

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2019

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 this certificate does not confer rights to			licy, certain policies may require an endorsement. A statement on n endorsement(s).							
PRODUCER					CONTACT					
Name & Address of Producer					NAME: PHONE FAX					
Name & Address of Floducer					(A/C, No, Ext): (A/C, No):					
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER(S) AFFORDING COVERAGE NA INSURER A: AM Best Rating of A- VIII or better					
INSURED					INSURER B:					
Name & Address of Insured					INSURER C :					
					INSURER D:					
					INSURER E :					
					INSURER F:					
COVERAGES CER	cate 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. INSEL POLICY EFF POLICY EXP										
INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ .	00,000	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	Ψ	,000	
							MED EXP (Any one person)	\$ 5,00		
	Y	Y					PERSONAL & ADV INJURY	1 0 00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	1 0 00	00,000	
POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
OTHER: AUTOMOBILE LIABILITY				X			COMBINED SINGLE LIMIT	\$ 1,00	00.000	
X ANY AUTO				//			(Ea accident) BODILY INJURY (Per person)	\$	•	
OWNED SCHEDULED AUTOS ONLY AUTOS	Υ	Υ					BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				•			PROPERTY DAMAGE (Per accident)	\$		
AUTOS GNET							(i ci doldent)	\$		
➤ UMBRELLA LIAB ➤ OCCUR			5				EACH OCCURRENCE	\$ Per Contract		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	_{\$} Per	Contract	
DED RETENTION \$ 10,000)					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER OTH-ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y					E.L. EACH ACCIDENT	φ .	00,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	φ .	00,000	
							E.L. DISEASE - POLICY LIMIT \$		00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - Additional Insured: Feeding America Riverside San Bernardino Counties - Primary and Non-Contributory wording applies, as respects to General and Auto Liability.										
- Waivers of Subrogation apply, as respects to C - Excess/Umbrella to follow form.	Senera	al Liat	oility and Workers Compensa	tion.						
CERTIFICATE HOLDER					CANCELLATION					
Feeding America Riverside San Bernardino Counties 2950 A Jefferson Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Riverside

CA 92504

AUTHORIZED REPRESENTATIVE