



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%; border-collapse: collapse;"> <tr> <td style="font-size: small;">CONTACT NAME:</td> <td colspan="3">Steven Rodolico</td> </tr> <tr> <td style="font-size: small;">PHONE (A/C, No, Ext):</td> <td>6108919853</td> <td style="font-size: small;">FAX (A/C, No):</td> <td>4844417573</td> </tr> <tr> <td style="font-size: small;">E-MAIL ADDRESS:</td> <td colspan="3">srodolico@portercurtis.com</td> </tr> <tr> <td colspan="4" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="font-size: small;">INSURER A:</td> <td>BLACKBOARD SPECIALTY INSURANCE COMPANY</td> <td style="font-size: small;">NAIC #</td> <td>13551</td> </tr> <tr> <td style="font-size: small;">INSURER B:</td> <td colspan="3"> </td> </tr> <tr> <td style="font-size: small;">INSURER C:</td> <td colspan="3"> </td> </tr> <tr> <td style="font-size: small;">INSURER D:</td> <td colspan="3"> </td> </tr> <tr> <td style="font-size: small;">INSURER E:</td> <td colspan="3"> </td> </tr> <tr> <td style="font-size: small;">INSURER F:</td> <td colspan="3"> </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:	BLACKBOARD SPECIALTY INSURANCE COMPANY	NAIC #	13551	INSURER B:				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:** 393560 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	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) <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	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. The City of San Jose, its employees, officers, agents, and contractors are included as Additional Insured if required by written contract.

CERTIFICATE HOLDER NORMAN Y. MINETA SAN JOSE INTERNATIONAL AIRPORT AIRPORT OPERATIONS / PERMIT PROCESSING 1701 AIRPORT BOULEVARD, STE-B-1130 SAN JOSE, CA 95110-1206	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
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