OP ID: EC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2024

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.

		BROGATION IS WAIVED, subject							require an endorsement	. As	tatement on	
this certificate does not confer rights to the certificate holder in lieu of significant page 949-494-1008 John L. Campbell Ins. Agency PO Box 4497 Laguna Beach, CA 92652 John L. Campbell Ins. Agency							CONTACT John L. Campbell Ins. Agency NAME: PHONE 949-494-1008 FAX (A/C, No, Ext): 949-494-1008 FAX (A/C, No): 949-497-9830 E-MAIL ADDRESS:					
							INSURER A: Ace Property and Casualty				20099	
							INSURED Cliff Wassmann Fine Arts					
419 Ocean Avenue Laguna Beach, CA 92651						INSURER C:						
						INSURER D :						
							INSURER E :					
COVERAGES CERTIFICATE NUMBER:							INSURER F:					
T IN C	HIS I NDIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY	OF EQUIF	INSUI REME TAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV INSR TYPE OF INSURANCE ADDL SUBR WYD POLICY NUMBER										_		
LTR A	-				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		2,000,000	
^	X	CLAIMS-MADE X OCCUR	X		D97125144		03/07/2024	03/07/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
		OTHER:							COMBINED SINGLE LIMIT	\$		
	AU	TOMOBILE LIABILITY							(Ea accident)	\$		
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB OCCUR							EAGU GOOUDDENGE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							AGGREGATE	\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFF (Mar	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	•		
	If yes	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	1000								212. 3.02.7.02	Ψ		
Art Sar	for Die	TION OF OPERATIONS / LOCATIONS / VEHIC People, The City of San Diego ego are additional insured as s Notice of Cancellation 10 Da	and their	d The	e Little Italy Associatio erest may appear.		e attached if mor	re space is requir	led)			
CF	RTIE	FICATE HOLDER				CANCELLATION						
Art for People The City of San Diego The Little Italy Association of San Diego							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 Jan L. Campbell					
						4	4m L. (ampbe	w			