

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/31/2021

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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)

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PRO	DUCER				CONTACT Jacqueline Byrne NAME:						
Matsen Insurance Brokers, Inc.					PHONE (A/C, No, Ext): (707) 444-9292 FAX (A/C, No): (707) 444-9529						
3101 Concorde Drive, Suite C					E-MAIL ADDRESS: jackie@matsen.com						
McKinleyville CA 95519					INSURER(s) AFFORDING COVERAGE INSURER A: AMCO Insurance Company					19100	
INSURED						INSURER B:					
Rynecki & Rynecki, LLC						INSURER C:					
1038 Redwood Hwy Ste 204						INSURER D :					
F					INSURER E :						
Mill Valloy CA 04044 4620					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2183108762											
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				POLICY NUMBER	POLICY EFF   POLICY EXP			LIMIT	LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		1,000,000		
	CLAIMS-MADE OCCUR					10/01/2021	10/01/2022	DAMAGE TO RENTED	Ψ		
								PREMISES (Ea occurrence)	\$ 5,000	)	
Α				ACPBPO7895836087				MED EXP (Any one person)	1 000 000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000		
	PRO-								2.000		
								PRODUCTS - COMP/OP AGG Tenants Liability	\$ 300.0		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED	1						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								\$		
								EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							LDED L LOTU	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES RESPECTS LEASE OF PREMISES LOCATE							ND. & H STREET.			
CER	RTIFICATE HOLDER	CANCELLATION									
O LIV	THIOAIL HOLDER				CANCI	ELLATION			-		
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	HUMBOLDT COUNTY	ACCC	ACCORDANCE WITH THE POLICY PROVISIONS.								
825 FIFTH STREET, ROOM 111						AUTHORIZED DEPOSOSITATIVE					
]						AUTHORIZED REPRESENTATIVE					
	EUREKA CA 95501					Winds J. D.					
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