



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2021

**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).**

<b>PRODUCER</b> Porter & Curtis, LLC 225 State Road Media, PA 19063	<table border="0" style="width: 100%;"> <tr> <td style="font-size: small;"><b>CONTACT NAME:</b></td> <td>Michele McGuigan</td> <td style="font-size: small;"><b>FAX (A/C, No):</b></td> <td></td> </tr> <tr> <td style="font-size: small;"><b>PHONE (A/C, No, Ext):</b></td> <td></td> <td colspan="2"></td> </tr> <tr> <td style="font-size: small;"><b>E-MAIL ADDRESS:</b></td> <td colspan="3">MMcGuigan@PorterCurtis.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">INSURER(S) AFFORDING COVERAGE</th> <th style="font-size: small;">NAIC #</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">INSURER A : PACIFIC INSURANCE COMPANY LIMITED</td> <td style="font-size: small;">10046</td> </tr> <tr> <td style="font-size: small;">INSURER B :</td> <td></td> </tr> <tr> <td style="font-size: small;">INSURER C :</td> <td></td> </tr> <tr> <td style="font-size: small;">INSURER D :</td> <td></td> </tr> <tr> <td style="font-size: small;">INSURER E :</td> <td></td> </tr> <tr> <td style="font-size: small;">INSURER F :</td> <td></td> </tr> </tbody> </table>	<b>CONTACT NAME:</b>	Michele McGuigan	<b>FAX (A/C, No):</b>		<b>PHONE (A/C, No, Ext):</b>				<b>E-MAIL ADDRESS:</b>	MMcGuigan@PorterCurtis.com			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : PACIFIC INSURANCE COMPANY LIMITED	10046	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> WINGZ, INC. 95 3rd Street FL2 SAN FRANCISCO, CA 94103																											

**COVERAGES** **CERTIFICATE NUMBER: C000210898**      **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS															
	<b>COMMERCIAL GENERAL LIABILITY</b> <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: _____						<table border="0" style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td>\$</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td>\$</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		\$	
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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> "Covered Autos" Only - Per 2 & 3		X	39YR2OH8098	10/18/2021	10/18/2022	<table border="0" style="width: 100%;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> <td></td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> <td></td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$	
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <span style="float: right;">Y / N <input type="checkbox"/> N / A</span> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="0" style="width: 100%;"> <tr> <td style="font-size: x-small;">PER STATUTE</td> <td style="font-size: x-small;">OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	PER STATUTE	OTHER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$			
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A	Auto Liability - On Platform Pre-Ride Engagement		X	39YR2OH8098	10/18/2021	10/18/2022	\$300,000 CSL															

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The limits include applicable retentions. Certificate Holder is included as Additional Insured if required by written contract. Uninsured and Underinsured Motorist Coverage \$1,000,000 CSL.

**CERTIFICATE HOLDER**

City of San Antonio  
San Antonio Police Department  
315 S. Santa Rosa  
San Antonio, TX 78207

**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.

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AUTHORIZED REPRESENTATIVE

*William P. Curtis*