

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/31/23

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsem	ent. A s	statement on
	DUCER	, tile	00111	mode noider in tied or sa	CONTAC NAME:	JoAnn	e Suzuki		···	
Suzuki Insurance Agency									(818)	352-1135
10062 Commerce Ave							002 120-	(AIC, N	<u> </u>	
	junga, CA 91042			ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC#		
·						INSURER A: Mid Century Insurance Co				21687
INSURED					INSURER B: (a Member of Farmers Insurance Group of Companies)					
HAS Electric Inc.						INSURER C:				
DBA Electric Connection					INSURER D :					
10209 Tujunga Cyn Blvd # 262					INSURER E :					
Tujunga, CA 91042						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. INSI ADDITIONAL ADD										
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(WWDDYYYY)	U	MITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
A								MED EXP (Any one person)	s	5,000
		Y		60673 97 89		04/01/23	04/01/24	PERSONAL & ADV INJURY	<u> </u>	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMPIOP AG	G \$	2,000,000
A	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
								BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS	N	N	60673 97 89	04/01/23	04/01/24	BODILY INJURY (Per accide	nt) S		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
									s	
	WMBRELLA LIAB OCCUR					,		EACH OCCURRENCE	s	4,000,000
A	EXCESS LIAB CLAIMS-MADE			60673 98 12		04/01/23	04/01/24	AGGREGATE	s	4,000,000
	DED RETENTIONS 10,000								s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	s	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	EE S	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	<u> T </u>	
	<u> </u>									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	.ES (/	ACORD) 101, Additional Remarks Schedu	ie, may be	attached if mor	e space is requir	'ed)		
El	ectrical Contractor									
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Evidence of Insurance for Ve	n	SHOU	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Suzaki

AUTHORIZED REPRESENTATIVE