

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/18/2024

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 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).

					orsem	ent. A state	ement on thi	s certificate does not co	onier rights to the	
PRODUCER						CONTACT NAME:				
CID Insurance Programs, Inc.					PHONE (A/C, No, Ext): (800) 922-7283 FAX (A/C, No): (619) 593-2075					
	125 El Cajon Blvd, Ste 3 an Diego, CA 92115 Semall address:									
San Diego, CA 92115					INSURER(S) AFFORDING COVERAGE				NAIC#	
	INSURED									
					INSURE	RB: Wesco I	Insurance C	ompany		
					INSURER C: The Hartford Insurance Company					
PO Box 909					INSURER D:					
Tualatin, OR 97062					INSURER E :					
	201020000000000000000000000000000000000	T.F.	0 A T F	· NUMBER	INSURE	RF:		DEVICION NUMBER.		
	Surance Programs, Inc. El Cajon Blvd, Ste 3 (ego, CA 92115) Sego, CA 92115 S									
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUII PER	REMEI TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR		ADDL	SUBR		BEEN			N. A. Seri		
LTR		INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					DAMAGE TO RENTED		
								Transco (Ex securiores)		
	CEANING-WADE GOODIN									
- 43	GEN'L AGGREGATE LIMIT APPLIES PER:								-	
	POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY	Г							\$	
		ł	łi					BODILY INJURY (Per person)	\$	
	AUTOS AUTOS								\$	
									\$	
Α,	▼ OCCOR			VI 1620675A		04/04/24	04/04/05		•	
	✓ EXCESS LIAB CLAIMS-MADE	XL103		AL 1030073A	300/3A		04/01/25	AGGREGATE	\$ 5,000,000	
									\$	
B ANY OFF	AND EMPLOYERS' LIABILITY Y / N		,	011/01/00011	04/0	0.4/0.4/0.4	04/04/05	TORY LIMITS ER	500 000	
	OFFICE/MEMBER EXCLUDED?	N/A		QWC1330044		01/01/24	01/01/25			
1	(Mandatory in NH) If yes, describe under								₂ 500,000	
	DESCRIPTION OF OPERATIONS below									
Α	Directors & Officers			EPP330312413		04/01/24	04/01/25	\$1,000,000 \$1	,000 Deductible	
С	Fidelity			72BDDGT7490		07/01/22	07/01/23	\$1,325,000 \$	10,000 Deductible	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CE	STIFICATE HOLDER				CANO	FILATION				
CER	CERTIFICATE HOLDER CANCELLATION									
Proof of Insurance					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				