Client#: 288510 ALLIBAY

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2024

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

					CONTAC	`T	``					
PRODUCER Edgewood Partners Inc Conter						CONTACT Irene Bonato						
Edgewood Partners Ins Center					PHONE (A/C, No, Ext): 925414-5770 FAX (A/C, No): 9254145770							
3697 Mt Diablo Blvd, Suite 100					E-MAIL ADDRESS: Irene@a-ains.com							
Lafayette, CA 94549					INSURER(S) AFFORDING COVERAGE NAIC #							
510 452-0458					INSURER A : Palomar Specialty Insurance Company					20338		
INSU	INSURED					INSURER B:						
Alliance Bay Funding Inc; Alliance Bay 37600 Central Court Ste 264 Newark, CA 94560					INSURER C:							
					INSURER D :							
					INSURER E :							
											+	
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
					VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
IN CI EX	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI KCLUSIONS AND CONDITIONS OF SUCH	QUIRE ERTA POLI	MEN IN, 7 CIES	T, TERM OR CONDITION O THE INSURANCE AFFORDEI LIMITS SHOWN MAY HAN	F ANY (D BY TH /E BEEN	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED H BY PAID CLAII	CUMENT WITH R HEREIN IS SUBJI	RESPECT	TO WH	HICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	SUBR NVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	P _{Y)}		ITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	CE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$		
								MED EXP (Any one		\$		
							Ī	PERSONAL & ADV I		\$	-	
	GEN'L AGGREGATE LIMIT APPLIES PER:						İ	GENERAL AGGREG		\$		
	POLICY PRO- JECT LOC						İ	PRODUCTS - COMP		\$		
	OTHER:						t	11(0)0010 00111	701 7100	\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE	LIMIT	\$		
	ANY AUTO						ŀ	(Ea accident) BODILY INJURY (Pe	er person)	\$		
OWNED SCHEDULED							+	BODILY INJURY (Pe		\$		
	HIRED NON-OWNED						ļ.	PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`E	\$		
	EXCESS LIAB CLAIMS-MADE						F	AGGREGATE	JL	\$		
	DED RETENTION \$							AGGILGATE		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDEN		\$		
							T T	E.L. DISEASE - EA E				
	If yes, describe under DESCRIPTION OF OPERATIONS below						F	E.L. DISEASE - POL				
Α	Errors& Omission			PXEOPL0071900		05/01/2024		Each Claim				
	Lifered Chinesion			1 XEO1 E007 1300	ĺ	03/01/2024	03/01/2023	Aggregate \$				
					Deductible \$10,000							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS //	COP	101 Additional Remarks School	ule may h	ne attached if mo	re enace is requi		10,000			
Naı All	med Insured: Alliance Bay Fundin iance Bay Funding, Elite Selling T te Wide Home Mortgage, State Wi	g Ind	c db ı, Or	a Alliance Bay Realty, ne Percent Lisitng Serv	, Para	gon Real E						

CERTIFICATE 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
1	Year Bonats

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