Client#: 79552 MARCBOLE

## $ACORD_{\cdot\cdot\cdot}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

this definition does not define any rights to the definitions from the definition of such characteristics.						
PRODUCER	CONTACT Terri Burke					
Edgewood Partners Ins. Center	PHONE (A/C, No, Ext): 201-356-3465 FAX (A/C, No):					
350 Hudson Street	E-MAIL ADDRESS: terri.burke@epicbrokers.com					
4th Floor	INSURER(S) AFFORDING COVERAGE	NAIC#				
New York, NY 10014	INSURER A: Homeland Insurance Co of NY	H32				
INSURED	INSURER B : State Compensation Ins. Fund	35076				
Marcus H. Bole & Associates	INSURER C:					
104 Brock Drive	INSURER D:					
Wheatland, CA 95692-9501	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE 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.

INSR LTR	SR R TYPE OF INSURANCE		A IN	NDDL NSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILIT	Υ			7930044370003	04/11/2021	04/11/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCU	R						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	X	Contractors Poll.							MED EXP (Any one person)	\$10,000
	X	Occurrence Form							PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER	₹:						GENERAL AGGREGATE	\$2,000,000
	X	POLICY PRO- LOC	;						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							Deductible	\$5,000
Α	AUT	OMOBILE LIABILITY				7930044370003	04/11/2021	04/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$Included
		ANY AUTO							BODILY INJURY (Per person)	\$
		OWNED SCHEDUL AUTOS							BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWN AUTOS ON							PROPERTY DAMAGE (Per accident)	\$
										\$
Α	X	UMBRELLA LIAB X OCCU	R			7930105540001	04/11/2021	04/11/2022	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB CLAIM	S-MADE						AGGREGATE	\$1,000,000
		DED RETENTION \$								\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY				16790462021	01/01/2021	01/01/2022	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/E Y / N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Pro	fessional				7930044370003	04/11/2021	04/11/2022	Each Claim: \$1,000,	000
	Lia	bility							Aggregate: \$2,000,0	00
									Deductible: \$5,000	

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

Evidence of Insurance Only.

CERTIFICATE HOLDER	CANCELLATION
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General Information Certificate for: Marcus H. Bole & Associates 104 Brock Drive Wheatland, CA 95692 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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