

ACADENA



DATE (MM/DD/YYYY) 4/3/2020

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.

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	DUCER				CONTA NAME:	СТ					
Rock 10 Insurance Services, Inc. P O Box 15608 San Diego, CA 92175						o, Ext): (866) 3	376-2510	FA (A	AX /C, No): (80	66) 3	376-2511
					E-MAIL ADDRE	ss: service@	Prock10ins	urance.com			
	_					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE		Specialty I				10328
INSU	IRED				INSURE	R B :					
Nick Martin Landscape Architect					INSURER C:						
	3173 Willow Tree Lane				INSURE						
	Escondido, CA 92027				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUMB	FR:		
	HIS IS TO CERTIFY THAT THE POLICI				HAVF B	FEN ISSUED				= POI	ICY PERIOD
IN C	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WITH	RESPEC	T TO	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurre	ence) \$		
								MED EXP (Any one pers	son) \$		
								PERSONAL & ADV INJ	URY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ΓE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG \$		
	OTHER:							COMPINED OINOLE LU	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIF (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per pe	erson) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per a	ccident) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMP	PLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$		
Α	Professional Liab			SGC0003844-07		9/28/2019	9/28/2020	Aggregate			1,000,000
DES For	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC proof of coverage/bidding purposes on	LES (A	ACORI Veri	D 101, Additional Remarks Schedu fy coverage, please contac	ile, may b ct the A	e attached if mor	re space is requir	ed)			
CF	RTIFICATE HOLDER				CANO	CELLATION					
<u> </u>					0,4140						
PROOF OF INSURANCE					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						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2020

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.

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PRODUCER		to me ce	runcate nolder in lieu of s	CONT	07				
StateFarm	State Farm Insurance	lack Dale		NAME	Jordann	e Lordson			
State Farm Insurance Jack Dale agency 1001 B ave #213 Coronado Ca 92118			PHONE (A/C, No. Ext): 6194371709 FAX (A/C, No):						
				E-MAIL ADDRESS: jordanne@jackdale.net					
	Coronado Ca 92118				IN	SURER(S) AFFO	RDING COVERAGE		NAIC#
INSURED				Ci-t- F C II				25151	
	WOK MARTINIA			INSURER B:					
	NICK MARTIN LANDSCAP			INSUR					-
* -	3173 WILLOW TREE LN	ESCON	DIDO CA 92027-5346	INSUR					
				INSURI				-	
				INSUR					
COVERAGES		RTIFICAT	E NUMBER:				REVISION NUMBER:		
EXCLUSIONS	NOTWITHSTANDING ANY I	ES OF INS REQUIREM PERTAIN POLICIES	JRANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	O A	1 001111010	O THE INSUR F OR OTHER	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE	HE POI CT TO O ALL	LICY PERIOD WHICH THIS THE TERMS,
LTR	TYPE OF INSURANCE	INSD WV			POLICY EFF	POLICY EXP (MW/DD/YYYY)	LIMIT		
	RCIAL GENERAL LIABILITY				(MINDON 1 1 1 1)	(MINUDULT TTT)		s 2,00	0.000
CL	AIMS-MADE X OCCUR	1-1-					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,	
				San No			MED EXP (Any one person)	\$ 5,00	
Ш			90-B8-N497-6		11/09/2019	11/09/2020	PERSONAL & ADV INJURY	s 2,00	
	EGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s 4,00	
POLICY	PRO- JECT LOC	le di			e a dist	1 W A 4		\$ 4,00	THE PROPERTY OF THE PARTY OF TH
OTHER:							THE COLL COMM FOR AGG	\$	-
AUTOMOBILE			100				COMBINED SINGLE LIMIT (Ea accident)	\$	
OWNED						1, 1, 1, 1	BODILY INJURY (Per person)	\$	
AUTOS							BODILY INJURY (Per accident)	\$	
HIRED AUTOS	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	s	
11 8		SE 19-1-	A STATE OF THE STA				(Per accident)	S	
UMBREL	OCCUR OCCUR	71 - 2			7 T W. T	To the second	EACH OCCURRENCE		-
EXCESS	LIAB CLAIMS-MADE			1 2			AGGREGATE	\$	
DED	RETENTION \$	100		1000			AGGREGATE	\$	
WORKERS COI AND EMPLOYE							PER OTH-	\$	
ANY PROPRIET	OR/PARTNER/EXECUTIVE	N. C.		-73				1000	
(Mandatory In N		N/A		34.1			E.L. EACH ACCIDENT	\$	
If yes, describe to DESCRIPTION (nder OF OPERATIONS below			P			E.L. DISEASE - EA EMPLOYEE	\$	
		10 July				Table 1	E.L. DISEASE - POLICY LIMIT	\$	
SCRIPTION OF OP	ERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may b	e affached if mor	re space is requi	red)		- 1
ERTIFICATE H	IOLDER			CANC	ELLATION				
				ACC	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.	ANCELL BE DEI	LED BEFORE LIVERED IN

April 3, 2020

For Informational Purposes 3173 WILLOW TREE LN ESCONDIDO CA 92027-5346

Account Information:

Policy Holder Details :	NICK MARTIN LANDSCAPE				
	ARCHITECT INC				



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (877) 287-1312 **Fax:** (888) 443-6112

Email: agency.services@thehartford.com **Website:** https://business.thehartford.com

Enclosed please find a Summary Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team





Account Policy Information:

Agency Name	PAYCHEX INSURANCE AGENCY INC
Agency Code	76210705

Recipient InformationFor Informational Purposes

For Informational Purposes 3173 WILLOW TREE LN ESCONDIDO CA 92027-5346

SUMMARY OF INSURANCE

Account Policy Recap	Policy Number	Policy Term	Premium
Worker's Compensation Hartford Insurance Company of the Midwest	76 WEG AB1XRA	01/28/2020 to 01/28/2021	\$630

Workers' Compensation Summary of Insurance with Hartford Insurance Company of the Midwest A member company of The Hartford

01/28/2020 - 01/28/2021

Policy Detail: Worker's Compensation

Policy States: CA

Location 1 Premises Address:

3173 WILLOW TREE LN ESCONDIDO CA 92027-5346

Worker's Compensation Coverages:

Employer's Liability Limits	Limit
Disease - Policy Limit	\$1,000,000
Bodily Injury – Accident	\$1,000,000
Disease - Each Employee	\$1,000,000

Class/Payroll Detail	Class Description	Class Code	Payroll
Location 1 - CA	DRAFTSPERSONS	8810	\$51,942

This Summary and its attachments provides a high level overview of policy coverages and does not include all conditions, limitations or exclusions. Please refer to the actual policy forms for detailed coverages, limits and deductibles.