

Client#: 431455

MONSTENERG

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/29/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh &amp; McLennan Agency LLC</b> <b>Marsh &amp; McLennan Ins. Agency LLC</b> <b>1 Polaris Way #300</b> <b>Aliso Viejo, CA 92656</b>	<b>CONTACT NAME:</b> <b>Yen Dang</b>	
	<b>PHONE</b> <b>949-362-2209</b> (A/C, No, Ext):	<b>FAX</b> (A/C, No):
	<b>E-MAIL</b> <b>Yen.Dang@marshmma.com</b>	
	<b>ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A : Underwriters at Lloyd's</b>	
<b>INSURED</b> <b>American Fruits and Flavors, LLC</b> <b>1 Monster Way</b> <b>Corona, CA 92879</b>	<b>INSURER B : Sentry Casualty Company</b>	<b>28460</b>
	<b>INSURER C : Sentry Insurance a Mutual Company</b>	<b>24988</b>
	<b>INSURER D : Travelers Indemnity Company of CT</b>	<b>25682</b>
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	


**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <b>BI/PD SIR: 1,000,000</b>  N/A AGGREGATE LIMIT APPLIES PER: GE POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:			LSRCGL0019421	08/01/2021	08/01/2022	EACH OCCURRENCE	\$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$5,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$5,000,000
								\$
D	<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO  OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			8109P3349912114G	08/01/2021	08/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b>  <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$			LSRXS0063521	08/01/2021	08/01/2022	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			901902601-ALL OTHER STATES	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C	<b>OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			901902602-AZ,HI,IL MA,NH,OR,WI	03/01/2021	03/01/2022	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
<p>American Fruits and Flavors, LLC            10725 Sutter Avenue            Pacoima, CA 91331</p>	<p>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/> <p>AUTHORIZED REPRESENTATIVE  </p>

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