



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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Steven Rodolico</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 6108919853</td> <td>FAX (A/C, No): 4844417573</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: srodolico@portercurtis.com</td> </tr> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: UNITED SPECIALTY INSURANCE COMPANY</td> <td>12537</td> </tr> <tr> <td colspan="2">INSURER B: BLACKBOARD SPECIALTY INSURANCE COMPANY</td> <td>13551</td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></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		NAIC #	INSURER A: UNITED SPECIALTY INSURANCE COMPANY		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:** 393544 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 <table style="width:100%;"> <tr> <td><input type="checkbox"/> CLAIMS MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR			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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> "Covered Autos" Only (Per. 2-3)			YRHS0100000102	10/18/2018	10/18/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
								BODILY INJURY (Per person)	\$			
								BODILY INJURY (Per accident)	\$			
								PROPERTY DAMAGE (Per accident)	\$			
									\$			
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION						OCCUR CLAIMS-MADE	\$				
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N PER STATUTE OTH-ER	\$				
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. Certificate Holder is included as Additional Insured if required by written contract as respects operations of the named insured at or from John Wayne Airport, Orange County.

CERTIFICATE HOLDER COUNTY OF ORANGE / JOHN WAYNE AIRPORT 3160 AIRWAY AVENUE COSTA MESA, CA 92626	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: <i>Steven Rodolico</i>
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