

JBONDOC1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2022

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).

									ificate holder in lieu of su	ch enc	lorsement(s)		require un chaorsemen		statement on	
											CONTACT Christie Mueller					
Inszone Insurance Services, LLC 2721 Citrus Road, Suite A										PHONE (A/C, No, Ext): (720) 583-1599 FAX (A/C, No):						
Rancho Cordova, CA 95742											E-MAIL ADDRESS: cmueller@inszoneins.com					
										INSURER(S) AFFORDING COVERAGE NAIC #						
										INSURER A : US Specialty Insurance Company				29599		
ARK Low Voltage, LLC 3832 Summer Breeze Dr. Colorado Springs, CO 80918											INSURER B: Artisan and Truckers Casualty Company				10194	
											INSURER C : Pinnacol Assurance				41190	
											INSURER D:					
											INSURER E:					
											INSURER F:					
COVERAGES CERT								_	NUMBER:				REVISION NUMBER:			
IN C	IDIC/ ERTI	ATE IFIC	D. NOT ATE MA`	WITH Y BE	IST IS	ANDING ANY F SUED OR MAY	PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW FENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	O WHICH THIS	
INSR LTR		1				ANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000	
Α	X	СО	7			AL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
			CLAIMS-	MADE	L	OCCUR			U22AC130767-02		11/12/2022	11/12/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$,	
											MED EXP (Any one person)	\$	5,000 1,000,000			
													PERSONAL & ADV INJURY	\$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PECT LOC									GENERAL AGGREGATE	\$	2,000,000			
	_										PRODUCTS - COMP/OP AGG	\$	_,000,000			
В	A117		HER:	U ITV									COMBINED SINGLE LIMIT	\$	1,000,000	
	AUTOMOBILE LIABILITY ANY AUTO						950970075		7/21/2022	7/21/2023	(Ea accident)	\$, ,			
			/NED TOS ONLY	. [X	SCHEDULED AUTOS			330370073		1/21/2022	172172023	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	X		RED TOS ONLY		X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$		
		AU	TOS ONLY			AUTOS ONLY							(r er accident)	\$		
		UM	BRELLA L	IAB	Τ	OCCUR							EACH OCCURRENCE	\$		
		EX	CESS LIAE	1		CLAIMS-MADE							AGGREGATE	\$		
		DED RET		RETEN	NTION \$									\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					,	N/A		4231986		8/1/2022	8/1/2023	X PER OTH-ER			
						EXECUTIVE TIN							E.L. EACH ACCIDENT	\$	1,000,000	
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				D:							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES					ONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Veri	ficat	ion	Of Insur	ance	<i>3 </i> L	OGATIONS / VEHIC	LES (/	SORL) 101, Additional Remarks Schedu	ie, niay D	re autached if Mor	e space is requir	cu j			
ÇE	RTIF	FICA	ATE HO	LDE	R					CANCELLATION						
Verification Of Insurance										SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE