

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/29/2023

		/						01/20	0/2025				
C E		IFICATE DO	ES NOT AFFIR	S A MATTER OF INFORMATION ON MATIVELY OR NEGATIVELY AMEN F INSURANCE DOES NOT CONSTIT R, AND THE CERTIFICATE HOLDER.	ID, EXTEND OR IUTE A CONTRA	ALTER THE CO	VERAGE AFFORDED B	BY THE	POLICIES				
PRC	DUCE				CONTACT NAME:								
				nce Agency in CA	PHONE 844-357-0403 FAX (A/C, No):								
	-	20 Madison Av	venue		E-MAIL ADDRESS: contact@hiscox.com								
	-	2nd Floor ew York, New	Vork 10022		PRODUCER								
	IN	ew TOIK, New	101K 10022		CUSTOMER ID:	CUSTOMER ID: INSURER(S) AFFORDING COVERAGE							
INC	JRED						NAIC #						
11131		anian Dattitt D		The New DAD I Am Consist Institute A	INSURER A : HI	INSURER A: HISCOX INSURANCE COMPANY INC.							
				gh Now DAB I Am Social Justice & w DBA I Am Social Justice & Diversity	INSURER B :	INSURER B :							
		D Box 420 162		W DBATAIII Social Justice & Diversity	INSURER C :	INSURER C :							
		ureka, CA 955	,		INSURER D :								
					INSURER E :	INSURER E :							
					INSURER F :								
СС	VER	AGES		CERTIFICATE NUMBER:		REVISION NUMBER:							
F	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PO Box 420 1623 Broadway, Eureka, CA 95501 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD												
C	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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS				
	х	PROPERTY					BUILDING	¢					
		JSES OF LOSS	DEDUCTIBLES				X PERSONAL PROPERTY	\$	\$ 10,000				
		BASIC	BUILDING	-			X	\$	\$ 10,000				
				P100.157.630.5	03/15/2023	03/15/2024		BUSINESS INCOME \$ EXTRA EXPENSE \$					
^		BROAD	CONTENTS										
А	X	SPECIAL	\$ 500				RENTAL VALUE	\$					
		EARTHQUAKE					BLANKET BUILDING	\$					
		WIND					BLANKET PERS PROP	\$					
		FLOOD					BLANKET BLDG & PP	\$					
								\$					
				_				\$					
		INLAND MARINE		TYPE OF POLICY									
	CAUSES OF LOSS		-					\$					
								\$					
		NAMED PERILS		POLICY NUMBER				\$					
								\$					
		CRIME						\$					
	TYP	E OF POLICY						\$					
								\$					
		BOILER & MACH						\$					
		EQUIPMENT BR	EAKDOWN					\$					
							┝─┤	\$					
000				ACORD 404 Additional Remarks Cales data	a attached !!			\$					
JPE		CONDITIONS / UT	ILK GOVERAGES (ACORD 101, Additional Remarks Schedule, may b	e attacheu if more spac	e is required)							
05	סדיר												
CERTIFICATE HOLDER					THE EXPIRA ACCORDAN	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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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE												
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).												
PRODUCER CONTACT Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA PHONE 520 Madison Avenue FAX (A/C, No, Ext): (888) 202-3007 (A/C, No, Ext): Contact												
32nd Floor			E-MAIL ADDRESS: contact@hiscox.com					I				
New York, New York 10022			INSURER(S) AFFORDING COVERAGE					NAIC # 10200				
INSURED			INSURER A : HISCOX Insurance Company Inc					10200				
Jessica Pettitt DBA Good Enough N			INSURER C :									
Diversity DBA Good Enough Now D PO Box 420 1623 Broadway	BA I Am So	ocial Justice & Diversity	INSURI									
Eureka, CA 95501			INSURER E :									
			INSURER F :									
	-	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 TYPE OF INSURANCE	ADDL SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	IITS					
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	· · ·	0,000				
						PREMISES (Ea occurrence)	\$ 0	20				
A CGL is on BOP Form		P100.157.630.5		03/15/2023	03/15/2024	MED EXP (Any one person) PERSONAL & ADV INJURY						
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,00					
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGO						
OTHER:							\$					
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	_					
AUTOS AUTOS NON-OWNED						BODILY INJURY (Per acciden PROPERTY DAMAGE	t) \$ \$					
A X HIRED AUTOS X AUTOS						(Per accident) CGL HNOA Limit	\$ 1.00	00.000				
UMBRELLA LIAB OCCUR						(per occurrence) EACH OCCURRENCE	\$,				
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$					
DED RETENTION \$							\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER						
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$					
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$						
DESCRIPTION OF OPERATIONS DElow							ι Ψ					
						<u> </u>						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	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.											
	AUTHORIZED REPRESENTATIVE											
Keuge												
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