LSAUBERT

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/9/2024

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 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). CONTACT Benjamin S. Carlson PRODUCER License # 0504756 Kingsburg Insurance Agency P.O. Box 100 FAX (A/C, No): (559) 896-0829 E MAILESS: bcarlson@kingsburgins.com Kingsburg, CA 93631 NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: Northfield Insurance Company 11770 INSURER B : Progressive INSURED 35076 INSURER C: State Compensation Insurance Fund Shaver Lake Snow Removal, Inc. **PO Box 416** INSURER D: Shaver Lake, CA 93664 INSURER E INSURER F: REVISION NUMBER CERTIFICATE NUMBER: **COVERAGES** 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. POLICY EFF POLICY EXP ADDL SUBR LIMITS **POLICY NUMBER** TYPE OF INSURANCE 1,000,000 **COMMERCIAL GENERAL LIABILITY** X **EACH OCCURRENCE** 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE X OCCUR WS578964 12/6/2023 12/6/2024 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 X POLICY PRO-Loc PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY A/18/2025 4/18/2024 07934647 ANY AUTO **BODILY INJURY (Per person)** SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB **OCCUR** EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 12/1/2023 12/1/2024 153251923 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Snow Removal Operations CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Evidence of Insurance AUTHORIZED REPRESENTATIVE**