

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/22/2021

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).

| this ce | rtificate does not c | onfer rights to | the cert | ficate holder in lieu of si | | ment(s |). | - | | |
|---|---|---|--------------|---|---|-------------------|--|---|---------------|-----------|
| PRODUCER Heitz Insurance Agency | | | | | | | | | | |
| 24353 Walnut St | | | | | PHONE (A/C, No, Ext): (661)705-1880 FAX (A/C, No): (661)705-1881 | | | | | |
| Santa Clarita, CA 91321 | | | | | E-MAIL ADDRESS: elaine@heitzinsurance.com | | | | | |
| | License #: 050 | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | INSURER A: Nautilus Insurance Co | | | | | 17370 | |
| INSURED Superdick Systems II C | | | | | INSURER B: | | | | | |
| Swerdlick Systems, LLC 960 Enchanted Way Ste 104 Simi Valley, CA 93065-0909 | | | | INSURER C: | | | | | | |
| | | | | INSURER D: | | | | | | |
| | | | | INSURER E: | | | | | | |
| | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: 00010638-406500 REVISION NUMBER: 6 | | | | | | | | | | |
| 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 INSURA | | NSD W/D | POLICY NUMBER | POL (MM/E | CY EFF D(YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | |
| , | COMMERCIAL GENERAL | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Υ | NN1245215 | 03/1 | 8/2021 | 03/18/2022 | EACH OCCURRENCE | | 1,000,000 |
| 1 | CLAIMS-MADE X | OCCUR | | | | | | DAMAGE TO RENTEL PREMISES (Ea occurr | ence) \$ | 100,000 |
| | 11 - | | V 1 | | | | | MED EXP (Any one pe | rson) \$ | 5,000 |
| ·j. | | No. No. NAMES AND ADDRESS AND | į | | | | | PERSONAL & ADV IN. | JURY \$ | 1,000,000 |
| | AGGREGATE LIMIT APP | PLIES PER: | | | | | | GENERAL AGGREGA | TE \$ | 2,000,000 |
| X | POLICY PRO- JECT | LOC | | | | | | PRODUCTS - COMP/C | OP AGG \$ | 2,000,000 |
| | OTHER: | | | | | | and the same of | OOUDINED CINIOLET | \$ | |
| · | MOBILE LIABILITY | | 1 | | | | | COMBINED SINGLE L (Ea accident) | \$ | |
| 1 1 | ANY AUTO | 20115011150 | | | * | | | BODILY INJURY (Per | | |
| | AUTOS ONLY A | SCHEDULED AUTOS | | | 1 | | | BODILY INJURY (Per: PROPERTY DAMAGE | | |
| | | NON-OWNED AUTOS ONLY | | | | | | (Per accident) | | |
| | | | - - | | - | | | | , S | |
| | JMBRELLA LIAB | OCCUR | . : | | | - | | EACH OCCURRENCE | , S | |
| | EXCESS LIAB | CLAIMS-MADE | | | } | | | AGGREGATE | S | |
| | DED RETENTION | \$ | | | | | | PER | S OTH- | |
| AND E | ERS COMPENSATION MPLOYERS' LIABILITY | YIN | | | 1 | | | PER STATUTE | OTH- ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A | | | | | 1 | | | E.L. EACH ACCIDENT | | |
| (Mand | atory in NH) describe under | - | | | | | | E.L. DISEASE - EA EM | | |
| DÉSCI | RIPTION OF OPERATION | S below | - | *************************************** | | | Harmon Control of Physics Control of Control | E.L. DISEASE - POLIC | Y LIMIT S | |
| | | | ¥ | | | | | | ì | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hillside Associates, LLC., and Mid Valley Properties are named as Additional Insured as respects to leased property by the named insured located at 960 Enchanted Way, Ste 104, Simi Valley, CA 93065-0909 per the attached Endorsement. | | | | | | | | | | |
| | | | | | | | | | | |
| CERTIF | CATE HOLDER | | | | CANCELL | ATION | | | | |
| Mid Valley Properties 940 Enchanged Way, Suite 109 Simi Valley, CA 93065 | | | | | 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 (ECE) | | | | | |
| ************* | | | | | Nago-pro-pro-pro-pro-pro-pro-pro-pro-pro-pr | © 19 | 88-2015 AC | ORD CORPORA | TION. All ric | |

ACORD 25 (2016/03)

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