

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

						4	/5/2017
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS DEDESENTATIVE OF DEDDUCCED A	IVELY O	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
REPRESENTATIVE OR PRODUCER, AI IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	is an ADI to the te	DITIONAL INSURED, the perms and conditions of the	ne policy, certain p	olicies may			
this certificate does not confer rights t			CONTACT	5).			
PRODUCER McGee & Thielen Insuran 3840 Rosin Court, Suite 2 Sacramento, CA 95834	NAME: FAX PHONE FAX (A/C, No, Ext): 916-646-1919 E-MAIL (A/C, No): 916-646-0995						
			ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC #
www.mcgeethielen.com 0	INSURER A : Associated Industries Insurance Co. Inc				23140		
INSURED	INSURER B : American Fire and Casualty Company				24066		
Yancey Company 8250 Alpine Ave.			INSURER C: Everest National Insurance Company				
Sacramento CA 95826			INSURER D :				
	INSURER E :						
	INSURER F :						
		E NUMBER: 35006950			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A 🖌 COMMERCIAL GENERAL LIABILITY	1	AES1045419	3/15/2017	3/15/2018	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE 🖌 OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
✓ \$2,500 Ded.					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
B AUTOMOBILE LIABILITY		BAA56443473	4/3/2017	4/3/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
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	\$	
EXCESS LIAB CLAIMS-MADE	-				AGGREGATE	\$	
DED RETENTION \$ C WORKERS COMPENSATION		7600005425161	6/1/2016	6/1/2017	PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N		7600005425161	6/1/2016	6/1/2017	✓ STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		1,000,000
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		D 404 Additional Domarka Sabadu	la may be attached if ma				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	ne, may be attached if mo	re space is requir	ea)		
City of Auburn is named as additional insu	red						
CERTIFICATE HOLDER	CANCELLATION						
Proof 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.				
			AUTHORIZED REPRESI	ENTATIVE	Juli		
			Craig Wubben	C	0		-

ACORD 25 (2016/03)

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