTL Business Insurance Services, Inc. PHONE 322 8th Street Suite # 101 (858) 350-0555 (A/C, No): (858) 350-0556 (A/C, No. Ext): Del Mar CA 92014 F-MAII kevin@ktlinsurance.com ADDRESS **INSURER(S) AFFORDING COVERAGE** NAIC# 25674 **Travelers Property Casuality Co of America** Agency Lic#: CA # 0D86601 INSURER A: INSURED INSURER B: **Hartford Casualty Insurance Company** 29424 ZW USA, INC. INSURER C: 12316 WORLD TRADE DR # 102 INSURER D: SAN DIEGO CA 92128 INSURER E: INCLIDED E

INSURER F.										
COVERAGES			ERTI	FICATE NUMBER:	100146	REVISI	ON 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			SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY		П	6802C335027	09/14/24	09/14/25	EACH OCCURRENCE	\$	1,000,000	
Α	CLAIMS MADE X OCCUR				03/14/24	00/120	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	300,000	
							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 PRO- JECT LOC						PRODUCTS-COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
Α	AUTOMOBILE LIABILITY			6802C335027	09/14/24	09/14/25	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	X UMBRELLA LIAB X OCCUR			CUP2C335390	09/14/24	09/14/25	EACH OCCURRENCE	\$	6,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	6,000,000	
	DED RETENTION \$						loss I loss	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			72WECAW6RVD	03/01/24	03/01/25	X PER OTH- STATUTE ER			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE-EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$	1,000,000	
DE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
PROOF OF COVERAGES ONLY										
CI	ERTIFICATE HOLDER				CANCELLATIO	CANCELLATION				
FOR INFORMATIONAL PURPOSES ONLY					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

ACORD 25 (2016/03) Certificate # 100146

Attention:

FOR INFORMATIONAL PURPOSES ONLY

Kevin LevineLic # 0834847 © 1988-2015 ACORD CORPORATION. All right reserved.

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.