

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/19/2016

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 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					CONTACT NAME: PHONE FAX					
I S U INSURANCE SERVICES OF SAN FRANCISCO 201 CALIFORNIA STREET SAN FRANCISCO, CA 94111					PHONE (A/C, No, Ext): (888) 661-3938 FAX (A/C, No): (877) 552-6091					
					ADDRESS: Service.center@travelers.com					
(888) 661-3938					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA					
INSURED AGC					INSURER B:					
388 MARKET ST. STE #854				INSURER C:						
SAN FRANCISCO, CA 94111			INSURER D:							
				INSURER E :						
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 470539440					171232 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	V	680		680-7064L802-15	10/05/2015	10/05/2017	EACH OCCURRENCE	\$2.0	000,000	
``	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,0	•	
	X HIRED AUTO X NON OWNED AUTO						PERSONAL & ADV INJURY		\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$4,000		·	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AG	T /	\$4,000,000	
	OTHER:						TROBOOTO - GOMITTOT AG	\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	TT \$		
	ANY AUTO						BODILY INJURY (Per person	\$		
	ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accide	nt) \$		
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			CUP-8016Y809-15	10/05/2015	10/05/2016	EACH OCCURRENCE	\$3,0	000,000	
	DED X RETENTION \$ 0						AGGREGATE	\$3,0	000,000	
	DED TO RETENTION \$ 0							\$		
	WORKERS COMPENSATION	N/A					PER OT STATUTE	1-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	т \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE