

**PATILL** 

## ACORD<sup>®</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/4/2022

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) 297-9443 FAX (A/C, No):				
Suite 250	E-MAIL ADDRESS: Daniel.Cerpa@ioausa.com				
Aliso Viejo, CA 92656	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Continental Casualty Company		20443		
INSURED	INSURER B National Union Fire Insurance Company of Pittsburg PA				
Avail Recovery Solutions LLC	INSURER C: Markel American Insurance Company				
120 E. Corporate Place, Ste 1 & 2	INSURER D : Crum & Forster Specialty Insurance	44520			
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.

	XCLUSIONS AND CONDITIONS OF SUCH F									
INSR	TYPE OF INSURANCE	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY			(1111122)	(	EACH OCCURRENCE	<b>a</b> .	000,000		
	CLAIMS-MADE X OCCUR		6074643042	5/3/2022	5/3/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0	,000,000		
						MED EXP (Any one person)	\$	10,000		
						PERSONAL & ADV INJURY	\$ 2,0	,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,0	000,000		
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 4,0	000,000		
	OTHER:					EMPLOYMENT PRAC	\$	10,000		
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000		
	ANY AUTO		6074643042	5/3/2022	5/3/2023	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 X OCCUR					EACH OCCURRENCE	<b>a</b> .	000,000		
	X EXCESS LIAB CLAIMS-MADE		EBU067167988	5/3/2022		5/3/2022 5/3/202	5/3/2023	AGGREGATE	\$ 9,0	000,000
	DED RETENTION \$						\$			
С	C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X PER OTH-ER				
				4/20/2022	4/20/2023	E.L. EACH ACCIDENT	φ .	000,000		
			<b>^</b>			E.L. DISEASE - EA EMPLOYEE	<b>a</b> .	000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,0	,000,000		
D	Errors & Omissions		TEO-1002343-01	5/3/2021	5/29/2022	Per Claim	5,0	000,000		
D	Errors & Omissions		TEO-1002343-01	5/3/2021	5/29/2022	Aggregate	5,0	,000,000		

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

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
Proof of Coverage	Mat Affre - A221073

ACORD 25 (2016/03)