



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/2024

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).

PRODUCER EMBROKER INSURANCE SERVICES LLC 57556913 5214F DIAMOND HGHTS BLVD 1261 SAN FRANCISCO CA 94131	CONTACT NAME: PHONE (844) 436-2765 FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hartford Underwriters Insurance Company	
	NAIC# 30104	
	INSURER B : Hartford Casualty Insurance Company	
	INSURER C :	
	INSURER D :	
INSURED SEQUOIA WIRELESS, LLC 29034 WESTBOURNE CT HAYWARD CA 94544-6345	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	TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY						57 SBA BC1W7J	06/26/2024	06/26/2025	EACH OCCURRENCE	\$1,000,000		
	<input type="checkbox"/> CLAIMS-MADE		<input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	<input checked="" type="checkbox"/> General Liability									MED EXP (Any one person)	\$10,000		
										PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									GENERAL AGGREGATE	\$2,000,000		
	OTHER:									PRODUCTS - COMP/OP AGG	\$2,000,000		
A	AUTOMOBILE LIABILITY						57 SBA BC1W7J	06/26/2024	06/26/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	<input type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS HIRED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident)			
										PROPERTY DAMAGE (Per accident)			
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB		<input type="checkbox"/> OCCUR CLAIMS-MADE							EACH OCCURRENCE			
										AGGREGATE			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y/N	N/A	57 WEC BB3JZC	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. EACH ACCIDENT	\$1,000,000
												E.L. DISEASE -EA EMPLOYEE	\$1,000,000
												E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations.

CERTIFICATE HOLDER For Informational Purposes 29034 WESTBOURNE CT HAYWARD CA 94544-6345	CANCELLATION 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
	<i>Susan L. Castaneda</i>

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