

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2023

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 SUBROGATIONIS 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											CONTACT NAME:					
AFFINITY INS SERVICES INC/PHS 39320229										PHONE (866) 467-8730 FAX				FAX (A/C, No):		
The Hartford Business Service Center																
			an Blv							E-MAIL ADDRE	E-MAIL ADDRESS:					
San Antonio, TX 78251											INSURER(S) AFFORDING COVERAGE NAIC#					
INSURED I											INSURER A: Sentinel Insurance Company Ltd.				11000	
GUARDIAN TITLE COMPANY											INSURER B:					
300 COMMERCE # 250										INSURER C :						
IRVINE CA 92602																
										INSURER D :						
											INSURER E:					
										INSURE	INSURER F:					
		AGE		EV TU	1 A T				E NUMBER:)W HAY	REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
1																
INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL																
TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO																
LTR		TYPE OF INSURANCE			NCE	INSR	WVD	POLICY NUMB	ER	(MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LI				
		COMMERCIAL GENERAL LIABILITY				7							EACH OCCURRENCE		\$2,000,000	
		CLAIMS-MADE X OCCUR				OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000	
	Х	General Liability											MED EXP (Any one person)		\$10,000	
Α									39 SBA UM1	419 (03/23/2023	03/23/2024	PERSONAL & ADV INJURY		\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PPLIES PER:							GENERAL AGGREGATE		\$4,000,000	
	POLICY PRO- X LOC				X roc			PRODUCTS - COMP/OP AGG					\$4,000,000			
		OTHE	R:													
	AUTOMOBILE LIABILITY												COMBINED SINGLE LIMIT (Ea accident)		\$2,000,000	
		ANY AUTO				UEDULED.							BODILY INJURY (Per person)			
Α		ALL OWNED AUTOS AUTOS NON-OWNED AUTOS X AUTOS					39 SBA UM1	419	03/23/2023	03/23/2024	BODILY INJURY (Per accident)					
	Χ										PROPERTY DAMAGE (Per accident)					
		1										(* 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				
		UMB	RELLA LIAB OCCUR			 						EACH OCCURREN	ICE	 		
		EXCESS LIAB CLAIMS-MADE DED RETENTION \$									AGGREGATE					
			S COMF										PER	OTH-	+	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EYECUTIVE									STATUTE	ER					
							N/A						E.L. EACH ACCIDE			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				↓ '''^						E.L. DISEASE -EA EMPLOYE					
	If ye	yes, describe under								E.L. DISEASE - PC	LICY LIMIT					
	DE:	SCRIP	TION OF	OPER	RATI	ONS below										
DESC	RIP	TION C	F OPER	RATION	IS/	LOCATIONS / V	EHICLE	S (ACO	RD 101, Additional Re	marks Sc	chedule, may be atta	ached if more spac	e is required)			
Thos	se u	sual	to the	Insur	ed's	s Operations										
			TE HO									CANCELLATION				
1			onal P	•	ses						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED					
300 COMMERCE # 250 IRVINE CA 92602											IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	11. (VIII. C). (02002											AUTHORIZED REPRESENTATIVE				
											Cur & Cat					
I										(Susan S. Castaneda					

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