

CERTIFICATE OF LIABILITY INSURANCE

SGONZALEZ

DATE (MM/DD/YYYY)

OMATSOF-01

								0	/9/2022	
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).										
PRO	DUCER License # 0757776		CO	CONTACT Latitia Thomas						
	B International Insurance Services Inc 0 Clayton Road, Suite 300		PH	PHONE (A/C, No, Ext): (415) 257-2153 FAX (A/C, No):(951)				231-2572		
Co	ncord, CA 94520			E-MAIL ADDRESS: cal.cpu@hubinternational.com						
					INSURER(S) AFFORDING COVERAGE				NAIC #	
									25674	
INS	URED			INS	INSURER B : The Travelers Indemnity Company				25658	
	Omatic Software, LLC			INS	INSURER C : North American Capacity Insurance Company				25038	
	PO Box 14049 Charleston, SC 29422		INS	INSURER D :						
	Charleston, SC 29422			INS	INSURER E :					
				INS	INSURER F :					
_ C C	VERAGES CER	TIFIC	ATE	NUMBER:	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.										
INSF	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			71 8 541405000 00 15			EACH OCCURRENCE	\$	1,000,000 300,000	
				ZLP-51M65023-22-I5	7/22/2022	7/22/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
							MED EXP (Any one person)	\$	1,000,000	
							PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
В	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	1,000,000	
	ANY AUTO			BA-2N483887-22-15-G	7/22/2022	7/22/2023	(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							(* ** *********************************	\$		
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			CUP-7K641417-22-I5	7/22/2022	7/22/2023	AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 10,000						AGONEOATE	\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ		
							E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
С	Errors & Omissions			C-4LQ2-221808-CYBER-202	2 7/22/2022	7/22/2023		Ψ	2,000,000	
С	Prof. Liability			C-4LQ2-221808-CYBER-202	2 7/22/2022	7/22/2023	Aggregate		2,000,000	
DES For	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Information Purposes Only.	ES (AC	CORD	101, Additional Remarks Schedule, m	I nay be attached if mor	l	ed)	<u> </u>		

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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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