



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2017

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 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).

|  |  |               |
|--|--|---------------|
| <b>PRODUCER</b><br>Porter & Curtis, LLC<br>225 State Road<br>Media, PA 19063 | CONTACT NAME: Rachel Vitola  |               |
|  | PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS: rvitola@portercurtis.com |               |
| <b>INSURED</b><br>WINGZ, INC.<br>795 FOLSOM ST.<br>SAN FRANCISCO, CA 94103   | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  | INSURER A: UNITED SPECIALTY INSURANCE COMPANY  | 12537         |
|  | INSURER B: NAUTILUS INSURANCE COMPANY  | 17370         |
|  | INSURER C:   |               |
|  | INSURER D:   |               |
|  | INSURER E:   |               |

**COVERAGES**      **CERTIFICATE NUMBER:** 378541      Account:      **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   | ADDI INSR                                | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|--|---|--|----------|---------------|-------------------------|-------------------------|---|--------------|
| <b>A</b>   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  |          | EGM2132-16    | 07/30/2016              | 07/30/2017              | EACH OCCURRENCE   | \$ 1,000,000 |
|  | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |  |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                           | \$ 100,000   |
|  | GEN'L AGGREGATE LIMIT APPLIES PER   |  |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|  | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |          |               |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
|  | OTHER:  |  |          |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
| <b>B</b>   | <b>AUTOMOBILE LIABILITY</b>   |  |          | CAA2012760-12 | 09/18/2016              | 09/18/2017              | COMBINED SINGLE LIMIT (Ea accident)                                 | \$ 1,000,000 |
|  | <input type="checkbox"/> ANY AUTO   |  |          |               |                         |                         | BODILY INJURY (Per -----)   | \$           |
|  | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|  | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                      | \$           |
| <input checked="" type="checkbox"/> "Covered Autos" Only |   |  |          |               |                         |                         |   |              |
|  | <input type="checkbox"/> UMBRELLA LIAB  | <input type="checkbox"/> OCCUR           |          |               |                         |                         | EACH OCCURRENCE   | \$           |
|  | <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> CLAIMS-MADE     |          |               |                         |                         | AGGREGATE   | \$           |
|  | DED   | RETENTION \$                             |          |               |                         |                         |   | \$           |
|  | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>   |  |          |               |                         |                         | <input type="checkbox"/> PER STATUE <input type="checkbox"/> OTH-ER |              |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y/N             |          |               |                         |                         | E.I. EACH ACCIDENT  | \$           |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |  |          |               |                         |                         | E.I. DISEASE - EA EMPLOYEE  | \$           |
|  |   |  |          |               |                         |                         | E.I. DISEASE - POLICY LIMIT   | \$           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The limits include applicable retentions. Coverage is provided for any Private Passenger Auto not owned, leased, rented, borrowed, or hired by the Insured while the auto is being operated by the specified operator and the auto is being used in connection with the Insured's passenger transportation operation. Certificate Holder is included as Additional Insured if required by written contract as respects liability arising out of the activities of the named insured and any registered Wingz driver.

### CERTIFICATE HOLDER

### CANCELLATION

CITY AND COUNTY, SAN FRANCISCO  
AIRPORT COMMISSION  
P.O. BOX 8097  
SAN FRANCISCO, CA 94128

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

*William A. Cantaf*