ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/19 1·04PM

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: Customer Service Department						
Gaslamp Insurance Services, Inc.					PHONE (A/C, No, Ext): (800) 920-4125 FAX (A/C, No): (800) 920-4107						
Jus	stin Duenas	E-MAIL ADDRE	E-MAIL ADDRESS: certificates@premieragencyservices.com								
3238 Grey Hawk Court Carlsbad, CA 92010					INSURER(S) AFFORDING COVERAGE						
					INSURER B :						
Oh La La Spotless, Inc.				INSURER C :							
				INSURER D :							
	00 NW 25th Street, Ste 257,			INSURE	RE:						
Mia	ami, FL 33122			INSURE	RF:						
		-	TE NUMBER:				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 SUE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY		SIZGL1029A221038	3	07/01/2019	07/01/2020	DAMAGE TO RENTED	,000 0,00	0,000		
A								,000			
									0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							<i>,</i>	0,000		
	X POLICY PRO- JECT LOC							<i>,</i>	0,000		
	OTHER:						\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)				
	ANY AUTO						BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED AUTOS AUTOS						PROPERTY DAMAGE \$				
							\$				
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE	-					AGGREGATE				
	DED RETENTION \$						\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT \$				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$				
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Verification of Coverage										
Subject to all policy terms, exclusions and conditions											
CERTIFICATE HOLDER					CANCELLATION						
Verification of Coverage					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						
			ustin Duenas/BLS								

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