

MICHAELA



DATE (MM/DD/YYYY) 6/21/2023

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).

tł	his certificate does not confer rights to	the	certi	ficate holder in lieu of su	ıch end	orsement(s)						
PRO	DDUCER License # 0E67768				CONTAC NAME:	T Ashley S	hearer					
10A 387	Insurance Services 5 Hopyard Road	PHONE (A/C, No, Ext): (925) 918-4531 FAX (A/C, No):										
Suit	te 200				E-MAIL ADDRES	ss: Ashley.S	hearer@io	ausa.com				
Plea	asanton, CA 94588	INSURER(S) AFFORDING COVERAGE						NAIC #				
		INSURER A: Beazley Insurance Company, Inc						37540				
INSU	URED	INSURER B: State Compensation Insurance Fund of CA					CA	35076				
Environmental Laboratory Network, Inc.						INSURER C:						
	3440 El Cajon Blvd. San Diego, CA 92104					INSURER D:						
	Sali blego, CA 92104					INSURER E :						
		ļ			INSURER F:							
CO	OVERAGES CERT	TIFICATE NUMBER:				REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH P	QUIF PERT	REME ΓΑΙΝ,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP			3		
A	X COMMERCIAL GENERAL LIABILITY	.,,,,,,	****			(1111/UU/IIII)	\			\$	1,000,000	
	CLAIMS-MADE X OCCUR			ENC0007550-02		6/1/2023	6/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
	χ Pollution Liability							MED EXP (Any one person)		\$	10,000	
	χ Deductible - \$5,000							PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COM		\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY						6/1/2024	COMBINED SINGLE	LIMIT	\$	1,000,000	
	ANY AUTO			ENC0007550-02		6/1/2023		(Ea accident)		\$		
	OWNED AUTOS ONLY AUTOS			21100007000 02		0/1/2020	0/1/2024	BODILY INJURY (P				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR								-	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENG		\$		
	DED RETENTION \$							AGGREGATE		\$		
В								X PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (ARTHUR PROPRIETOR)		9315500-23		4/1/2023	4/1/2023	4/1/2024				1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA			1,000,000	
Α	Professional Liab.			ENC0007550-02		6/1/2023	6/1/2024	E.L. DISEASE - POLICY LIMIT \$ Per Claim		\$	1,000,000	
A				ENC0007550-02	6/1/2023		6/1/2024	Aggregate			2.000.000	
A I Tolessional Liab.				LN00007330-02		0/1/2020	0/1/2024	Aggregate			2,000,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
						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										