

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2020

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	is c	certificate does not confer rights t			ificate holder in lieu of su	•		•	equile un enue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		atomont on	
PRODUCER							CONTACT NAME: Todd George						
Bouchard Insurance for WBS - TG							PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 FAX (A/C, No):						
PO Box 6090 Clearwater, FL 33758-6090							SS:			(140,110).			
Olcal water, L 33/30-0030							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A : Zurich-American Insurance Company					16535	
INSURED							INSURER B:						
	kford	ce Business Services CA, LLC Labor Cor	INSURER C :										
Inc. 1401 Manatee Ave. West Ste 600							INSURER D :						
Bradenton, FL 34205-6708							INSURER E :						
COVERAGES CER				CATE	NUMBER:20FL0798583	INSURER F :							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION							VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
LTR		TYPE OF INSURANCE		SD WVD POLICY NUMBER			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED		\$				
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		\$		
									MED EXP (Any one person) \$				
									PERSONAL & ADV INJURY \$				
GEN'L		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
		POLICY PRO- JECT LOC							PRODUCTS - COM		\$		
	OTHER:										\$		
	AU	AUTOMOBILE LIABILITY							(Ea accident)				
		ANY AUTO							BODILY INJURY (Pe	. /	\$		
		OWNED SCHEDULED AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	·- '	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	WO	DED RETENTION \$ RKERS COMPENSATION							V PFR	OTH-	\$		
Α	AND EMPLOYERS' LIABILITY Y / N								X PER STATUTE	OTH- ER			
	OFF	YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A		WC 47-58-412-08		12/31/2020	12/31/2021	E.L. EACH ACCIDE		\$	1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA I			1,000,000	
									E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
					Location Coverage Perio	od:	12/31/2020	12/31/2021	Client# 054130				
Cove	erage those	rion of operations / Locations / Vehic Apptek Inc. e is provided for e co-employees of subcontractors 11330 Sorrento Vall San Diego, CA 9212	ey Ro		101, Additional Remarks Schedu		e attached if more se # 878607	e space is require	ed)				
CE	RTIF	FICATE HOLDER				CANCELLATION							
Contractors State License Board 9821 Business Park Drive							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Sacramento, CA 95827

AUTHORIZED REPRESENTATIVE