

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/05/2024

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 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 liqu of such endorsement(s)

| this certificate does not confer rig | hts to the certificate holder in I | lieu of such ( | endorsement(s).   |        |
|--------------------------------------|------------------------------------|----------------|---|--------|
| PRODUCER                             |                                    |                | CONTACT Ana Orange<br>NAME:                                   |        |
| Kern Insurance Associates            |                                    |                | PHONE (A/C, No, Ext): (661) 835-4542 FAX (A/C, No): (661) 835 | 5-4500 |
| License # 0L78680                    |                                    |                | E-MAIL<br>ADDRESS: anao@kern.com                              |        |
| P.O. Box 11390                       |                                    |                | INSURER(S) AFFORDING COVERAGE                                 | NAIC#  |
| Bakersfield                          | CA 933                             | 389-1390       | INSURER A: Greenwich Insurance Co                             | 22322  |
| INSURED                              |                                    | 1              | INSURER B: United Financial Casualty Co.                      | 11770  |
| Acton Arboriculture                  |                                    | 1              | INSURER C: State Compensation Ins. Fund                       | 35076  |
| PO Box 17                            |                                    | ı              | INSURER D: XL Specialty Ins.                                  | 37885  |
|                                      |                                    | ı              | INSURER E :   |        |
| Grass Valley                         | CA 959                             | 945            | INSURER F:  |        |
| COVERAGES                            | CERTIFICATE NUMBER: CI             | L248539294     | 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<br>LTR | TYPE OF INSURANCE  | ADDL S | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | -  |
|-------------|--|--------|-------------|---------------|----------------------------|----------------------------|---|--|
| А           | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR  Cyber - \$50,000  EPLI - \$50,000 - Claims Made  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- DIHER:                         |        |             | NGL100117105  | 08/01/2024                 | 08/01/2025                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ 1,000,000<br>\$ 100,000<br>\$ 5,000<br>\$ 1,000,000<br>\$ 2,000,000<br>\$ 2,000,000<br>\$ 2,000,000 |
| В           | AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY  |        |             | 00648051      | 04/25/2024                 | 04/25/2025                 | COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>(Per accident)         | \$ 1,000,000<br>\$<br>\$<br>\$<br>\$   |
| А           | WMBRELLA LIAB  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$   |        |             | NEC600620404  | 08/01/2024                 | 08/01/2025                 | EACH OCCURRENCE AGGREGATE   | \$ 1,000,000<br>\$ 1,000,000<br>\$   |
| С           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A    |             | 9019900       | 08/01/2024                 | 08/01/2025                 | PER STATUTE OTH- STATUTE ER  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000<br>\$ 1,000,000<br>\$ 1,000,000   |
| D           | Inland Marine  |        |             | NIM100117005  | 08/01/2024                 | 08/01/2025                 | Employee Tools/Ded<br>Sched Equipment/Ded<br>Misc. Tools/Ded  | \$20,000/\$1,000<br>\$187,410/\$1,000<br>\$94,000/\$1,000  |

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

Proof of Insurance

| CERTIFICATE HOLDER      | CANCELLATION   |  |  |
|-------------------------|--|--|--|
| Issued to Named Insured | 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  |  |  |
| 1                       | BF   |  |  |