

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2024

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).

th	SUBROGATION IS WAIVED, Subject to his certificate does not confer rights to			ich en	dorsement(s		quire an endorsement. I	A Stater	nent on	
PRODUCER					CONTACT NAME: CSR					
TEMPLATE					PHONE (A/C, No, Ext): 800-796-6144 FAX (A/C, No): 619-377-0144					
					E-MAIL ADDRESS: csr@compedgeins.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: Gemini Insurance Company					
INSURED :				INSURER B: Nationwide Mutual Insurance Company						
				INSURER C: Trisura Specialty Insurance Company						
				INSURER D: State Compensation Insurance Fund						
				INSURER E :						
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 468										
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 SUB INSD WV	BR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	Y	VD TOLIST HOMBER		6/7/2024	6/7/2025	EACH OCCURRENCE	s	1,000,000	
l ''	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
							MED EXP (Any one person)	s	10,000	
							PERSONAL & ADV INJURY	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:							s		
В	AUTOMOBILE LIABILITY				4/24/2024	4/24/2025	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	s	•	
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s		
								\$		
С	UMBRELLA LIAB X OCCUR				6/7/2024	6/7/2025	EACH OCCURRENCE	s	1,000,000	
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	1,000,000	
	DED RETENTION \$ 0.00						850	s		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				10/4/2024	10/4/2025	X PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If wes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000	
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000	
		FD (14.5.5)								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Prtificate Holder is named as Addit					e space is requir	ed)			
1	i uncate notuer is nameu as Addit	ionan	moureu as per written co	niciac						
	l de la companya de									
	l l									
	,									
CE	RTIFICATE HOLDER		1	CANO	ELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Rodeo Sanitary District					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Rougo, CA 34372										
		general tell								
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