

LLAPSANSKY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2020

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).

th	is certificate does not confer rights t							require an end	OI SCIIICII	t. A 31	atement on	
PRO	DUCER				CONTA NAME:	ст Beth Ro	per					
Smart Choice 4121 Beechwood Dr Greensboro, NC 27410						PHONE (A/C, No, Ext): (800) 969-5454 FAX (A/C, No): (570) 825-2990						
						E-MAIL ADDRESS: grip@guard.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: AmGUARD Insurance Company					42390	
INSURED						RB:						
My Oregon Painting, Inc 2900 SE Cornelius Pass Rd Suite 331 Hillsboro, OR 97123					INSURER C:							
					INSURER D:							
					INSURER E :							
, · · · · ·						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICE				HAVE B	EEN ISSUED				HE PO	LICY PERIOD	
	IDICATED. NOTWITHSTANDING ANY F											
E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	POLI	I AIN, CIES.	LIMITS SHOWN MAY HAVE	BEEN F	THE POLICI REDUCED BY	IES DESCRIB PAID CLAIMS.	ED HEREIN IS SI	UBJECT I	O ALL	THE TERMS,	
INSR TYPE OF INSURANCE			ADDL SUBR NSD WVD POLICY NUMBER			POLICY EFF	POLICY EXP (MM/DD/YYYY)	YEXP				
LIK	COMMERCIAL GENERAL LIABILITY		WVD			(IVIIVI/DD/TTTT)	(MIMI/DD/1111)	EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR			MYAU167494		4/12/2020	4/12/2021	DAMAGE TO RENTED		\$		
								MED EXP (Any one	,	\$		
								PERSONAL & ADV		\$		
	CENTIL ACCRECATE LIMIT APPLIES DEP.									\$		
	POLICY PRO- JECT LOC									\$		
								PRODUCTS - COM	P/OP AGG			
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	ELIMIT	\$	1,000,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	or norson)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS			M170107434		7/12/2020	7/12/2021	BODILY INJURY (P				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
	AUTOS ONLY AUTOS ONLY							HNOA				
	UMBRELLA LIAB OCCUR							EAGU GOOURREN	05	\$		
	EXCESS LIAB CLAIMS-MADE	:						EACH OCCURREN	CE	\$		
	DED RETENTION \$							AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	отн-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE	ER	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		·		
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	Ψ.		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
DLO	ON HONO OF CHANGES FEED A HONO / VEHIC		TOOKE	7 101, Additional Remarks ochedo	iie, iiiay b	e attached il illoi	e space is requi	euj				
CE	PTIEICATE HO! DED	CANCELL ATION										
CERTIFICATE HOLDER						CANCELLATION						
My Oregon Painting 2900 SE Cornelius Pass Rd Hillsboro, OR 97123						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						