							OP ID: KG			
ACORD	E	RTI	FICATE OF LIA	ABIL	ITY INS	URAN	CE		(MM/DD/YYYY) /13/2017	
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 If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	t to t	he te	erms and conditions of th	e poli	cy, certain po	olicies may				
PRODUCER 916-484-1001					CONTACT Chenoa Phillips					
Roberts & Phillips Insurance Services, Inc.					PHONE (A/C, No, Ext): 916-484-1001 FAX (A/C, No): 916-484-1018					
2848 Arden Way, Ste. 110 Sacramento,, CA 95825 Chenoa Phillips					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
Our little liel					INSURER A : US Liability Insurance Co.				35076	
INSURED Our Little Helpers Nakia James					INSURER B : SCIF					
4840 Valley Ridge Avenue Los Angeles, CA 90043					INSURER C : INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CEP	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RES	SPECT TO	WHICH THIS	
INSR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	l	IMITS		
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR			NPP1571788		08/03/2016	08/03/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
							MED EXP (Any one person) \$	5,000	
							PERSONAL & ADV INJURY		1,000,000 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
							PRODUCTS - COMP/OP A		2,000,000	
							COMBINED SINGLE LIMIT	\$		
							(Ea accident) BODILY INJURY (Per perso	\$\$		
AUTOS ONLY SCHEDULED							BODILY INJURY (Per accid			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$ B WORKERS COMPENSATION							V PFR 01	\$ 'H-		
AND EMPLOYERS' LIABILITY			920751217		03/28/2017	03/28/2018	X PER OT STATUTE OT		1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	·					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO	\$ 	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	əd)	I		
CERTIFICATE HOLDER					CANCELLATION					
City of Commerce and Recreation Attn: Robert Lipton 2535 Commerce Way Commerce, CA 90040					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 Uneros Philips					
Commerce, CA 90040					Uneroa Thillips					

© 1988-2015 ACORD CORPORATION. All rights reserved.