

KNASTA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2018

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.

	SUBROGATION IS WAIVED, subject size certificate does not confer rights to				ıch end	dorsement(s)		require an end	lorsemen	t. A	statement on	
PRODUCER The Mahoney Group - Tucson 5330 N. La Cholla Blvd Tucson, AZ 85741						CONTACT NAME:						
										AX A/C, No): (520) 795-8542		
						F-MAII				(0=0)	,	
						ÄDÖRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : CINCINNATI FINANCIAL CORPORATION XXXX						
Universal Fog Systems, Inc.					INSURER B:							
	Attn: Angela Grant				INSURER C:							
	2145 E Riverdale St.				INSURER D:							
	Mesa, AZ 85213				INSURER E:							
					INSURER F:							
		TIFICATE NUMBER:						REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	X	ETD0470181		12/30/2018	12/30/2019	DAMAGE TO RENT PREMISES (Ea occ	currence)	\$	500,000	
								MED EXP (Any one	person)	\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS		х	ETA 0470181			12/30/2019	COMBINED SINGL	E LIMIT	\$	1,000,000	
						12/30/2018		(Ea accident)				
						12/30/2010		BODILY INJURY (F	•	\$		
								BODILY INJURY (F PROPERTY DAMA (Per accident)	'er accident) GE			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
Α	V V									\$	2,000,000	
^	X UMBRELLA LIAB X OCCUR			ETD0470181		12/30/2018	12/30/2019	EACH OCCURRENCE \$			2,000,000	
	EXCESS LIAB CLAIMS-MADE			L100470101		12/30/2010	12/30/2013	AGGREGATE		\$	2,000,000	
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLING (02/07) & AA(288(01/16)	LES (ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
	- ()											
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						