CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/09/2026

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).

PRODUCER:

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 #
INSURER A:	HARTFORD FIRE INSURANCE	19682
INSURER B:	HANOVER INSURANCE COMPANY	22292
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED:
Mark H. King
King Inspection Services LLC
12110 S Tomi Dr
Phoenix, AZ 85044

COVERAGES: **CERTIFICATE NUMBER:** **REVISION NUMBER:** 1-04/25/22

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	
B	X **COMMERCIAL GENERAL LIABILITY** [ ] X CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PROJECT [ ] LOC [ ] OTHER			59 SBM BR8Y8K	03/09/26	03/09/27	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ec occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS.COMP/OP AGG	$ 2,000,000
							DEDUCT	
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] SCHEDULED [ ] ALL OWNED AUTOS [ ] AUTOS [ ] HIRED AUTOS [ ] NON OWNED AUTOS						COMBINED SINGLE LIMIT (Ec Accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LAB [ ] **EXCESS LIAB** [ ] OCCUR [ ] [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW Y/N [ ]							X PER STATUTE [ ] OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	X **PROFESSIONAL LIABILITY** X **ERRORS & OMISSIONS LIABILITY** Pool / Spa / Termite / Sewer			LH4 M313195 00	03/09/26	03/09/27	EACH CLAIM / AGGREGATE	1,000,000 / 1,000,000

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

CERTIFICATE HOLDER

ARIZONA BOARD OF TECHNICAL REGISTRATION
1110 W WASHINGTON , SUITE 240
PHOENIX, ARIZONA 85007

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.

AUTHORIZED REPRESENTATIVE Delene F. Mahoney