



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2020

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).

PRODUCER Gilbert Insurance Group Inc 50 W Vaughn Ave Ste 202 Gilbert, AZ 85234	CONTACT NAME: PHONE (A/C, No, Ext): (480) 926-9030	FAX (A/C, No): (480) 926-0512	
	E-MAIL ADDRESS: agency@gilbertinsurancegroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Crout & Heller Painting Services Inc 615 S Country Club Dr Mesa, AZ 85210-2325	INSURER A : Midwest Family Mutual Insurance Company		23574
	INSURER B : National Union Fire Insurance Company of Pittsburgh, PA		19445
	INSURER C : Acuity A Mutual Insurance Company		14184
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPAZ0560114894	5/1/2020	5/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPAZ0560114894	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EBU015824522	5/1/2020	5/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z70879	5/1/2020	5/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$ 1,000,000
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							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) Any and all Additional Insured status shown is provided when required by written contract only. Subject to policy coverage, language, exclusions and restrictions.

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

Danielle Hernandez

Amendatory Endorsement #1

MIDWEST FAMILY MUTUAL INSURANCE COMPANY
INSURED: CROUT & HELLER PAINTING
POLICY NUMBER: CPAZ0560114894

BLANKET ADDITIONAL INSURED BY CONTRACT

THE ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

BUSINESS AUTO COVERAGE FORM

THIS ENDORSEMENT CHANGES THE POLICY EFFECTIVE ON THE INCEPTION DATE OF THE POLICY UNLESS ANOTHER DATE IS INDICATED.

WITH RESPECT TO COVERAGE PROVIDED BY THIS ENDORSEMENT, THE PROVISIONS OF THE COVERAGE FORM APPLY UNLESS MODIFIED BY THE ENDORSEMENT.

SECTION II LIABILITY COVERAGE, A COVERAGE 1. WHO IS AN INSURED IS AMENDED TO INCLUDE AS AN INSURED ANY PERSON OR ORGANIZATION WITH WHICH YOU HAVE AGREED IN A VALID WRITTEN CONTRACT TO PROVIDE INSURANCE AS AFFORDED BY THIS POLICY.

THIS PROVISION IS LIMITED TO THE SCOPE OF THE VALID WRITTEN CONTRACT.

THIS PROVISION DOES NOT APPLY UNLESS THE VALID WRITTEN CONTRACT HAS BEEN EXECUTED PRIOR TO THE BODILY INJURY OR PROPERTY DAMAGE.

THIS COVERAGE IS ON A PRIMARY AND NON CONTRIBUTORY BASIS.

Amendatory Endorsement #2

MIDWEST FAMILY MUTUAL INSURANCE COMPANY

INSURED: CROUT & HELLER PAINTING

POLICY NUMBER: CPAZ0560114894

The endorsement changes the Policy. Please Read it Carefully.

Waiver On Transfer of Rights of Recovery Against Others to us.

This endorsement modifies Insurance provided under the following:

COMMERCIAL AUTO

The Transfer of RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition is amended by the addition of the following:

We waive any right of recovery we may have against any additional insured as required in a written agreement because payments we make for the injury or damage arising out of your ongoing operations or your work done under the contract with that person or organization and included in the Products Completed Operations Hazard.

BLANKET WAIVER OF SUBROGATION

The endorsement modifies Insurance provided under the Businessowners Coverage Form. Please read it carefully.

Section III, K.2. Transfer of Rights Of Recovery Against Others To Us applicable to Businessowners Coverage is modified with the following:

2. Applicable to Businessowners Liability Coverage:

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. This condition does not apply to Medical Expenses Coverage.

We waive any Right of Recovery we may have against any additional Insured as required in a written agreement because of payments we make for injury or damage arising out of your ongoing operations or your work done under contract with that person or organization.

**BLANKET ADDITIONAL INSURED –
PRIMARY AND NON-CONTRIBUTORY**

This endorsement modifies insurance provided under the Businessowners Coverage Form.

- A. Section C “Who Is An Insured” is amended as follows:
3. Insured is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or a written agreement, but only with respect to liability for bodily injury, property damage or personal and advertising injury caused in whole or in part by:
 1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf; and resulting from;
 - a. Your ongoing operations performed for the additional insured
 - b. Your work completed as included in the products completed operations hazard performed for the additional insured.
- B. However, regarding of provisions A above:
1. We will not extend insurance coverage to any additional insured or organization
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement.
 2. We will not provide Limits of Insurance to any additional insured or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- C. The insurance provided to the additional insured person or organization does not apply: Bodily injury, property damage, or personal and advertising injury arising out of your rendering of, or the failure to render, any professional architectural, engineering or surveying services including:
1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change of orders or drawings and specifications; and
 2. Supervisory inspection, architectural or engineering activities
- D. For the coverage provided by this endorsement:
1. The insurance is primary insurance as respects our coverage for the additional insured person or organization where the written contract or written agreement requires this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
 2. This insurance is excess over any other insurance, whether primary, excess, contingent or an any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing coverage for the same occurrence, claim or suit. This provision does not apply to any policy which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

POLICY NO. Z70879

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

WC 00 03 13(4-84)

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work

under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

BLANKET WHERE REQUIRED BY WRITTEN CONTRACT