



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/22/2019

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 Bennett & Porter Insurance Services 3200 N Hayden Rd Suite 310 Scottsdale AZ 85251-6655	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>CONTACT NAME: Toni King</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (480) 212-1150</td> </tr> <tr> <td>FAX (A/C, No): (480) 212-1151</td> </tr> <tr> <td>E-MAIL ADDRESS: tking@bennettandporter.com</td> </tr> </table>	CONTACT NAME: Toni King	PHONE (A/C, No, Ext): (480) 212-1150	FAX (A/C, No): (480) 212-1151	E-MAIL ADDRESS: tking@bennettandporter.com
CONTACT NAME: Toni King					
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FAX (A/C, No): (480) 212-1151					
E-MAIL ADDRESS: tking@bennettandporter.com					

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Valley Forge Insurance Co		20508
INSURER B: Ohio Security Insurance Company		24082
INSURER C: Continental Casualty Co		20443
INSURER D: Ohio Casualty Insurance Co		24074
INSURER E:		
INSURER F:		

INSURED Interconnect, Inc 7810 E PIERCE ST SCOTTSDALE AZ 85257
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COVERAGES CERTIFICATE NUMBER: CL1982244509 **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	
A	COMMERCIAL GENERAL LIABILITY			6024929024	08/29/2019	08/29/2020	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
		MED EXP (Any one person) \$ 10,000						
		PERSONAL & ADV INJURY \$ 1,000,000						
		GENERAL AGGREGATE \$ 2,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							BAIL \$ 1,000	
B	AUTOMOBILE LIABILITY			BAS59411212	08/29/2019	08/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$						
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$					
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$					
			Underinsured motorist \$ 1,000,000					
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			6024929959	08/29/2019	08/29/2020	COMBINED SINGLE LIMIT EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	AGGREGATE \$					
		<input type="checkbox"/> CLAIMS-MADE	\$					
	DED \$	RETENTION \$	\$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BMO56229430	03/05/2018	03/05/2019	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N						
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						

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

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

Interconnect Inc 914 N. 73rd PI Scottsdale AZ 85257	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;"><i>Toni King</i></div>
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