

**BELLER** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/16/2019

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.

t	his c	ertificate does not	confer rights t			terms and conditions of ificate holder in lieu of su	ich end	dorsement(s)		require an end	orsemen	t. As	statement on														
PRODUCER License # 0E63493  Orr & Associates Insurance Services 28780 Single Oak Dr Ste 255 Temecula, CA 92590								CONTACT MAME: PHONE (A/C, No, Ext): (951) 506-5859  E-MAIL: ADDRESS: Service@orrandassociates.com																			
															161	ilecu	iia, CA 92390					INSURER(S) AFFORDING COVERAGE					NAIC #
																						INSURER A: Associated Industries Insurance Co.					23140
INSURED  E & D Framers Inc 300 Carlsbad Village Dr. Ste. 108A, #60 Carlsbad, CA 92008								INSURER B : AmGuard Insurance Company					42390														
								INSURER C:																			
								INSURER D:																			
								INSURER E:																			
								INSURER F:																			
		RAGES				E NUMBER:				REVISION NUI																	
I	NDIC.	ATED. NOTWITHSTA IFICATE MAY BE IS	ANDING ANY R SUED OR MAY	EQUI PER	IREMI TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS														
INSF	_			ADDL	SUBR		BEEN REDUCED BY PAID CLAIMS.    POLICY EFF   POLICY EXP   LIMITS																				
LTR A			INSD	WVD	POLICY NUMBER AES105259701		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000																
_ ^	_	CLAIMS-MADE X OCCUR							4/30/2019	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			100,000														
		CEAIWG-WADE 1	A OCCOR			AES105259701		4/30/2019	4/30/2020	`		\$	5,000														
										MED EXP (Any one		\$	1,000,000														
	-									PERSONAL & ADV		\$	2,000,000														
	GEI	N'L AGGREGATE LIMIT AF POLICY <b>X</b> PRO- JECT								GENERAL AGGRE		\$	2,000,000														
			LOC							PRODUCTS - COM	P/OP AGG	\$															
В	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE	E LIMIT	\$	1,000,000														
-	AU	1				EDA11072440		12/15/2010	12/15/2010	(Ea accident)		\$															
		ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS			EDAU972149		12/15/2018	12/15/2019	BODILY INJURY (P	•	\$															
	X									BODILY INJURY (P PROPERTY DAMA (Per accident)	er accident) GE																
	<u> </u>	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							(Per accident)		\$															
			000115									\$															
		UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE							EACH OCCURREN	CE	\$															
										AGGREGATE		\$															
	WOF	DED RETENTION	IN D							PER STATUTE	OTH- ER	\$															
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   ANY PROPRIETOR PARTNER PARTN											_																
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDE		\$															
										E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT																	
	DES	CRIPTION OF OPERATIO	INS DEIOW							E.L. DISEASE - POI	LICY LIMIT	\$															
DE	CDID	FION OF OPERATIONS / I	OCATIONS / VEHIC	LEC (	A CORE	2 101 Additional Remarks School	ıla mayık	a attached if mar	ro angga in requir	rod\																	
Evi	dence	e of Coverage	CCATIONS / VEHIC	LES (A	HOUKI	D 101, Additional Remarks Schedu	ne, may t	e allauned if Mol	e space is requir	euj																	
	DTIF	SICATE HOLDER					CANCELLATION																				
Evidence of Coverage								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																				
								Lori Schavone																			