

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/1/2017

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 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).

PRODUCER		CONTACT NAME: Carlos Alfaro				
INSURENEX - VN Insurance S	Services	PHONE (A/C, No, Ext): (818)781-8112	FAX (A/C, No): (818)78	1-2660		
California Lic. OF23523		E-MAIL ADDRESS: carlos.ea@insurenex.com				
14402 Haynes Street, Suite	∍ 103	INSURER(S) AFFORDING COVERAGE		NAIC #		
Van Nuys CA	91401	INSURER A: Colony Insurance Company				
INSURED		INSURER B.HCC Surety Group				
Anna D. Moreno,		INSURER C:				
DBA: Anna's Cleaning Servi	ices	INSURER D:				
11110 Lorne Street #146		INSURER E:				
Sun Valley CA	91352	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:CL17910164	48 REVISION NUI	MBER:			

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000				
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
					101 GL 0030882-02	8/28/2017	8/28/2018	MED EXP (Any one person)	\$ 5,000				
								PERSONAL & ADV INJURY	\$ 1,000,000				
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000				
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included				
		OTHER:							\$				
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$				
		ANY AUTO						BODILY INJURY (Per person)	\$				
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$				
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$				
									\$				
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$				
		DED RETENTION\$							\$				
AN'		KERS COMPENSATION EMPLOYERS' LIABILITY	N/A								PER   STATUTE	PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
	(Man	CER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$				
В	Воз	nd			100323009	8/26/2016	8/26/2019	Amount	100,000				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												

Coverage is subject to the terms and conditions of the insurance policy.

CERTIFICATE HOLDER	CANCELLATION
Anna Moreno DBA Anna's Cleaning Services	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
	Carlos Alfaro/ME

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