

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2023

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 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

COVEDACES	CEDTIFICATE MIIMDED.		DEVICION NUMBED:			
	+	INSURER F:	<u> </u>		<u> </u>	
DESERT HOT SPRINGS, CA 9		INSURER E:	·			
20975 SKY RIDGE AVE		INSURER D:	·		`	
MOBILE ZOO OF SOUTHERN (	CALIFORNIA INC	INSURER C:			·	
INSURED		INSURER B:			•	
		INSURER A:	INSURER A: NATIONAL LIABILITY & FIRE INSURANCE COMPANY			
		INSURER(S) AFFORDING COVERAGE NAIC :				
RANCHO CUCAMONGA, CA 91		E-MAIL services@pgiainsurance.com				
9267 HAVEN AVE STE 180		PHONE (A/C. No. Ext):		FAC (A/C. No): 6612575988		
PRODUCER  S&R INSURANCE SERVICES II		CONTACT NAME: Pacific Gateway Insurance Agency				
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
							GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							\$		
	AUTOMOBILE AUTHORITY			73APS111007	03/27/2023	03/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	ANY AUTO				00/21/2020		BODILY INJURY (Per Person)	\$ N/A		
Α	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ N/A		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$ N/A		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N						E. L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under						E. L. DISEASE – EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below						E. L. DISEASE – POLICY LIMIT	\$		
DESCE	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (A	tach A	CORD 101 Additional Remarks Sch	adula if more s	nace is required	<u> </u>			
AS PER VEHICLE SCHEDULE ON FILE WITH INSURING COMPANY										
7.01	EN VEHICLE CONEDUCE CIVILLE V	*******	10011	III O O O WII 7 II V I						

**CERTIFICATE HOLDER CANCELLATION** 

**EVIDENCE OF INSURANCE** MOBILE ZOO OF SOUTHERN CALIFORNIA INC 20975 SKY RIDGE AVE DESERT HOT SPRINGS, CA 92241

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

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