

SHERGRO-02

CMOORERODRIGUEZ

DATE (MM/DD/YYYY)

4		CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 6/28/2024		
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 lieu of such endorsement(s).											
	DUCER License # 0757776	CONTACT Sherry Williams									
HUB International Insurance Services Inc.						PHONE (A/C, No, Ext): (310) 207-9796 E-MAIL ADDRESS: sherry.williams@hubinternational.com					
Culver City, CA 90230					INSURER(S) AFFORDING COVERAGE					NAIC #	
†						INSURER A : Hartford Fire Insurance Company					
INSURED					INSURER B : Hartford Accident and Indemnity Company				22357		
The Sheridan Group					INSURER C : Hartford Casualty Insurance Company				29424		
2045 Pontius Ave.					INSURER D :						
Los Angeles, CA 90025					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	I TPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			72UUNZD9111		6/14/2024	6/14/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
В								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			72UENCG5640		6/14/2024	6/14/2025	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
	X COMP \$2,000 X COLLISION \$2,000								\$		
С	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000	
	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000			72XHUZD8791		6/14/2024	6/14/2025	AGGREGATE	\$ \$	10,000,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/ N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A			6/14/202			X PER OTH- STATUTE ER			
				72WEBH0YTL		6/14/2024	6/14/2025	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Crime			72BDDHJ3089		6/14/2024	6/14/2025	Employee Dishonesty		500,000	
DEC			1000	D 101 Additional Romarka Cake de	lo mari !-	a attached if m -		od)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
Evidence Only						ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE

Sande (B)

© 1988-2015 ACORD CORPORATION. All rights reserved.