

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDDAYYYI

10/31/16

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(les) must 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

C	ertificate holder in lieu of such endors	eme	nt(s)	<b>!.</b>							
	DUCER			Phone: 520-795-8511	CONTAC NAME:	ा				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THE MAHONEY GROUP - TUCSON 5330 N. La Cholia Blvd				Fax: 520-795-8542							
	son, AZ 85741-3815	• • . • • • • • • • • • • •				I E-MAL					
Jon	athan O. DeBake, CIC					ADDRESS:					
l								RDING COVERAGE		NAIC 8	
					INSURER A : Cincinnati insurance Company					10677	
NSURED Gilbert Electric Company					INSURER B: CopperPoint Western Insurance					13209	
Attn: John 1760 E. Pace Court Tucson, AZ 85719					INSURER C:				Î	I	
					MSURER D:						
twoon, rai out to					INSURER E :						
					MSURER F:						
<u></u>	VERAGES CER	RTIFICATE NUMBER:				REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				Æ BEE	N ISSUED TO	THE INCHE		<b>2</b> (3/2)s	www.commonwea.com	
	IDICATED. NOTWITHSTANDING ANY RE										
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO			
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN R						
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY							EACH OCCURRENCE \$	;	1,000.000	
Α	X COMMERCIAL GENERAL LIABILITY		X	EPP0046960	1	11/01/16	11/01/17	DAMAGE TO RENTED		500,0 <b>00</b>	
	CLAIMS-MADE X OCCUR	Х			ļ			1		10,000	
	CENTAGE OCCUR	ļ					ļ			· · · · · · · · · · · · · · · · · · ·	
								PERSONAL & ADV INJURY \$		1,000,00 <b>0</b>	
				· ·			1	GENERAL AGGREGATE \$	;	2,000,00 <b>0</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER:		j		ļ			PRODUCTS - COMPIOP AGG   \$		2,000, <b>000</b>	
	POLICY X PRO: LOC								:		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	;	1,000,000	
A	X ANY AUTO		хх	EBA0046960		11/01/16	11/01/17	BODILY INJURY (Per person) \$	;		
	ALL OWNED SCHEDULED AUTOS				1	ĺ		BODILY INJURY (Per accident) \$	:		
	NON-OWNED							PROPERTY DAMAGE			
	HIRED AUTOS AUTOS			Manager and the second	1			(Per accident) *			
	X UMBRELLA LIAB X COCUP		ļ						( <del>************************************</del>		
	IA OCCUR							EACH OCCURRENCE \$		4,000,000	
A	EXCESS LIAB CLAIMS-MADE			EPP0046960	ĺ	11/01/16	11/01/17	AGGREGATE \$	:	4,00 <b>0,000</b>	
	DED X RETENTION\$ 0		<u> </u>					10 100		200700000000	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				ĺ	Î		X WCSTATU- OTH- TORY LIMITS ER			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE TO THE	NIA	X	1015835		01/01/16	01/01/17	E.L. EACH ACCIDENT \$		1,000,000	
	OFFICERMEMBER EXCLUDED? (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 OFERALIONS BEINS			<u> </u>				L.L. DISLAGE - FOLIGI LIMIT 14			
					İ	Ì					
			A Committee Comm			!					
			<u> </u>		1						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL										
ACC #CD	ached is TMG summary & for 4094(10/01), #AA4171(11/05	ns i	FGAZ BAAZ	(33A2(U9/U9),GA431(  174(11/05)	5AZ (U:	9/09) nai wacaa	1212			· ·	
(04	/84)	, , ,		ELITATELION, ARMELIA	c (O3)	03),80000	/3£3				
	··				CANC	ELLATION				THE OWNER OF THE PERSON NAMED IN POST OF THE PERSON NAMED	
				ASARC-2							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED SEFORE											

ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**