



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2018

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 Porter & Curtis, LLC 225 State Road Media, PA 19063	<table style="width: 100%;"> <tr> <td>CONTACT NAME: Steven Rodolico</td> <td colspan="2"></td> </tr> <tr> <td>PHONE (A/C, No, Ext): 6108919853</td> <td>FAX (A/C, No): 4844417573</td> <td></td> </tr> <tr> <td colspan="3">E-MAIL ADDRESS: srodolico@portercurtis.com</td> </tr> <tr> <th colspan="3" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> </tr> <tr> <td>INSURER A: UNITED SPECIALTY INSURANCE COMPANY</td> <td colspan="2" style="text-align: right;">NAIC #</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: right;">12537</td> </tr> <tr> <td>INSURER B: BLACKBOARD SPECIALTY INSURANCE COMPANY</td> <td colspan="2" style="text-align: right;">13551</td> </tr> <tr> <td>INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table>	CONTACT NAME: Steven Rodolico			PHONE (A/C, No, Ext): 6108919853	FAX (A/C, No): 4844417573		E-MAIL ADDRESS: srodolico@portercurtis.com			INSURER(S) AFFORDING COVERAGE			INSURER A: UNITED SPECIALTY INSURANCE COMPANY	NAIC #			12537		INSURER B: BLACKBOARD SPECIALTY INSURANCE COMPANY	13551		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURED WINGZ, INC. 795 FOLSOM ST. SAN FRANCISCO, CA 94103																																		

COVERAGES **CERTIFICATE NUMBER:** 393541 **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EGM2132-18	07/30/2018	07/30/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
B	AUTOMOBILE LIABILITY			YRHS0100000102	10/18/2018	10/18/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> "Covered Autos" Only (Per. 2-3)	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTION					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Uninsured/Underinsured Motorist Coverage (Periods 2-3)			YRHS0100000102	10/18/2018	10/18/2019	\$1,000,000 CSL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The limits include applicable retentions. City of Los Angeles, Los Angeles World Airports, its Board of Airport Commissioners, and all of its officers, employees, and agents, their successors and assigns, are included as Additional Insured if required by written contract.

CERTIFICATE HOLDER	CANCELLATION
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RISK MANAGEMENT, INSURANCE COMPLIANCE LOS ANGELES WORLD AIRPORTS 7301 WORLD WAY WEST, 2ND FLOOR LOS ANGELES, CA 90045	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
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