

RYATCON-01

ANTHONY1ASI

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

10/02/2018

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 have ADDITIONAL INSURED provisions or be endorsed.

	nis certificate does not confer rights to							require an endorsemen	II. AS	tatement on	
PRODUCER ASI Insurance, LLC 4545 E. Shea Blvd						CONTACT ASI Insurance, LLC					
						PHONE (A/C, No, Ext): (602) 424-6905 FAX (A/C, No): (602) 424-8040					
STE	164				E-MAIL ADDRE	_{ss:} aincardo	na@adpas	iinsurance.com			
Phoenix, AZ 85028 INSURED Williamson Development Ryan Hardy 7313 W Charter Oak Rd Peoria, AZ 85381						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Echelon P & C Ins.					
						INSURER B:					
						INSURER C:					
						INSURER D :					
						INSURER E :					
						INSURER F:					
				E NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI										
С	ERTIFICATE MAY BE ISSUED OR MAY	PER'	TAIN,	THE INSURANCE AFFORD	DED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT 1			
INSR	XCLUSIONS AND CONDITIONS OF SUCH F	ADDI CURD			DOLICY EEE DOLICY EXP						
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			EPP0001972		10/02/2018	10/02/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
	SE MINISTRICE A COCON			LI FUUU 1312		10/02/2010	10/02/2019		\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							FRODUCTS - COMPTOF AGG	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO			ECA0013048		10/02/2018	10/02/2019	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							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 \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MERER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES -	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	ACORE) 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
Tow	n of Gilbert as an additional insured										
CF	RTIFICATE HOLDER				CANO	CELLATION					
CERTIFICATE HOLDER						VANOLLEATION					
						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	RIZED REPRESE	NTATIVE		_		
						Anthony Incardona					