

CERTIFICATE OF LIABILITY INSURANCE

KBAKER

MENDCOU-09

								-	1/	4/2023	
CI BI	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	FER THE CO	VERAGE AFFORDED	ЗҮ ТН	E POLICIES	
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjection and the subjection of the subject of the	t to	the	terms and conditions of	the po	licy, certain	policies may				
	is certificate does not confer rights to DUCER License # 0603247	the	cent	ficate holder in fieu of su							
George Petersen Insurance Agency, Inc.						CONTACT NAME: PHONE (707) 004 4074 FAX (707) 004 0400					
P.O.	Box 1180 a Rosa, CA 95402				(A/C, No	_{5, Ext):} (707) 9 _{SS:} info@gp	964-1271 pins.com	(Â/Ĉ, No):(707) 9	964-0108	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	RA: United	States Liab	ility Insurance Compa	any	25895	
INSURED						RB:					
Mendocino County Tourism Commission, Inc. Po Box 89 Ukiah, CA 95482						INSURER C :					
						INSURER D :					
						INSURER E :					
					INSURE						
CO	VERAGES CER	TIFIC		NUMBER:				REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIE				HAVE B	FEN ISSUED	TO THE INSUE			ICY PERIOD	
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMITS	\$		
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000	
	CLAIMS-MADE X OCCUR			NBP1555246E		4/10/2022	4/10/2023	EACH OCCURRENCE DAMAGE TO RENTED		100,000	
				NDF 1JJJZ40E		4/10/2022	4/10/2023	PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	Included	
								PERSONAL & ADV INJURY	\$	mendaea	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							HIRED NONOWNED	\$	Included	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ \$		
	EXCESS LIAB CLAIMS-MADE										
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)			
Proo	f of Insurance										

CERTIFICATE HOLDER	CANCELLATION						
Mendocino County Tourism Commission, Inc. 105 W. Clay St. Ukiah. CA 95482	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Ukiali, CA 55462	AUTHORIZED REPRESENTATIVE						

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