

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Ĩ.			_ \					JINANU		03	/19/2020	
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 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).												
PROD	_					CONTA	CONTACT NAME: Sherri Risley					
Insure Smart Insurance Agency							PHONE (A/G, No, Ext): (661) 222-2250 FAX (A/G, No): (661) 222-7380					
25061 Avenue Stanford, Ste. 100						E-MAIL ADDRESS: insgirl99@sbcglobal.net						
							INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
Santa Clarita					CA 91355	INSURER A: WESTERN WORLD INSURANCE COMP			INSURANCE COMPAN	Y		
INSURED					-							
Get Clean Services, LLC					-							
4100 W Eldorado Parkway Suite 100-164					-	INSURER D: THE TRAVELS INDEMNITY CO.						
Mckinney					TX 75070-	INSURER E :						
					NUMBER:	REVISION NUMBER:					l	
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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	ITS		
	X	COMMERCIAL GENERAL LIABILITY					-		EACH OCCURRENCE	\$ 2,0	00,000.00	
									DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000.00	
	<u>X</u>	Covered States:AZ, CA, CO, FL,							MED EXP (Any one person)	\$ 5,0		
Α		NM, OK, TN, TX, WI, VA, OH, OF	Y	Y	GLB1000039		12/14/2019	12/14/2020	PERSONAL & ADV INJURY			
		N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$ 2,000,000.00		
									PRODUCTS - COMP/OP AGO	<u>s 2,0</u> s	00,000.00	
	OTHER:				<u></u>				COMBINED SINGLE LIMIT (Ea accident)		000,000.00	
		ANY AUTO ALL OWNED AUTOS		N N		09/18/2019	09/18/2019	2/18/2020	BODILY INJURY (Per person)			
в	X		Ν		08181528-1 (CA ONLY)				BODILY INJURY (Per accident) \$			
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
						·				\$		
									EACH OCCURRENCE		00,000.00	
С	<u>×</u>	EXCESS LIAB CLAIMS-MADE	Ν	ИИ	0100088216-1	12/14/2019	12/14/2020	AGGREGATE	1	00,000.00		
		DED RETENTION S RKERS COMPENSATION	N / A	Y			11/17/2019	11/17/2020	PER OTH- STATUTE ER	\$		
_	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s 1.0	00.000.00	
	(Mai	ndatory In NH)			UB6J909587-19-42-G				E.L. DISEASE - EA EMPLOY	E \$ 1,0	00,000.00	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMI	т 💲 1,0	00,000.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
JANITORIAL SERVICE												
CERTIFICATE HOLDER CANCELLATION												
						THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
AUTHO							UTHORIZED REPRESENTATIVE					
						Denni Rintes						
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