

PRODUCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/14/2018

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).

CONTACT NAME:

EDGEWOOD PARTNERS INS. CL SERVICE CENTER						PHONE (A/C, No, Ext): (888) 349-1333  FAX (A/C, No): 866-828-2424  E-MAIL ADDRESS: Certificate@Hanover.com					
19000 MACARTHUR BLVD PH						INSURER(S) AFFORDING COVERAGE				NAIC#	
IRVINE, CA 92612						INSURER A: Hanover Insurance Co				22292	
INSURED							INSURER B:				
LEADERSHIP ASSOCIATES LLC						INSURE	INSURER C:				
						INSURER D:					
1129 AIDIN COURT						INSURER E:					
NIPOMO CA 93444						INSURER F:					
_				IFICATE 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.											
INS LT		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	Х	COMMERCIAL GENERAL LIABILITY								000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,1	000,000	
									MED EXP (Any one person) \$ 10	,000	
A				N	OH3 D269092 01		08/17/2018	08/17/2019	PERSONAL & ADV INJURY \$ 2,0	000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,0	000,000	
l		POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG \$ 4,	000,000	
ᆫ		OTHER:						\$			
l	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident) \$ 2,0	000,000	
A		ANY AUTO			0110 50000000				BODILY INJURY (Per person) \$		
		OWNED SCHEDULED AUTOS ONLY	N	N	OH3 D269092 01		08/17/2018	08/17/2019	BODILY INJURY (Per accident) \$		
l	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
ㄴ									\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE \$		
<u> </u>	14/05	DED RETENTION \$							\$ PER OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						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   \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
C	RTIF	FICATE HOLDER				CANO	CANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
FOR INFORMATIONAL PURPOSES ONLY						Simone Shetler					