4	CE	CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 05/11/2022			
C B R	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.												
lf	SUBR	TANT: If the certificate ho ROGATION IS WAIVED, su tificate does not confer rig	ubject t	o th	e tei	rms and conditions of th	e polic	y, certain p	olicies may				
PRODUCER Jeewanjee Insurance Agency								CONTACT NAME: Zain Jeewanjee					
1494 Hamilton Ave Suite 103							PHONE [AUG: AUG: AUG: AUG: AUG: AUG: AUG: AUG:				. 408-99	97-7890	
San Jose CA 95125						E-MAIL ADDRE	cunno	rt@onedave		•			
							INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A: United States Fire Insurance Company					21113	
INSURED Tyler Stoddard 510 North Bacon Drive							INSURER B :						
							INSURER C :						
Boise ID 83712						INSURER D : INSURER E :							
							INSURER F :						
CO	VERA	GES	CERT	IFIC		NUMBER: USS502670	REVISION NUMBER:						
								E 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		TYPE OF INSURANCE	A	DDL	SUBR						MITS		
		OMMERCIAL GENERAL LIABILITY						07/02/2022		EACH OCCURRENCE \$ 1,00		0.000	
~	X					SRPGAPML-101-0122				DAMAGE TO RENTED	\$ 300		
	Юн									PREMISES (Ea occurrence)	\$ 5,00		
	$\mathbb{H}$									MED EXP (Any one person) PERSONAL & ADV INJURY	+ .	00,000	
											-	0,000	
										GENERAL AGGREGATE		0,000	
	$\overline{\frown}$									PRODUCTS - COMP/OP AGG Deductible	\$0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		OTHER: MOBILE LIABILITY	6	$\cap$	O					COMBINED SINGLE LIMIT	\$		
		NY AUTO	ß							(Ea accident) BODILY INJURY (Per person)	\$		
	×∘	WNED SCHEDULE	D							BODILY INJURY (Per accident			
	Μн	UTOS ONLY AUTOS IIRED NON-OWNE								PROPERTY DAMAGE	\$		
			LY							(Per accident)	\$		
			. 10	$\cap$	O					EACH OCCURRENCE	\$		
	ΜE									AGGREGATE	\$		
	ŏ,									AGGREGATE	\$		
	WORKE	ERS COMPENSATION			Ο					O PER STATUTE O OTH- ER	<b></b>		
		MPLOYERS' LIABILITY OPRIETOR/PARTNER/EXECUTIVE	Y/N							E.L. EACH ACCIDENT	\$		
		ER/MEMBER EXCLUDED? atory in NH)		A/1						E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, d	describe under RIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT			
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS /	VEHICLE	S (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)	•		
_			_										
Eve	nt Typ	be: Wedding and Wedding	Recep	tion	IS.								
Certificate Holder is named as additional insured with respect to the operations of the Named Insured.													
CE	RTIFIC	CATE HOLDER					CANO	ELLATION					
The	Meade	ow at Riverbend Estates					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
281 <sup>-</sup>	1 West	t State Street					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Eagle ID 83616													
								<i>&lt; /</i>					
							ain enson pri						
								XY/					

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