

ACULLEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2023

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 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).

	nis certificate does not confer rights to				ich end	lorsement(s)		require an endorsement.	A St	atement on						
PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd Suite 280 Waltham, MA 02451						CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: support@apintego.com										
												INSURER(S) AFFORDING COVERAGE				NAIC #
												INSURER A : State Compensation Insurance Fund- State Fund in California			rnia	35076
						INSURED Mobile Zoo of Southern California 20975 SKY RIDGE AVE DESERT HOT SPRINGS, CA 92241						RB:				
												INSURER C:				
RD:																
RE:																
					INSURER F:											
CC	VERAGES CER	TIFI(CAT	NUMBER:	REVISION NUMBER:											
ll C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPECT	T TO	WHICH THIS						
INSR LTR			SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY	IIIOD	1			(MINI/DD/11111)	(MINIOD) I I I I I	EACH OCCURRENCE \$								
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$								
								MED EXP (Any one person) \$								
								PERSONAL & ADV INJURY \$								
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$								
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$								
	OTHER:							\$								
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$								
	ANY AUTO							BODILY INJURY (Per person) \$								
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$								
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$								
								\$								
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$								
	DED RETENTION \$							\$								
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			1				X PER OTH-ER								
				9326287-2023		10/19/2023	10/19/2024	E.L. EACH ACCIDENT \$		1,000,000						
								E.L. DISEASE - EA EMPLOYEE \$		1,000,000						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	ed)								
CERTIFICATE HOLDER						CANCELLATION										
Proof of Coverage						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										