

CERTIFICATE OF LIABILITY INSURANCE

FIVEST-157 NOAI

DATE (MM/DD/YYYY)

9/24/2018

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).

	DOCER				NAME:			
Automatic Data Processing Insurance Agency, Inc ADP Boulevard Roseland, NJ 07068					NAWIE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			
					INSURER A : NorGua	ard Insuran	ce Company	31470
NSURED Five Star Svc Co					INSURER B:			
1373 Athens PI Escondido, CA 92026				INSURER C :				
					INSURER D:			
					INSURER E:			
					INSURER F:			
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT TO	WHICH THIS
NSR .TR	TYPE OF INSURANCE	ADDI INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
							GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	
	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MAD						AGGREGATE \$	
	DED RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					9/17/2019	WC STATU- OTH- TORY LIMITS ER	
			N/A	FIWC901613	9/17/2018		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
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLFS	(Attach	ACORD 101. Additional Remarks	Schedule, if more space	is required)		
CEF	RTIFICATE HOLDER				CANCELLATION			
Insured Copy -					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			

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