Client#: 431455 MONSTENERG

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2022

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).

this certificate does not comer any rights to the certificate holder in head	` '			
PRODUCER	CONTACT Gabrielle I Testa			
Marsh & McLennan Agency LLC	PHONE (A/C, No, Ext): 949 540 6945	FAX (A/C, No):		
Marsh & McLennan Ins. Agency LLC	E-MAIL ADDRESS: Gabbie.Testa@MarshMMA.com			
1 Polaris Way #300	INSURER(S) AFFORDING COVERAGE	GE NAIC#		
Aliso Viejo, CA 92656	INSURER A: Underwriters at Lloyd's London			
INSURED	INSURER B : Sentry Casualty Company	28460		
American Fruits and Flavors, LLC	INSURER C : Sentry Insurance Company	24988		
1 Monster Way	INSURER D: Travelers Indemnity Company of CT	25682		
Corona, CA 92879	INSURER E :			
	INSURER F:			

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.

SR FR		TYPE OF INSURANCE	ADDL SU INSR W\	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
٩	X	COMMERCIAL GENERAL LIABILITY		LSRCGL0022422	08/01/2022	08/01/2023	EACH OCCURRENCE	\$5,000,000
ŀ	v	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
ŀ		SIR: \$1,000,000					MED EXP (Any one person) PERSONAL & ADV INJURY	\$10,000 \$5,000,000
ŀ	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$5,000,000
-	Χ	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:						\$
	AUT	OMOBILE LIABILITY		8109P3349912214G	08/01/2022	08/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
Ė		NOTOS SILE					(r or doordorn)	\$
		UMBRELLA LIAB OCCUR		LSRXS0073422	08/01/2022	08/01/2023	EACH OCCURRENCE	\$5,000,000
	Χ	EXCESS LIAB X CLAIMS-MADE					AGGREGATE	\$5,000,000
		DED RETENTION\$						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY		9019026001-ALL	03/01/2022	03/01/2023	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A	OTHER STATES			E.L. EACH ACCIDENT	\$1,000,000
	(Man	ndatory in NH)	N/A	9019026002-OH,AZ,HI	03/01/2022	03/01/2023	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below		IL,MA,ND,NH,OR,WA	WI,WY		E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Evidence of Coverage

CERTIFICATE	HOLDER
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American Fruits and Flavors, LLC 10725 Sutter Avenue Pacoima, CA 91331

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.

AUTHORIZED REPRESENTATIVE



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