



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2025

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).

PRODUCER		CONTACT	
InterWest Insurance Services, LLC P.O. Box 255188 Sacramento CA 95865-5188		NAME: PHONE: (A/C No, Ext): 916-488-3100 E-MAIL:	FAX: (A/C, No): 916-979-7992
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Canopius US Insurance, Inc.	NAIC # 12961
		INSURER B : Insurance Co. of the West	27847
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1045280584

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY		CUSPC1900034100	3/1/2025	3/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 100,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							
POLICY OTHER: <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
AUTOMOBILE LIABILITY							
ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							
UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							
EXCESS LIAB <input type="checkbox"/>							
DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
B	WORKERS COMPENSATION AND EMPLOYERS/LIABILITY	Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WSA506699602	8/22/2024	8/22/2025	EACH OCCURRENCE BODILY INJURY (Per person) \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE
							PER <input type="checkbox"/> OTH- E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEES \$ 1,000,000 \$ E.L. DISEASE - POLICY LIMIT 1,000,000

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

This certificate is intended to provide evidence of the coverage in place on the date of issuance. It in no way amends, alters, or endorses that coverage.

CERTIFICATE HOLDER

CANCELLATION

SAMPLE	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 

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