ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/08/2021

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.

DE	:00	SENTATIVE OR PRODUCER, AN	D THE	CERTIFICATE HOLDER.						
18.05		TANT. If the contificate helder is an	ADDITIO	NAI INSURED the policy/les	must be endo	rsed. If S	SUBROGA	TION IS WAIVED, subject	to	
the	ten	nds and conditions of the policy, cert	ain polici	ies may require an endorseme	ent. A statement	t on this c	ertificate	does not confer rights to t	ne	
cer	tifica	e holder in lieu of such endorsement(s).		CONTACT					
PRODUCER					NAME:					
KOUBY		NSURANCE AGENCY			(A/C, No, Ext): 314-822-92/5 (A/C, No):					
		ANCHESTER RD.			E-MAIL ADDRESS:			DWG 00/27407		NAIC #
		UIS MO 63122			INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURERA: NATIONAL FIRE INSURANCE					
INSURED KARPE		ENTERPRISES, INC. AND KARPEL COMPUTER SYSTEMS			INSURER B : NATIONWIDE INSURANCE CO.					
		RPEL SOLUTIONS	INSURER C:							
		NDMARK PARKWAY			INSURER D:					
ST.LOU		S, MO 63128			INSURER E :					
					INSURER F :					
COVER		AGES CER				REVISION NUMBER:				
	110	TO CERTIFY THAT THE DOLICIES	OF INSII	FE NUMBER: 70465 JRANCE LISTED BELOW HAVE	BEEN ISSUED	TO THE	NSURED	NAMED ABOVE FOR THE	POLIC	CY PERIOD
18.1		THE MODRITHSTANDING AND BEC	HUDEME	INT TERM OR CONDITION OF	F ANY CONTRA	CT OR C	THER DO	CUMENT WITH RESPEC	1 10 4	AUICH IUIS
C	EDT	FICATE MAY BE ISSUED OR MAY F SIONS AND CONDITIONS OF SUCH P	PERTAIN.	. THE INSURANCE AFFORDED	D BY THE POLI	CIES DES	OCKIRED	HEREIN IS SUBJECT TO	ALL 10	F IFIGAIO
INSR	KCLU	TYPE OF INSURANCE	ADDL SU	BR BOLICY NUMBER	POLICY E	EFF PO	DUCY EXP	LIMIT	rs	
LTR	y	COMMERCIAL GENERAL LIABILITY	INSD W	6011773632	(MM/DD/Y) 11/04/		<u>wppyyyyy</u> 1/04/22	EACH OCCURRENCE	\$	2,000,000
A	1	 		001111000		•		DAMAGE TO RENTED	s	500,000
		CLAIMS-MADE X OCCUR	!					PREMISES (Ea occurence) MED. EXP (Any one person)	\$	10,000
					1			PERSONAL & ADV INJURY	\$	2,000,000
								GENERAL AGGREGATE	\$	4,000,000
	GE	TL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	4,000,000
		POLICY JECT LOC						PRODUCTS - COMPIOE AGG	5	
<u> </u>		OTHER:					440	COMBINED SINGLE LIMIT		4 000 000
В	ΑU	OMOBILE LIABILITY		ACP3009512872	11/04/	/21 1	1/04/22	(Ea accident)	\$	1,000,000
	X	ANY AUTO SCHEDULED						BODILY INJURY (Per person)	\$	
		AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	X	HIRED AUTOS X NON-OWNED AUTOS				İ		(per socident)	\$	
	\Box								\$	
A	X	UMBRELLA LIAB X OCCUR		6011773646	11/04/	/21 1	1/04/22	EACH OCCURRENCE	\$	1,000,000
^	H	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	H	DED RETENTION\$ 10,000	1						\$	_,
<u> </u>	wo	RKERS COMPENSATION	\vdash					PER OTH- STATUTE ER	\bot	
	AN	EMPLOYERS' LIABILITY				}		E.L. EACH ACCIDENT	\$	
<u> </u>	ANI CF	CERMENSER_EXCLUDED?	NIA				÷	E.L. DISEASE-EA EMPLOYEE	-\$	
	(Md	ndatory in NH) s, describe under						E.L. DISEASE-POLICY LIMIT	\$	
	부터	CRIPTION OF OPERATIONS below	 							
Α	ER	PORS & OMISSIONS		601173632	11/04/	/21 1	1/04/22	\$5,000,000	\$25,0	00 RETENTION
1										
DE		TION OF OPERATIONS / LOCATIONS / VEHI	CLES (AC	ORD 101. Additional Remarks Sched	lule, may be attache	ed if more s	space is req	juired)		
"=:	,r	TION OF OPERATIONS / LOURINGS / VERI			• •			•		
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CERT		FICATE HOLDER	CANCELLATION							
	1									
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
,	- 11	MATEO COUNTY	THE EXPIRA	ATION DA	ATE THE	KEOF, NOTICE WILL BE LY PROVISIONS	: UELI	VERED IN		
		TRICT ATTORNEY'S OFFICE	ACCORDANCE WITH THE POLICY PROVISIONS.							
		COUNTY CENTER, 3RD FLOOR			AUTHORIZED REPRESENTATIVE					
1	RE	DWOOD CITY, CA 94063	1 1 X-110.							

Attention:

DDOAN@SMCGOV.ORG

VICTOR A KOURY

