

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

				10/11/2023	
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. 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			require an endorsement.	A statement of	
PRODUCER	CONTACT Designed	/			
InterWest Insurance Services			FAX	0 004 7700	
License #0B01094	T B B B B B B B B B B	PHONE (A/C, No, Ext): 530-897-3103 E-MAIL			
P.O. Box 8110 Chico CA 95927-8110		E-MAIL ADDRESS: dpiper@iwins.com INSURER(S) AFFORDING COVERAGE NAIC #			
		INSURER(S) AFFORDING COVERAGE			
License#: 0B010 TAHDC	1			23809	
Tahoe Donner Association	INSURER B : National Union Fire Ins Co of Pitt				
11509 Northwoods Blvd		INSURER C : Starstone Nat'l Insurance Co			
Truckee CA 96161	INSURER D : New Ha	INSURER D : New Hampshire Insurance Co.			
	INSURER E : Lexingto	INSURER E : Lexington Insurance Company			
	INSURER F :	INSURER F :			
COVERAGES CERTIFICATE NUMBER: 587231032			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 ADDL SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY 02LX01990804510	10/1/2023	10/1/2024		1,000,000	
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED	500.000	
			MED EXP (Any one person) \$,	
			() • • • • • • • • • • •	1,000,000	
				2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					
				2,000,000 1MM/2MM	
A OTHER: Liquid Liability D AUTOMOBILE LIABILITY 01CA01669271510	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT	1,000,000	
X ANY AUTO	10/ 1/2020	10/ 1/2024	(Ea accident) \$ BODILY INJURY (Per person) \$.,	
OWNED SCHEDULED			BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS X HIRED X NON-OWNED			PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY			(Per accident) \$		
B X UMBRELLA LIAB X OCCUR 29UD012149254310	10/1/2023	10/1/2024		5.000.000	
	10/ 1/2020	10, 1/2021	AGGREGATE \$	5,000,000	
			AGGREGATE \$		
DED A RETENTION \$ 10,000 C WORKERS COMPENSATION T10230600	10/1/2023	10/1/2024	Y PER OTH-		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	10/ 1/2020	10, 1/2021		1,000,000	
OFFICER/MEMBEREXCLUDED?			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below				1,000,000	
E Equipment 41LX0204731250	10/1/2023	10/1/2024		\$25,000 ded	
Rented/Borrowed/Leased			Special Form	ACV	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche	dule, may be attached if mo	e space is require	ed)		
CERTIFICATE HOLDER 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.				
Proof of Coverage					
	/	Matthew Gauer			
	ellatthe b	Juan-	-		

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