

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

							_	7/	11/2023	
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).										
					CONTACT NAME:					
Leaders Choice Insurance Services Inc. 700 E Street					PHONE (A/C, No, Ext): 866-211-2123 FAX (A/C, No): 866-913-7036					
Sacramento CA 95814					E-MAIL ADDRESS: info@leaderschoiceins.com					
					INSURER(S) AFFORDING COVERAGE					
License#: 0G80276										
INSURED HATTPUB-01					INSURER B : US Specialty Insurance Company					
Hattas Public Murals Inc					INSURER C: California Automobile Ins Co.					
6920 Texhoma Ave Lake Balboa CA 91406										
					INSURER D :					
					INSURER E :					
L COVERAGES CEF	INSURE	INSURER F : REVISION NUMBER:								
			NUMBER: 1977208832							
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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
B X COMMERCIAL GENERAL LIABILITY			U23AC124546-03		5/11/2023	5/11/2024	EACH OCCURRENCE	<u> </u>	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100.0		
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
X POLICY PRO- JECT LOC								\$ 2,000	,	
							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
C AUTOMOBILE LIABILITY			BA040000072027		2/12/2023	2/12/2024	COMBINED SINGLE LIMIT	\$ 500,0	00	
ANY AUTO			DA04000012021		2/12/2023	2/12/2024	(Ea accident) BODILY INJURY (Per person)	\$ 000,0		
OWNED OWNED X SCHEDULED							BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS HIRED X HIRED ONLY							PROPERTY DAMAGE	\$		
							(Per accident)	\$		
							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
DED RETENTION \$								\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			FLA014555-03		7/10/2023	7/10/2024	PER STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	,000	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Proof of Insurance					AUTHORIZED REPRESENTATIVE					
				7	1.15	10				
L'ENG										

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