

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2023

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).													
PRO	DUCE	Brandmeier Insurance and Financial Services, Inc						CONTACT NAME: MICHELE BRANDMEIER					
		Michele Brandmeier						PHONE (A/C, No, Ext): 949-385-5055 (A/C, No): 866-649-3597					
		20250 Acacia Street, Suite 125					E-MAIL ADDRESS: sb@brandmeierinsurance.com						
STATE FARM		•					INSURER(S) AFFORDING COVERAGE					NAIC#	
ı.	INSTANCE	Newport Beach, CA 92660					INSURER A: State Farm Fire and Casualty Company				25143		
INSU	RED	MAX Q ANALYTICS LLC					INSURER B:						
		3857 BIRCH ST STE 5053					INSURER C:						
		NEWPORT BEACH CA 92660-2616						INSURER D:					
		NEWPORT BEACH CA 92000-2010						INSURER E :					
								INSURER F:					
COVERAGES CERTIFIC					ICATE 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. INSR! ADDLISUBR! POLICY EFF POLICY EXP													
INSR LTR		TYPE OF INSURANCE			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	GEN	NERAL LIABILITY		Υ	Υ	92J9S4885		05/25/2023	05/25/2024	EACH OCCURRENCE	\$	1,000,000	
	X	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		CLAIMS-MADE X OCCUR								MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
										GENERAL AGGREGATE	\$	2,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X	J JLOI								Business Property COMBINED SINGLE LIMIT	\$	3,000	
	AUT	TOMOBILE LIABILITY								(Ea accident)	\$		
		ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		HIRED AUTOS NON-OWNED AUTOS	'							(Per accident)	\$		
											\$		
		UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-I	MADE							AGGREGATE	\$		
	14/0	DED RETENTION \$								WC STATU- OTH-	\$		
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY	Y/N							TORY LIMITS ER			
OFFIC (Mand		Y PROPRIETOR/PARTNER/EXECUTIVE FICE/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
		indatory in NH) es, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
	DES	SCRIPTION OF OPERATIONS below		_						E.L. DISEASE - POLICY LIMIT	\$		
			L										
DEG	DIDT	TION OF OPERATIONS (LOCATIONS ()	/FUIOL F		144	ACORD 404 Additional Barrania	0-111-	16					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The County of EI Dorado, its officers, officials, employees, and volunteers are included as additional insured, on an additional insured endorsement, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy. The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to County. Insurance is primary and non-contributory.													
CERTIFICATE HOLDER								CANCELLATION					
The County of El Dorado 360 Fair Lane Placerville, CA 95667								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					
								B					