



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2022

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).

<b>PRODUCER</b> Tailored Insurance Services Inc 23785 El Toro Rd # 267  Lake Forest CA 92630-4762		<b>CONTACT NAME:</b> Joseph Van Dyke <b>PHONE (A/C, No, Ext):</b> 949-352-4850 <b>E-MAIL ADDRESS:</b> Joe@mytailoredins.com <b>FAX (A/C, No):</b> 866-822-8338	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> NorGuard Insurance Company	<b>NAIC #</b> 31470
		<b>INSURER B :</b> AIX Specialty Ins Co	12833
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			SIZGL0517B258438	12/10/2021	12/10/2022	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 50,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/> OTHER:						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> ANY AUTO							
	<input type="checkbox"/> OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> RETENTION \$							
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			USWC328478	03/04/2022	03/04/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

# AIX Specialty Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AIX SPECIALTY INSURANCE COMPANY**  
**COMMERCIAL GENERAL LIABILITY POLICY**  
**ADDITIONAL INSURED ENDORSEMENT**

**INCLUDING PRIMARY COVERAGE AND WAIVER OF SUBROGATION**

The section of the policy entitled **III. – WHO IS AN INSURED** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in a legally enforceable written contract or agreement entered into before your work commenced, that such person or organization be added as an additional insured on your policy. The coverage afforded by this endorsement is only (1) with respect to liability in connection with the original **Named Insured's** ongoing operations performed for said **Additional Insured** during the term of this policy, and (2) only if the **Additional Insured** performs all obligations required under this policy.

The coverage afforded to an **Additional Insured** is limited to a claim made for a **Covered Loss** not covered by other insurance available to an **Additional Insured**, and is limited by **the provisions of the Insuring Agreement, Exclusions, Conditions set forth in the policy and all endorsements thereto.**

No coverage is afforded under the “products-completed operations hazard” for an **Additional Insured** pursuant to this endorsement. The coverage afforded to an **Additional Insured** under this endorsement ends as of the date of completion, abandonment, or termination of the work of the **Named Insured** at any jobsite, project, or structure. There is no coverage hereunder for any **Additional Insured** in connection with any claim or suit involving any claim for damage that takes place or is alleged to take place following completion of the **Named Insured's** work.

The “work” of the **Named Insured** will be deemed completed as of the date all work, including materials, parts or equipment furnished in connection with such work, on the project or any structure therein (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed, or when that portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization, including another contractor or subcontractor engaged in performing operations as part of the same project, whichever is earlier.

The coverage provided for the **Additional Insured** is only to the extent that the additional insured is held liable for the negligence or strict liability of the **Named Insured**, and is only to the extent of and in the proportion **Additional Insured** is held liable for the negligence or strict liability/conduct/acts of the **Named Insured**. No coverage is provided for liability based upon the acts, errors or omissions of the **Additional Insured**.

If expressly required by a written and legally enforceable contract entered into by the **Named Insured** prior to commencement of work by the **Named Insured** for the **Additional Insured**, then the insurance afforded by the policy to the **Additional Insured** shall be primary insurance, and any insurance or self-insurance maintained by the above **Additional Insured** shall be excess of the insurance afforded to the **Named Insured** and shall not contribute to it.

If expressly required by a written and legally enforceable contract entered into by the **Named Insured** prior to commencement of work by the **Named Insured** for the **Additional Insured**, then we waive any right of subrogation we may have against an entity that is an **Additional Insured** per the terms of this endorsement because of payments we make for injury or damage arising out of “your work” performed under such written and legally enforceable contract with that **Additional Insured**.

Except as set forth above, all of the terms, conditions and exclusions of the policy apply and remain in effect.

Policy No.: SIZGL0517B258438

Date: 12/10/2021

Time: 12:01 a.m.

AIX Specialty Insurance Company  
3250 Grey Hawk Ct, Ste. Z  
Carlsbad, CA 92010

By:

*Matt Grossberg*  
Authorized Representative