

## ERTIFICATE OF LIABILITY INSURANCE

JLENZ01 DATE (MM/DD/YYYY)

**CRYSVIS-01** 

			U	SERTIFICATE OF LIABILITY INSURANCE							5/17/2019		
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).													
	DUCE						CONTACT Jessica Lenz						
AVID Risk Solutions, Inc. 2501 Parmenter Street Suite 200A								PHONE (AC No. Ext): (608) 827-4525					
Middleton, WI 53562								ADDRESS: info@avidrisk.com					
								INSURER(S) AFFORDING COVERAGE					
INSURED								INSURER A : Pekin Insurance Company INSURER B : Accident Fund Insurance Company of America					
								INSURER B: ACCIDENT FUND INSURANCE COmpany of America					
Crystal Vista LLC 406 Travis Lane #49							INSURER D :						
Waukesha, WI 53189							INSURER E :						
							INSURER F :						
COVERAGES CERTIFICATE 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 LTR		TYPE OF INSURANCE	E	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
A	X	COMMERCIAL GENERAL LI								EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE OCCUR					CL0231652		4/1/2019	4/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000 5,000	
										MED EXP (Any one person)	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
	GLI	POLICY PRO-								PRODUCTS - COMP/OP AGG	1	2,000,000	
		OTHER:									\$		
<b>A</b>	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					00P725942		4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$		
										BODILY INJURY (Per person)	\$	1,000,000	
										BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		1,000,000	
		AUTOS ONLY AUT	I-OWNED OS ONLY							(Per accident)	\$	1,000,000	
Α	x	UMBRELLA LIAB X	B X OCCUR			CU34269-0		4/1/2019	4/1/2020	EACH OCCURRENCE	\$ \$	1,000,000	
		EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$		
	DED X RETENTION \$ 10,000								General Agg	\$	1,000,000		
В	WOF AND	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				WCV6184587		4/4/0040	4/4/0000	X PER OTH- STATUTE ER		400.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				4/1/2019	4/1/2020	E.L. EACH ACCIDENT	\$	100,000 100,000	
										E.L. DISEASE - EA EMPLOYER		500,000	
-	DES	CRIPTION OF OPERATIONS b	elow							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CE	RTIF	ICATE HOLDER					CANCELLATION						
Crystal Vista LLC 406 Travis Lane #49								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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