

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/27/2024

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)

	s certificate does not confer rights to the				uch e	ndorsement		require un ene	ioi semen	i. A sia	tement on
	UCER					: Progressive (Commercial Lin	es Customer and		cing	
S & R INSURANCE SVCS 9267 HAVEN AVE #180, RANCHO CUCAMONGA, CA 91730						PHONE FAX (A/C, No, Ext): 1-800-444-4487 (A/C, No):					
					EMAI	1		@email.progressiv	•		
						INSUF	RER(S) AFFORD	ING COVERAGE			NAIC#
					INSUE	RER A: United I	Financial Casu	alty Company			11770
INSU	RED					RER B:	manolal Gaga	any company			11110
	e Zoo Of Southern California Inc					RER C :					
	5 Sky Ridge Ave rt Hot Springs, CA 92241					RER D :					
						RER E :					
						RER F :					
COV	ERAGES CERTIFI	CATE	NIIIM	BER: 6061598326677			140	REVISION NU	MRED:		1
	IS IS TO CERTIFY THAT THE POLICIES OF									THE POLI	CY PERIOD
INI CE	DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PER	REMEN TAIN,	NT, TE THE I	ERM OR CONDITION NSURANCE AFFORD	OF AI	NY CONTRAC / THE POLICI	T OR OTHER	R DOCUMENT WI	TH RESPE	CT TO V	VHICH THIS
INSR	CLUSIONS AND CONDITIONS OF SUCH POLICE TYPE OF INSURANCE	ADDL	SUBR		BEEN	POLICY EFF	POLICY EXP		LIMI	re	
LIK	LTR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY			T GEIGT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURREN			
	CLAIMS-MADE OCCUR							DAMAGE TO REN' PREMISES (Ea occ		\$	
	CLAIMS-MADE CCCOR							MED EXP (Any one		\$	
								PERSONAL & ADV		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	s	
	PRO- LOC							PRODUCTS - COM	IP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$1,000,00	0
	ANY AUTO							BODILY INJURY (F	Per nerson)	\$	0
Α	OWNED AUTOS ONLY X SCHEDULED AUTOS	N	N	979195884		09/27/2024	03/27/2025	BODILY INJURY (F	•	s	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	AG TOG GIVE!							(*		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							SFRTUTE	₽ŢH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
	See ACORD 101 for additional coverage details.							\$			
A	A N N 979195884				09/27/2024	03/27/2025					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOF	L 101.	Additional Remarks Sch	edule, ı	nay be attached	if more space is	required)			
			- • 1		-, -		, 1	. ,			
CER	TIFICATE HOLDER				CAN	CELLATION					
2097	e Zoo Of Southern California Inc 5 Sky Ridge Ave rt Hot Springs, CA 92241				ACC	EXPIRATIO	N DATE TH	DESCRIBED POLI IEREOF, NOTICI CY PROVISIONS.			
					AUIH	ONIZED KEPKES		Mark Par	Z.		

AGENCY CUSTOMER ID:	
LOC #	



ADDITIONAL REMARKS SCHEDULE

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AGENCY	MAMED INSURED Mobile Zoo Of Southern California Inc		
S & R INSURANCE SVCS			
POLICY NUMBER	20975 Sky Ridge Ave Desert Hot Springs, CA 92241		
979195884			
CARRIER	NAIC CODE		
United Financial Casualty Company	11770	EFFECTIVE DATE : 09/27/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance					
FORWINDINGER. 20 FORWITTLE.	Commence of Elabority medianee				
Additional Coverages					
Insurance coverage(s)	Limits				
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit				
Description of Location/Vehicles/S	pecial Items				
Scheduled autos only					
2019 DODGE GRAND CARAVAN 2C4RD	GBG6KR806478				
Comprehensive	\$1,000 Ded				
Collision	\$1,000 Ded				
2018 DODGE GRAND CARAVAN 2C4RD	GCG4JR216213				
Comprehensive	\$1,000 Ded				
Collision	\$1,000 Ded				
2022 CHRYSLER VOYAGER 2C4RC1CG	SXNR104506				
Comprehensive	\$1,000 Ded				
Collision	\$1,000 Ded				
2003 LEXUS SC JTHFN48Y130043228					
Comprehensive	\$1,000 Ded				
Collision	\$1,000 Ded				

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Coverage is primary and non-contributory.