

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2016

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, the policy(ies) 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 certificate holder in lieu of such endorsement(s)

certificate ficialism fied of such endorsement(s).					
PRODUCER	CONTACT NAME: Jody-Marie Frankovits				
AAA Arizona, Inc.	PHONE (A/C, No, Ext): (602)393-6000 FAX (A/C, No): (602)242-6885				
2375 E Camelback Road	E-MAIL ADDRESS: jfrankovits@arizona.aaa.com				
Suite 500	INSURER(S) AFFORDING COVERAGE	NAIC #			
Phoenix AZ 85016	INSURER A:Tri-State Insurance Company of	31003			
INSURED	INSURER B:Union Insurance Company	25844			
Arizona Construction Cleaning Company LLC	INSURER C:Continental Western Insurance	10804			
dba TrueCore Cleaning	INSURER D:				
4912 W New Shadow Way	INSURER E :				
Marana AZ 85658	INSURER F:				

## **COVERAGES** CERTIFICATE NUMBER:16-17 ALL LINES

**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 SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS
LTR		INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,00
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,00
			4714658	4/12/2016	4/12/2017	MED EXP (Any one person) \$ 10,00
	X EPLI DED - \$2,500					PERSONAL & ADV INJURY \$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,00
	X POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,00
	OTHER:					EMPLOYMENT PRACTICES \$ 50,00
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 1,000,00
В	ANY AUTO					BODILY INJURY (Per person) \$
-	ALL OWNED X SCHEDULED AUTOS		4714690	4/12/2016	4/12/2017	BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<b>X</b> COMP \$1,000 <b>X</b> COLL \$1,000					UM/UIM CSL (EACH) \$ 1,000,00
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 1,000,00
c	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 1,000,00
	DED RETENTION\$		4715595	4/12/2016	4/12/2017	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER
	AND EMPLOYER'S LIABILITY  Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  Y	N/A				E.L. EACH ACCIDENT \$ 1,000,00
C	(Mandatory in NH)		4715124	4/12/2016	4/12/2017	E.L. DISEASE - EA EMPLOYEE \$ 1,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,00
A	BUSINESS PERSONAL PROPERTY		4714658	4/12/2016	4/12/2017	LIMIT \$6,00
A	CONTRACTORS EQUIPMENT		4714658	4/12/2016	4/12/2017	LIMIT \$26,98

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

CERTIFICATE HOLDER	<b>CANCELLATION</b>
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Evidence of Insurance Arizona Construction Cleaning Company, LL dba TrueCore Cleaning

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