

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2020

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).

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PRODUCER License # 0E67768	CONTACT Daniel Cerpa				
IOA Insurance Services 130 Vantis	PHONE (A/C, No, Ext): (949) 297-5962 FAX (A/C, No): (949)				
Suite 250	E-MAIL ADDRESS:				
Aliso Viejo, CA 92656	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Continental Casualty Company				
INSURED	INSURER B : National Union Fire Insurance Company of	19445			
Avail Recovery Solutions LLC	INSURER C: Markel American Insurance Com	28932			
120 E. Corporate Place, Ste 1 & 2	INSURER D: Crum & Forster Specialty Insurance Company				
Chandler, AZ 85225	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	под			(MINIO D) 1111)	(MIND D) 1 1 1 1 1	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	x	Χ	6074643042	5/3/2020	5/3/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:						EMPLOYMENT PRAC	\$	10,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			6074643042	5/3/2020	5/3/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			EBU015824610	5/3/2020 5/3/2021		AGGREGATE	\$	
	DED RETENTION\$						Aggregate	\$	5,000,000
С	C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y N / A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						X PER OTH-ER		
				AWC0009500-01	4/20/2020	4/20/2021	E.L. EACH ACCIDENT	\$	1,000,000
			`				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions			TEO-1002343-00	5/3/2020	5/3/2021	Per Claim		1,000,000
D	Errors & Omissions			TEO-1002343-00	5/3/2020	5/3/2021	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
American Nevada Realty, LLC, American Nevada Company, LLC, and American Nevada Holdings, LLC, Corporate Center V, LLC, their respective parents, managers, members, principals, partners, officers, directors, shareholders, employees, agents, successors, assigns, volunteers, consultants, lenders, including any of their affiliated or third party companies, existing now or hereafter, are Additional Insureds with respects to General Liability as per the attached endorsements as required by written contract. Insurance is Primary and Non-Contributory. Waiver of Subrogation applies to General Liability.

30 Day Notice of Cancellation with 10 Day Notice for Non-Payment of Premium in accordance with the policy provisions.

CERTIFICATE HOLDER	CANCELLATION
	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
ANC Corporate Center & Paseo Verde, LLC 460 Bush Street	David Carpa!
El Granada, CA 94018	some - for
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