

If yes, describe under DESCRIPTION OF OPERATIONS below

<< Evidence of Coverage >>

CERTIFICATE OF LIABILITY INSUF

WALLDES-02 **KHARENCAME**

DATE	(MM/DD/YYYY)
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CERTIFICATE OF LIA		DATE (MM/DD/YYYY)				
	DILITT INSURANCE	1/4/2016				
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, to the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).						
ODUCER	CONTACT NAME: Jennifer Bentley					
intreo Insurance Brokerage 0 Stony Point Rd, Suite 160 inta Rosa, CA 95401	PHONE (A/C, No, Ext): (707) 546-2300 FAX (A/C, No E-MAIL	_{b):} (707) 546-2915				
ina Kosa, CA 55401	ADDRESS: INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Colony Insurance Company	39993				

E.L. DISEASE - POLICY LIMIT

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R	EPR	ESENTATIVE O	R P	RODUCER, A	ND T	HE C	ERTIFICATE HOLDER.						-	
IN	IPO	RTANT: If the	ce	tificate hold	er is	an A	DDITIONAL INSURED, the	e polic	y(ies) must b	e endorsed.	If SUBROGATION	IS WA	IVED,	, subject to
							policies may require an e	endorse	ement. A sta	tement on th	is certificate does r	not co	onfer ri	ights to the
		icate holder in li	eu c	of such endor	seme	nt(s)								
	DUCE							CONTA NAME:	Jennifer	Bentley				
Van	treo	Insurance Brok ny Point Rd, Sui		je				PHONE (A/C, No	_{b, Ext):} (707) 5	46-2300	FAX (A/C	, No): (707) క	546-2915
San	ta R	osa, CA 95401	le i	00				É-MAIL ADDRE						
														NAIC #
						INSURER A : Colony Insurance Company						39993		
INSURED							INSURER A: COUNTY INSURANCE COMPANY					16535		
									R C : Rockhi			iy		28053
				Designs Inc.				INSURE	RC:ROCKIII		Company			20033
		925 Tankla San Carlos	•					INSURE	RD:					
		San Carlos	s, c <i>i</i>	4 94070				INSURE	RE:					
								INSURE	RF:					
со	VER	RAGES		CER	RTIFIC	CATE	E NUMBER:				REVISION NUMBE	R:		
							SURANCE LISTED BELOW							
							ENT, TERM OR CONDITIO							
							LIMITS SHOWN MAY HAVE							THE TERMO,
INSR LTR		TYPE OF IN	SURA	NCF		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X	COMMERCIAL GEN		-	INSD	WVD	FOLICT NUMBER				EACH OCCURRENCE		\$	1,000,0
		CLAIMS-MADE		_			103GL0006436-01		10/01/2015	10/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence			100,0
	x			OCCUR			10302000430-01		10/01/2013	10/01/2010			\$	5,0
	^										MED EXP (Any one perso	<i>'</i>	\$,
											PERSONAL & ADV INJUF	RY S	\$	1,000,0
	-	N'L AGGREGATE LIMI	_	PLIES PER:							GENERAL AGGREGATE		\$	2,000,0
	Х	POLICY X PRO	T	LOC							PRODUCTS - COMP/OP	AGG	\$	2,000,0
		OTHER:											\$	
	AUT	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	ľ į	\$	1,000,0		
В	Х	ANY AUTO					BAP0085920-01		01/01/2016 01/01/20		BODILY INJURY (Per pers	son) S	\$	
		ALL OWNED AUTOS	5	SCHEDULED AUTOS							BODILY INJURY (Per acc	ident)	\$	
	Х		Y I	NON-OWNED							PROPERTY DAMAGE (Per accident)	:	\$	
			- '	40103									\$	
		UMBRELLA LIAB	X								EACH OCCURRENCE		\$	1,000,0
С	x	EXCESS LIAB	-		OCCUR		FF014698-00		10/01/2015	10/01/2016			-	1,000,0
C	^			CLAIMS-MADE	:		11014030-00		10/01/2013	10/01/2010	AGGREGATE		\$	1,000,0
	WOT	DED RETEN		\$								тн- :	\$	
B A		RKERS COMPENSATI EMPLOYERS' LIABIL		Y/N							X PER O STATUTE EI	R		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WC0085921-01			01/01/2016 01/01/2017	01/01/2017	E.L. EACH ACCIDENT		\$	1,000,0	
				1						E.L. DISEASE - EA EMPL	OYEE S	\$	1,000,0	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION					
Evidence of Coverage	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					
	Jennifer Bertley					