



CERTIFICATE OF LIABILITY INSURANCE

CHOOFARD

DATE (MM/DD/YYYY) 12/16/2019

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).

	nis certificate does not confer rights t				ıch end	orsement(s)		require an endors	ement. A	A statement on	
PRODUCER Eaton-Provident Group, LLC dba EPG Insurance An ISU Network Member 4835 E. Cactus Road, Suite 246 Scottsdale, AZ 85254						CONTACT NAME:					
						PHONE (A/C, No, Ext): (480) 941-4895 FAX (A/C, No): (480) 946-3512					
						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Cincinnati Insurance Company					
Affordable Commercial Construction, LLC 1610 N Rosemont #101						INSURER B:					
						INSURER C:					
Mesa, AZ 85205						INSURER D:					
	,		INSURER E :								
COVERAGES CERTIFICATE NUMBER:					INSURER F:						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICI				LIAVE DI	- EN ICCLIED	TO THE INCLU	REVISION NUMBER		DOLICY DEDICE	
١N	IDICATED. NOTWITHSTANDING ANY F	EQU	IREM	ENT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH F	RESPECT	TO WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								IECT TO A	ALL THE TERMS,	
INSR			SUBR		DEEIN	POLICY EFF	POLICY EXP		LIMITS		
A A	X COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		12/10/2019	(MM/DD/YYYY) 12/10/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED		1,000,000	
	CLAIMS-MADE X OCCUR			EPP0515564						100,000	
	CEANIO-MADE X 0000K			LI I UJ IJJU4		12/10/2019	12/10/2020			5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one personal & ADV INJU		1,000,000	
								GENERAL AGGREGATE		2,000,000	
	POLICY X PRO- LOC							PRODUCTS - COMP/OP		2,000,000	
	OTHER:					\$					
A	AUTOMOBILE LIABILITY			EBA 0515564			12/10/2020	COMBINED SINGLE LIM (Ea accident)		1,000,000	
	ANY AUTO					12/10/2019		BODILY INJURY (Per pe	erson) \$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per ac	,		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								(* ** *********************************	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			EPP0515564		12/10/2019	12/10/2020	AGGREGATE \$		5,000,000	
	DED RETENTION\$								\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			EWC0515562		12/10/2019	12/10/2020	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMP	LOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of of insurance.	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
1 100	of insurance.										
CERTIFICATE HOLDER						CANCELLATION					
								ESCRIBED POLICIES			
								IEREOF, NOTICE V CY PROVISIONS.	VILL BE	DELIVERED IN	
					ALITHO	RIZED REPRESE	NTATIVE				
					AUTHOR		7				

Evidence of Insurance