

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2024

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).

	is certificate does not confer rights to	tne	certi	ricate noider in lieu of Su			•				
PRODUCER						CONTACT NAME: JOSHUA KUHN					
Albatross Insurance Agency					PHONE (A/C, No, Ext): (480) 805-8656 (A/C, No):						
11811 N Tatum BLVD #3031						E-MAIL ADDRESS: josh@albatrossinsurance.com					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Phoenix AZ 85028				INSURER A: UTICA FIRST INS CO				15326			
INSURED			INSURER B: FIDELITY & GUAR INS CO				35386				
Gatos Demolition LLC				INSURER C: NATIONAL LIAB & FIRE INS CO				20052			
8247 W Madison St				INSURER D:							
					INSURER E :						
Peoria				AZ 85345	INSURER F:						
COVERAGES CERT			ATE	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.  INST!   POLICY EFF   POLICY EXP											
INSR LTR	TYPE OF INSURANCE		MAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	5	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5	100,000	
								MED EXP (Any one person) \$	5	5,000	
A		Y	Y	N0082GL000240-00		02/22/2024	02/22/2025	PERSONAL & ADV INJURY \$	5	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	5	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	5	2,000,000	
	OTHER:							\$	5		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$	5		
	OWNED SCHEDULED AUTOS ONLY		Y	BA8X704255		02/22/2024	02/22/2025	BODILY INJURY (Per accident) \$	5		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	\$		
								\$	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	5		
	EXCESS LIAB CLAIMS-MADE	Y						AGGREGATE \$	5		
	DED RETENTION \$							\$	5		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y	N9WC715166		02/22/2024	02/22/2025	E.L. EACH ACCIDENT \$	5	1,000,000	
C	(Mandatory in NH)		1	147 W C / 13100				E.L. DISEASE - EA EMPLOYEE \$	5	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	5	1,000,000	
		<u> </u>									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)			
CERTIFICATE HOLDER						CANCELLATION					
N/A					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						
					Joshua Kuhn						