

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2017

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).

this certificate does not comer rights to the certificate noticer in fled of such endorsement(s).					
PRODUCER Venture Pacific Insurance Services, Inc.	CONTACT NAME:	Tracy Mullins			
111 Corporate Drive Suite 200		949-421-3540 FAX (A/C,	, No): 949-297-4911		
Ladera Ranch, CA 92694	E-MAIL ADDRESS:	TMullins@vpisrisk.com			
		NAIC#			
www.venturepacificinsurance.com Lic# 0D10299	INSURER A:	26387			
INSURED	INSURER B : Z	Zurich American Insurance Company	16535		
LionHeart Security International Consulting, LLC 621 S 48th Street, Ste 110	INSURER C:				
Tempe AZ 85281	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 38591717 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	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	/	CLAIMS-MADE OCCUR			EOL008471602	6/30/2017	6/30/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$2,000,000 \$\$100,000
	/	Errors & Omissions						MED EXP (Any one person)	\$\$5,000
	/	Employee Dishonesty						PERSONAL & ADV INJURY	\$2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$\$2,000,000
	✓	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			BAP088549701	11/3/2017	11/3/2018	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
	✓	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY			WC009359801	3/28/2017	3/28/2018	✓ PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$\$1,000,000
	(Man	ndatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$\$1,000,000
DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed)	
Proof of Insurance									
CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	James Barton AUTHORIZED REPRESENTATIVE James Barton

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