

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2024

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.

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				uch end	dorsement(s		require an endo	orsement	. A st	atement on	
PRO	DUCER	CONTACT NAME: Joseph Guerrero										
DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers									(A/C, No):	(818)	980-1595	
						ADDRESS: SUPPORt@rvnuccio.com						
10148 Riverside Drive					INSURER(S) AFFORDING COVERAGE					NAIC#		
Toluca Lake, CA 91602					INSURER A: Fireman's Fund Insurance Company					21873		
INSURED					INSURER B: Axis Insurance Company						37273	
Ron Michaels Weddings					INSURER C:							
4372 Starflower Drive					INSURER D:							
Fort Collins , CO 80526					INSURER E:							
					INSURER F:							
_		TIFICATE NUMBER:			REVISION NUMBER:							
CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLK	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH	H RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	8		
Α	✓ COMMERCIAL GENERAL LIABILITY	·		UST027214230		1/6/2025	1/6/2026	EACH OCCURREN		\$	\$1,000,000	
	CLAIMS-MADE V OCCUR		1 1	PEVD105557		1/0/2023		DAMAGE TO RENTED PREMISES		\$	100,000	
				F E V B 100007				MEDICAL EXPENSE	E	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	BATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY			UST027214230		1/6/2025	1/6/2026	COMBINED SINGLE LIMIT 5		\$	1,000,000	
^	ANY AUTO			PEVD105557		1/0/2025	1/0/2020	BODILY INJURY (Per person) \$		\$		
	OWNED SCHEDULED AUTOS			PEVD103537				BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$		
	HADIOGORE! HADIOGORE!							U at Mostocity		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s		
	DED RETENTIONS	1								s		
	WORKERS COMPENSATION							PER STATUTE	OTH-			
AND EMPLOYERS' LIABILITY ANYPROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDE		s		
		N/A								s		
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	s		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if more	space is requin	ed)				
Ev	idence of Insurance Only											
CE	RTIFICATE HOLDER				CANC	CELLATION						
VARIOUS VARIOU												
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											

Evidence of Insurance Only

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Joseph Guerrero