



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/09/20

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 holder in lieu of such endorsement(s).

<b>PRODUCER:</b>  PROFESSIONAL INSURANCE BROKERS, INC.  PMB 857, 515 E. CAREFREE HWY  PHOENIX, ARIZONA 85085-8839	CONTACT NAME: DELENE F MAHONEY
	PHONE (A/C.No. Ext): 623 465-5300 FAX (A/C No): 623 465-5933
	EMAIL ADDRESS: delene@pibinc.com
	PRODUCER CUSTOMER ID:
	INSURER(S) AFFORDING COVERAGE NAIC #

<b>INSURED:</b> King Inspection Services Mark H. King /Robert Cullen /Michael McGarry /Richard Burton Timothy Lofgreen /Michael Lowe /Richard Kerwin 12110 S. Tomi Dr Phoenix, Arizona 85044	INSURER A: HANOVER INSURANCE COMPANY	22292
	INSURER B: CNA - CONTINENTAL INSURANCE COMPANY	35289
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES:** CERTIFICATE NUMBER: REVISION NUMBER: 1-04/30/20

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 WVO	POLICY NUMBER	POLICY EFF. DATE(MM/DD/YY)	POLICY EXP. DATE(MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			LHYA581827-05	05/01/20	05/01/21	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Ec occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 300,000 PRODUCTS.COMP/OP AGG \$ DEDUCT 1,500
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON OWNED AUTOS						COMBINED SINGLE LIMIT (Ec Accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW Y/N <input checked="" type="checkbox"/> N N/A			WC 6 24849402	06/05/20	06/05/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input checked="" type="checkbox"/> HOME INSPECTOR E&O Pool / Spa			LHYA581827-05	05/01/20	05/01/21	EACH CLAIM / AGGREGATE 100,000 / 300,000

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

<b>CERTIFICATE HOLDER</b> King Inspection Services Mark H. King /Robert Cullen /Michael McGarry /Richard Burton Timothy Lofgreen /Michael Lowe /Richard Kerwin 12110 S. Tomi Dr Phoenix, Arizona 85044	<b>CANCELLATION</b> 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 <i>Carol Lentz</i>
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