



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2020

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).

PRODUCER		CONTACT NAME: Insurance Carrier Info	
YOUR INSURANCE COMPANY		PHONE (A/C, No. Ext): Insurance Carrier Info	FAX (A/C, No.):
		E-MAIL ADDRESS: Insurance Carrier Info	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: <input type="checkbox"/>	NAIC # 13935
		INSURER B: <input type="checkbox"/>	
		INSURER C: <input type="checkbox"/>	
		INSURER D: <input type="checkbox"/>	
		INSURER E: <input type="checkbox"/>	
		INSURER F: <input type="checkbox"/>	

COVERAGES CERTIFICATE NUMBER: 374 REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC OTHER:		N	Your Policy Number	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> EACH OCCURRENCE	\$1,000,000
							<input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (Ex OCCURRENCE)	\$100,000
							<input checked="" type="checkbox"/> MED EXP (Any one person)	EXCLUDED
							<input checked="" type="checkbox"/> PERSONAL & ADV INJURY	\$1,000,000
							<input checked="" type="checkbox"/> GENERAL AGGREGATE	\$2,000,000
							<input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG	\$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		N	Your Policy Number	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (Ex accident)	\$1,000,000
							<input checked="" type="checkbox"/> BODILY INJURY (Per person)	
							<input checked="" type="checkbox"/> BODILY INJURY (Per accident)	
							<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		N	Your Policy Number	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> EACH OCCURRENCE	\$2,000,000
							<input checked="" type="checkbox"/> AGGREGATE	\$2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	Your Policy Number	05/01/2020	05/01/2021	<input checked="" type="checkbox"/> PER STATUTE	OTHE- R
							<input checked="" type="checkbox"/> E.L. EACH ACCIDENT	\$1,000,000
							<input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							<input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Next Wave Property Management and All Management Properties 1211 Puerta Del Sol #240 San Clemente, Ca 92673	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 Insurance Carriers Signature - Updates must be sent prior to expiration

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