

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

С	ertificate holder in lieu of such endor	sem	ent(s)	).	uorsen	ient. A stati	ement on th	is certificate does not con	iter rights to the	
PRODUCER						CONTACT NAME:				
Broker/Agent Name & Address						PHONE (A/C, No, Ext): FAX (A/C, No):				
						ADDRESS:				
						INSURER(S) AFFORDING COVERAGE N.			NAIC#	
						INSURER A: Carrier Name (verified at www.ambest.com)				
INSURED (Outside Vendor/Contractor)						INSURER B : Carrier Name (verified at www.ambest.com)				
Company Name & Address						INSURER C : Carrier Name (verified at www.ambest.com)				
						INSURER D : Carrier Name (verified at www.ambest.com)				
						INSURER E :				
COVERAGES CERTIFICATE NUMBER:						INSURER F:				
					A)/E DEI	EN ICCUED TO	O THE INCHE	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	ADDI	SUBR				POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY					(MINI/OD/1111)	(MIMI/DD/TTTT)		1.000.000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
	CLAIMS-MADE X OCCUR								5,000	
				Policy #		Date	Date		1,000,000	
									2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	1,000,000	
	AUTOMOBILE LIABILITY		I					COMBINED SINGLE LIMIT	4 000 000	
	ANY AUTO	ļ						(Ea accident) \$  BODILY INJURY (Per person) \$	1,000,000	
	X ALL OWNED SCHEDULED AUTOS			Dollar #			-	BODILY INJURY (Per accident) \$		
	X HIRED AUTOS X NON-OWNED AUTOS			Policy #		Date	Date	PROPERTY DAMAGE (Per accident) \$		
								(rei accident)	7	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$ !	5,000,000	
	EXCESS LIAB CLAIMS-MADE			Policy #		Date	Date		5.000.000	
	DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS 'LIBILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N/A							Date	X WC STATU- TORY LIMITS OTH- ER		
				Policy #		Date		E.L. EACH ACCIDENT \$ *	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1	1,000,000	
		<b>!</b>	ii						7	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	EC //	ttach (	100DD 404 A 4455						
Certi	ficate Holders are named Additional Ins	ureds	s as th	neir interests may annear r	Schedule, Ser ISO	if more space is Δdditional Inc	required)	amont CC2026 or aguivalent		
The	Certificate Holders are named Additional Insureds as their interests may appear per ISO Additional Insured endorsement CG2026 or equivalent.  The insurance provided this policy is primary and any other insurance carried by the additional insured is non-contributory and agrees to waive their rights of									
subrogation against certificate holders.										
CEF	RTIFICATE HOLDER				CANC	FLLATION				
						CANCELLATION				
SIC-595 Colorado, LLC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
The Swig Company, LLC										
595 E. Colorado Blvd. Suite 700										
						AUTHORIZED REPRESENTATIVE				
Pasadena, CA 91101										