

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2024

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).

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PRODUCER						CONTACT NAME: Certificate Team												
Rancho Cordova, CA 95742						PHONE (A/C, No, Ext): 877-308-9663												
						ADDRESS: certs@inszoneins.com												
						INSURER(S) AFFORDING COVERAGE NAIC #												
						INSURER A : AmGUARD Insurance Company					42390							
<u>License#: 0F82764</u> INSURED JAMEGUM-01						INSURER B:					42330							
Townhomes at Mile Hi						INSURER C:												
PO Box 260875 Lakewood, CO 80226						INSURER D :												
Lanowood, OO 00220						INSURER E :												
						INSURER F:												
COVERAGES CERTIFICATE NUMBER: 189152557						REVISION NUMBER:												
			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.											HE TERMS,							
INSR ADDL SUBR						POLICY EFF POLICY EXP												
LTR A	X COMMERCIAL GENERAL LIABILITY	TYPE OF INSURANCE INSD WVD POLICY NUMBER		TOBP488722			(MM/DD/YYYY)											
A				1007400722		6/27/2023	6/27/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$1		\$ 1,000								
	CLAIMS-MADE X OCCUR									\$ INCL								
						MED EXP (Any one person)		' '	\$ 5,000									
						PERSONAL & ADV INJURY \$0												
	GEN'L AGGREGATE LIMIT APPLIES PER:										\$ 2,000,000							
	X POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$ 2,000	,000							
	OTHER:							COMBINED SINGLE LIMIT \$										
	AUTOMOBILE LIABILITY							(Ea accident)		\$								
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (F		\$								
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (F	,	\$								
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$								
										\$								
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$										
	DED RETENTION\$							DED	OTU	\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER									
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE	NT	\$								
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$								
								E.L. DISEASE - PC	LICY LIMIT	\$								
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)										
Verification Of Insurance																		
CERTIFICATE HOLDER						CANCELLATION												
Verification Of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
												Volilloation of insulation					AUTHORIZED REPRESENTATIVE	