

**BFENG** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 7/31/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

lt tr	<ul> <li>SUBROGATION IS WAIVED, subjecting subjections of the subjection of the</li></ul>	t to the	the certi	terms and conditions of ficate holder in lieu of su	the po Ich end	licy, certain   lorsement(s)	policies may	require an en	dorsemen	t. As	atement on	
PRODUCER License # 0C36861  San Diego-Alliant Insurance Services, Inc. 701 B St 6th Fl San Diego, CA 92101						CONTACT Abigail Rice						
						PHONE (A/C, No, Ext): (619) 849-3855 FAX (A/C, No):						
						E-MAIL Abigail.Rice@alliant.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURE			nity Company			15580				
Asset Exchange Company, LLC 703 Market St Ste 800 San Francisco, CA 94103						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E:						
						INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCHI	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS :	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					· · · · · · · · · · · · · · · · · · ·	<u>, , , , , ,</u>	EACH OCCURRE	NCE	\$		
								DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$		
								MED EXP (Any on	e person)	\$		
								PERSONAL & AD	/ INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	POLICY PRO- LOC							PRODUCTS - CON	MP/OP AGG	\$		
	OTHER:							COMBINED SING	LE LIMIT	\$		
	ANY AUTO							(Ea accident)	- ·	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (	•	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$		
	(Mandatory in NH)	11/7						E.L. DISEASE - EA	A EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
Α	Professional Liabili			EKI3486359		7/15/2023	7/15/2024	Each/Agg			1,000,000	
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	ACORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
Proof of Insurance						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										

ACORD 25 (2016/03)