Client#: 448982 GALESUTO												
	ACORD.	CERT	IFI	CA	TE OF LIAB	LITY INSURANCE				DATE (MM/DD/YYYY) 12/16/2020		
C B	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 any rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT Alisha Haywood						
Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC						PHONE FAX (A/C, No, Ext): (A/C, No):						
1 Polaris Way #300						E-MAIL ADDRESS: Alisha.Haywood@MarshMMA.com						
Aliso Viejo, CA 92656						INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED						INSURER B :						
Gale, Sutow & Associates						INSURER C :						
5836 Corporate Avenue, Suite 210						INSURER D :						
Cypress, CA 90630						INSURER E :						
							INSURER F :					
COVERAGES CERTIFICATE 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 INSU	IRANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гs		
	COMMERCIAL GENER								EACH OCCURRENCE	\$		
	CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								.	MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$		
	OTHER:	LOC							PRODUCTS - COMP/OP AGG	\$ \$		
									COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$		
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
Α	EXCESS LIAB							AGGREGATE	\$			
	DED         RETENTION \$           WORKERS COMPENSATION         AND EMPLOYERS' LIABILITY           ANY PROPRIETOR/PARTNER/EXECUTIVE         Y / N           OFFICER/MEMBER EXCLUDED?         N           If yes, describe under         DESCRIPTION OF OPERATIONS below				BBWWK1000044003		10/01/2020	10/01/2021	V PER OTH	\$		
									▲ STATUTE ER		0.000	
									E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$1,00 1 00		
									E.L. DISEASE - POLICY LIMIT	\$1,00	,	
	DESCRIPTION OF OF ERRI									<b>\$1,00</b>	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Coverage												
CERTIFICATE HOLDER							CANCELLATION					
Evidence of Coverage						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

Michal Patro

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