



CERTIFICATE OF LIABILITY INSURANCE

JYAMASAKI

DATE (MM/DD/YYYY) 6/26/2023

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).

ti	nis c	ertificate does no	ot confer rights to	o the	cert	ificate holder in lieu of su	ıch end	lorsement(s)	policies may	require an endorsemer	ii. A S	tatement on	
PRODUCER License # 0757776							CONTACT NAME:						
HUB International Insurance Services Inc. PO Box 3310 Santa Barbara, CA 93130-3310								PHONE (A/C, No, Ext): (805) 682-2571 FAX (A/C, No):					
								E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE				NAIC#		
								INSURER A: Hartford Casualty Insurance Company				29424	
INSURED Powell Arbor Solutions 11585 Tammy Way Grass Valley, CA 95949								INSURER B: Hartford Accident and Indemnity Company				22357	
								INSURER C : Benchmark Insurance Company 4139					
								INSURER D:					
								INSURER E :					
							INSURER F:						
		RAGES				E NUMBER:				REVISION NUMBER:			
						BURANCE LISTED BELOW I ENT, TERM OR CONDITION							
C	ERT	IFICATE MAY BE	ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	IES DESCRIB	BED HEREIN IS SUBJECT 1			
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVING BY TYPE OF INSURANCE ADDL SUBR NOT							DOLICY EEE DOLICY EYE						
INSR LTR				INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
^	^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				72UENOL9049		1/26/2022	4/26/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		CLAIIVIS-IVIADE	_ CCCOR			/ ZUENULJU43		1/26/2023	1/26/2024	` '	\$	10,000	
										MED EXP (Any one person)	\$	1,000,000	
	05	ACCRECATE LIMIT	ADDI IEO DED							PERSONAL & ADV INJURY	\$	2,000,000	
	GE	N'L AGGREGATE LIMIT POLICY PRO- JECT	LOC							GENERAL AGGREGATE	\$	2,000,000	
		1								PRODUCTS - COMP/OP AGG	\$		
В	AII	OTHER: TOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$	1,000,000	
	70	ANY AUTO				72UENOL9048		1/26/2023	1/26/2024	(Ea accident) BODILY INJURY (Per person)	\$	<u> </u>	
		OWNED AUTOS ONLY	SCHEDULED AUTOS			720211020010			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY	AUTOS ONLY							(Fer accident)	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENT	TION \$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									X PER OTH-ER			
			CST5025439	5/12/2023	5/12/2024	E.L. EACH ACCIDENT	\$	1,000,000					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000					
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
		TION OF OPERATIONS Insurance.	/ LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
100	,, 01	surance.											
CERTIFICATE HOLDER								CANCELLATION					
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
		Proof of Ins	urance				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		FIUUI UI INS	ourance										
							AUTUG	DIZED DEDDESE	NTATIVE				
							AUTHORIZED REPRESENTATIVE						
							Den Mon						