

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2022

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 confor rights to the certificate holder in liquid found and properties.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROI	UCER		NAME:	CONTACT Terry Christian								
Contractors Insurance Agency						PHONE (A/C, No, Ext): (480) 804-0707 FAX (A/C, No): (866) 269-9055						
1010 E Jefferson St						E-MAIL ADDRESS: tchristian@ciacoverage.com						
					ADDICE		SURFR(S) AFFOR	RDING COVERAGE			NAIC#	
Phoenix AZ 85034						INSURER A: Acuity Insurance 14184						
INSURED						INSURER B:						
Ancla Plumbing LLC						INSURER C:						
28515 N. North Valley Pkwy.												
20313 N. Notti Valley F kwy.					INSURER D:							
Discoving 47, 05005					INSURER E :							
			AZ 85085	INSURER F:								
COVERAGES CERTIFICATE NUMBER: CL221078912				REVIOLON NOMBER.								
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 ADDL SUBF LTR TYPE OF INSURANCE INSD WVD			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		WVD	. 02.01 ((022.)		(MM/DD/TTTT)	<u> </u>	EACH OCCURRENCE \$ DAMAGE TO RENTED		s		
										\$		
								·				
								MED EXP (Any one		\$		
								PERSONAL & ADV		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$		
	POLICY JECT LOC							PRODUCTS - COMP	P/OP AGG	\$		
	OTHER:							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person) \$						
	AUTOS ONLY AUTOS NON-OWNED	TOS ONLY AUTOS						BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident))C	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N							PER STATUTE	OTH- ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			ZP3140		10/05/2022	10/05/2023	E.L. EACH ACCIDE	NT	φ .	00,000	
	(Mandatory in NH)	N/A	-					E.L. DISEASE - EA I	EMPLOYEE	\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	00,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Prod	f of Insurance											
CERTIFICATE HOLDER						CANCELLATION						
Proof 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. AUTHORIZED REPRESENTATIVE						