LOCKTON AFFINITY LLC 10895 LOWELL AVE STE 300 OVERLAND PARK KS 66210

FOR INFORMATIONAL PURPOSES ONLY 16245 VIA ULTIMO MORENO VALLEY CA 92551



CERTIFICATE OF LIABILITY INSURANCE

DJM R054 DATE (MM/DD/YYYY) 6/14/2018

THIS CERTIFICATE 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).

certificate does not come rights to the certificate holder in fied of such endorsement(s).							
PRODUCER	CONTACT NAME:						
LOCKTON AFFINITY LLC	PHONE (A/C, No, Ext): (913) 652-7500 FAX (A/C, No): (913)	652-7599					
276333 P:(913) 652-7500 F:(913) 652-7599	E-MAIL ADDRESS:						
10895 LOWELL AVE STE 300	INSURER(S) AFFORDING COVERAGE	NAIC#					
OVERLAND PARK KS 66210	INSURER A: Sentinel Ins Co LTD	11000					
INSURED	INSURER B:						
	INSURER C:						
SCOTT HOAGE DBA PATRIOT FLOOR CARE	INSURER D :						
16245 VIA ULTIMO	INSURER E :						
MORENO VALLEY CA 92551	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION 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 INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
Α	Х	General Liab			37 SBM BZ6866	04/04/2018	04/04/2019	MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$2,000,000
	GEI	N'L AGGR <u>EGATE</u> LIMIT <u>APPL</u> IES PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:							\$
	AU-	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	Ş
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	ş
									\$
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$2,000,000
Α		EXCESS LIAB CLAIMS-MADE			37 SBM BZ6866	04/04/2018	04/04/2019	AGGREGATE	\$2,000,000
		DED X RETENTION \$ 10,000							ş
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?		l					E.L. EACH ACCIDENT	\$
(Mandatory in NH)			N/A					E.L. DISEASE- EA EMPLOYEE	Ş
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. FOR INFORMATIONAL PURPOSES ONLY

CERTIFICATE 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.
FOR INFORMATIONAL PURPOSES ONLY 16245 VIA ULTIMO	Susan S. Castaneda

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MORENO VALLEY, CA 92551