

## CERTIFICATE OF LIARIEITY INSURANCE

BOTCERTS

DATE (MM/DD/YYYY)	
5/20/2024	

STALINC-01

	L								5/	20/2024	
CERTIFICA BELOW.	TFICATE IS ISSUED AS A TE DOES NOT AFFIRMAT THIS CERTIFICATE OF IN ITATIVE OR PRODUCER, A	IVEL SURA	Y OR	NEGATIVELY AMENE DOES NOT CONSTIT	D, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
If SUBROG this certific	T: If the certificate holde ATION IS WAIVED, subje ate does not confer rights t	ct to	the	terms and conditions o	of the po such end	licy, certain orsement(s)	policies may				
PRODUCER License # 0305584						CONTACT Jocelyn Wild					
Morris & Garritano Insurance Agency, Inc. PO Drawer 1189					PHONE (A/C, No, Ext): (805) 543-6887 304 FAX (A/C, No):						
San Luis Obispo, CA 93406					ADDRE	E-MAIL ADDRESS: jwild@morrisgarritano.com					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : United Specialty Insurance Company					
INSURED						INSURER B : The Travelers Indemnity Company of Connecticut					
	Stalwork, Inc.				INSURE	INSURER C : Travelers Property Casualty Company of America 2567					
	P.O. Box 391 San Luis Obispo, CA 93406				INSURE	INSURER D :					
						INSURER E :					
					INSURER F :						
				NUMBER:				REVISION NUMBER:			
INDICATED. CERTIFICAT	CERTIFY THAT THE POLICI NOTWITHSTANDING ANY F E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUCH	REQUI PER	REME TAIN,	INT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF A	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS	
	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
		INSD	WVD	TOEIOT NOMBER		(MM/DD/YYYY)		EACH OCCURRENCE	\$	1,000,000	
				ATN24118696		5/21/2024	5/21/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGG	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLIC								PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHEI									\$		
D								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY A				8103T272558		5/21/2024	5/21/2025	BODILY INJURY (Per person)	\$		
OWNE	ED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$		
	S ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	ELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
X EXCES	SS LIAB CLAIMS-MADE			BTN2431556		5/21/2024	5/21/2025	AGGREGATE	\$	1,000,000	
DED	RETENTION \$								\$		
	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY				E /04 /000 4	E /04 /000E	X PER OTH- STATUTE ER		4 000 000		
ANY PROPR	IETOR/PARTNER/EXECUTIVE	N/A		UB3T310832		5/21/2024	5/21/2025	E.L. EACH ACCIDENT	\$	1,000,000	
If ves. descri	be under							E.L. DISEASE - EA EMPLOYEI	\$	1,000,000	
DÉSCRIPTIO	ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
For Information	OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Sched	dule, may b	e attached if mor	e space is requi	ed)			
CERTIFICAT					CANC						
						LLATION					
								ESCRIBED POLICIES BE O			
F	PROOF OF INSURANCE							EREOF, NOTICE WILL	BE DE	LIVERED IN	

AUTHORIZED REPRESENTATIVE

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