

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2023

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).						
PRODUCER	CONTA	CONTACT Bobby Truong				
IQ Risk Insurance Services, LLC		PHONE (040) 670-3700 FAX (040) 670-3701				
8881 Research Dr		(A/C, No, Ext): (343) 0133100 E-MAIL ADDRESS: btruong@iqrisk.com				
Irvine CA 92618		INSURER(S) AFFORDING COVERAGE INSURER A : Scottsdale Insurance Company				NAIC # 41297
INSURED		INSURER B :				
Downstream Exchange Co.		INSURER C :				
909 E. Green Street		INSURER D :				
	INSURE	INSURER E :				
Pasadena CA		INSURER F :				
COVERAGES CERTIFICATE NUMBER: CL2372410655 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 TYPE OF INSURANCE ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
				MED EXP (Any one person)	s	
				PERSONAL & ADV INJURY	s	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	
OTHER:					\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO				BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION				PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N				STATUTE	_	
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYER		
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT Each Claim	\$	00,000
A Errors & Omissions EKI348584 ²		07/15/2023	07/15/2024	Aggregate		00,000
					ļ ^{‡1,0}	,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *10 Days Notice of Cancellation for Non-Payment of Premium.						
CERTIFICATE HOLDER	CANC	ELLATION				
Name Insured		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	AUTHO					
© 1988-2015 ACORD CORPORATION. All rights reserved.						

The ACORD name and logo are registered marks of ACORD